



PATIENT	PRESENTING CLINICAL SIGNS
Silvestre Saldarriaga	History: Mom says he sometimes urinates outside box, although she wants to make sure it's not an UTI. 5/2022: SDMA 24, Creat 4.5, BUN 70, HCT 25, Ionized calcium WNL On 100-150ml LRS SQ EOD, weekly B12 inj C/S/V/D: none E/D/U/D: wnl Diet: Dry/ Wet Kidney formula FAS Score: 0 Current Medications (dose and frequency): Fluids 100 mls SQ Heartworm Prevention / Flea Prevention: indoor Known Allergies and Medical Conditions: none Microchip ID: / No microchip
SPECIES	
Feline	
BREED	Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: N Oral Cavity: mm pale pink Lymph Nodes: N Skin: N CV/Respiratory: 2-3/6 left sys murmur, lungs clear Abd/GI: left kidney very large, right kidney moderately enlarged, bladder small Uro/Perineum: N Musculoskeletal: loss of muscle mass along spine/legs Neurological: N Fecal: Diagnostic Testing Needed: UA in house: USG 1.005, trace protein otherwise NSF Urine culture - pending blood pressure - high, values in medical record Ab Rads x 3 - markedly enlarged left kidney - r/o perinephric pseudocyst, obstruction, infection, neoplasia CBC/Chem/T4 to lab AB US - confirms bilateral perinephric pseudocyst, lack of normal kidney architecture left kidney. Right kidney much milder Declined Diagnostics/Treatments: Findings: Assessment: 1) CRF with secondary hypertension and bilateral perinephric pseudocysts
DSH	
SEX	
MN	
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
13yr	Urinary System
WEIGHT	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. 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.
10.2lb	The left kidney was subnormal in size. Borderline subnormal renal size with asymmetrical margination was present in the right kidney. The left kidney exhibited marked loss of corticomedullary border demarcation. The right kidney exhibited mild to moderate loss of corticomedullary border demarcation.
INTERPRETED BY	Both kidneys were contained in variably sized anechoic cyst-like cavities consistent with perinephric pseudocyst. The left kidney pseudocyst measured ~ 6 cm in diameter, the right kidney pseudocyst measured ~ 4.3 cm in diameter.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left kidney measured 2.7 cm in length. The right kidney measured 3.0 cm in length.
IMAGING PERFORMED BY	The area of the aortic trifurcation was free of pathology.
Dr. Rivera	Adrenal Glands
HOSPITAL NAME	The area of the bilateral adrenal glands was free of pathology.
DPC Veterinary Hospital	Spleen
REFERRING VET	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.
Dr. Feldt	Liver
INVOICE	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary non-disruptive non-homogeneous to cystic nodule
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DATE	
11/07/2022	



PATIENT
Silvestre Saldarriaga

measuring 1.8 cm in diameter was present. 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.

SPECIES *Gastrointestinal*

Feline
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting subtle progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

BREED
DSH
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

SEX
Normal visible colon wall layers were present with apparent formed feces in lumen.

AGE *Pancreas*

MN
13yr
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 were evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

10.2lb

ULTRASONOGRAPHIC FINDINGS

- Bilateral perinephric pseudocysts with associated chronic interstitial renal pattern-more prominent in the left kidney
- Probable benign solitary hepatic cystic biliary adenoma
- Sonographically unremarkable GI tract with gastric and segmental intestinal ingesta-suspect post prandial presentation
- Sonographically unremarkable urinary bladder

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Continued monitoring of systemic BP with potential antihypertensive medications is recommended.

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

Percutaneous drainage of the bilateral perinephric pseudocysts may alleviate some pressure on the kidneys which may be affecting renal function. However, pseudocyst fluid is likely to recur. Empirical CRD therapy is recommended.

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SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

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(Canine and Feline)

IMAGING PERFORMED BY

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REFERRING VET

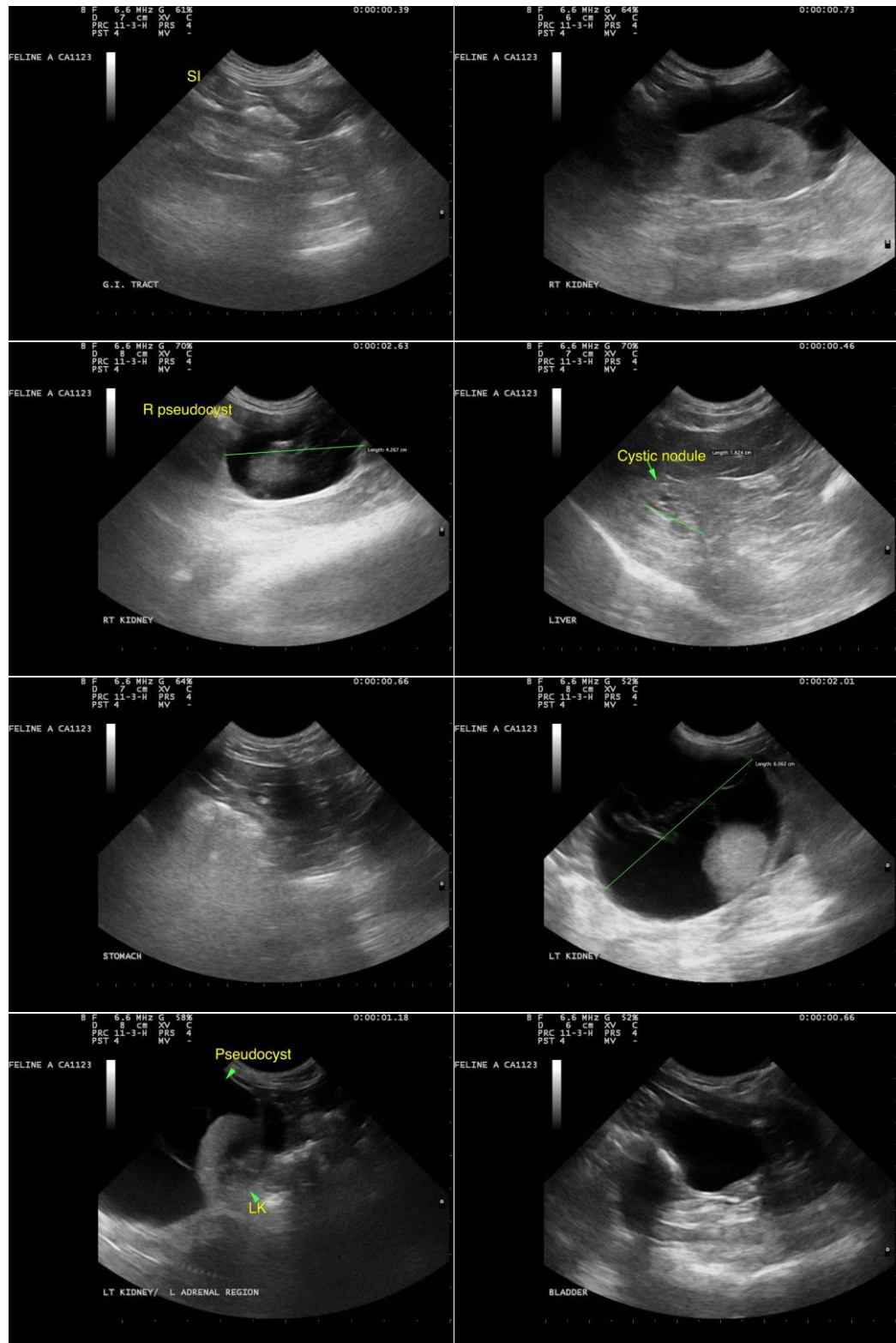
Dr. Feldt

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



PATIENT

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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)

SPECIES

info@SonoPath.com

Feline

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

10.2lb

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(Canine and Feline)

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PERFORMED BY**

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