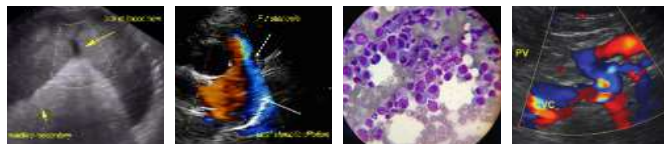


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
French Fry Randolph	Reason for Visit: Second Opinion/ Enlarged Kidneys History: P presents for enlarged kidneys. P went to 9Lives for regular check up and was noted his kidneys were extremely large. X-rays and bw was performed, P was referred over to BVS but O wanted to get second opinion her first. P is WNL, no clinical signs. STRICTLY INDOORS, HER MOM ADOPTED HIM 5 YEARS AGO. CBC WNL OTHER THAN LYMPHOCYTES UPPER END OF NORMAL (6,690) CHEM WN OTHER THAN BUN 37 CREAT WNL 1.9 SDMA WNL 9 T4 WNL 2.1 NO URINALYSIS DONE
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: N Oral Cavity: MOD TARTAR, GINGIVITIS Lymph Nodes: N Skin: N CV/Respiratory: 2/6 LEFT SYSTOLIC MURMUR, LUNGS CLEAR Abd/GI: VERY LARGE, SMOOTH KIDNEYS BILATERALLY. URINARY BLADDER SMALL Uro/Perineum: N Musculoskeletal: N Neurological: N
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<i>Urinary System</i>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Multifocal variably sized yet small areas of dependent mineral to small calculi present. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
NM	The area of the residual prostate appeared normal and free of pathology.
<b>AGE</b>	No evidence of pathology in the area of the aortic trifurcation.
10 Years	Both discernible kidneys were normal in size with moderate loss of corticomedullary border demarcation and minor medullary mineral. Both kidneys were contained in a large anechoic cyst-like cavity consistent with perinephric pseudocyst. The fluid within the cyst-like cavity was anechoic without evidence of cellular component. Including the cyst-like cavity, the left kidney measured approximately 6.6 cm length while right kidney measured approximately 9.0 cm length.
<b>WEIGHT</b>	<i>Adrenal Glands</i>
18.02 lbs	The left and right adrenal glands were not definitively visualized.
<b>INTERPRETED BY</b>	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
<b>IMAGING PERFORMED BY</b>	<i>Liver / Gallbladder</i>
Michaleen	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	<i>Gastrointestinal</i>
DPC Veterinary Hospital	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
<b>REFERRING VET</b>	
Dr. Feldt	
<b>INVOICE</b>	
47921	
<b>DATE</b>	
10-22-21	



<b>PATIENT</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
French Fry Randolph	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SPECIES</b>	<i>Pancreas</i>
Feline	The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
<b>BREED</b>	<i>Free Abdomen</i>
DSH	No overt lymphadenopathy was present.
<b>SEX</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
NM	<b>Primary</b>
<b>AGE</b>	<ul style="list-style-type: none"> <li>Bilateral perinephric pseudocysts with moderate chronic degenerative renal changes.</li> <li>Mild urinary bladder mineral to small calculi.</li> </ul>
10 Years	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>WEIGHT</b>	The cause of the palpable renomegaly is secondary to bilateral perinephric pseudocysts. Moderate concurrent degenerative renal changes were present. Potentially, the fluid surrounding the bilateral kidneys may further decrease renal function. Empirically, repeated centesis of the bilateral perinephric pseudocysts could be considered versus potential surgical options. No overt evidence of left or right renal neoplasia. Further renal staging to include full urinalysis, urine C/S, and baseline UPC recommended. Monitoring of systemic blood pressure recommended.
18.02 lbs	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Michaleen	
<b>HOSPITAL NAME</b>	
DPC Veterinary Hospital	
<b>REFERRING VET</b>	
Dr. Feldt	
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<b>DATE</b>	
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**PATIENT**

French Fry Randolph

**SPECIES**

Feline

**BREED**

DSH

**SEX**

NM

**AGE**

10 Years

**WEIGHT**

18.02 lbs



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Feldt

**INVOICE**

47921

**DATE**

10-22-21

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com