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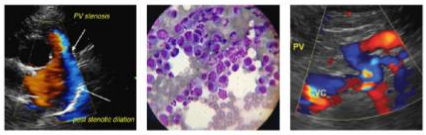
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Tiger Moseler 249670

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

18 Years 10 Months

WEIGHT

4.3 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC

INVOICE

13759

DATE

2/4/22

PRESENTING CLINICAL SIGNS

History: Hx enlarged left kidney noted on AXR/POCUS, 1.5 cm cutaneous growth over lateral left hindlimb (aspiration and in-house cytology showed mesenchymal cell population; not sent out for path); hx diabetes mellitus since 2014; appetite waxes/wanes; occasionally strains in litter box to urinate/defecate, has diarrhea (responsive to fiber supp), and frank blood in stool

Abnormal PE/Chem/CBC/UA Results: Physical Exam pulse and resp rate WNL, QAR, unkempt haircoat, BCS 2/9, diffuse muscle wasting - MCS 1/3, 1.5cm round cutaneous growth over left lateral hindlimb, left kidney markedly enlarged but uniform and smooth, non-painful on abdominal palpation no azotemia, normal USG 1.044;

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. Uniform cortex hypertrophy was present in both kidneys. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. A moderately expansive cystic structure, appearing to arise and extend caudally from the area of the mid to caudal left kidney was present. The cystic structure itself measured approximately 5.6 cm. Overall, the left kidney measured 5.6 cm.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. Uniform cortex hypertrophy was present in both kidneys. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. Small centralized cortical medullary cyst was present. The right kidney measured 4.6 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

The spleen was normal in size with mild generalized splenic parenchyma heterogeneity. Solitary discreet hypoechoic nodule was noted in the spleen, measuring 0.29 cm.

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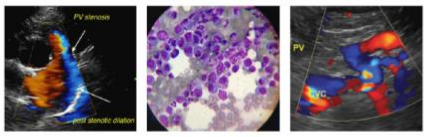

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Liver

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. Multiple variably sized to variably echogenic parenchymal nodules were present in the left mid and right lateral to caudate liver lobe. The nodules range from subtly hypoechoic to mildly echogenic to hyperechoic with 1 nodule exhibiting subtle microcystic changes. An example of a nodule in the caudate lobe measured 1.7 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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. The gastric body wall measured 0.28 cm.

The small intestine presented intact wall layering with generalized propensity for mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.31 cm. The jejunum wall measured 0.29 cm. The ileocolic wall measured 0.37 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Subtle reactive periintestinal mesentery and scant pockets of periintestinal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Left kidney, chronic renal changes with nonspecific medullary rim sign and moderately expansive cystic lesion- expansive renal cyst or suspected perinephric pseudo-cyst likely.
- Right kidney, chronic renal changes with nonspecific medullary rim sign and small corticomedullary cyst
- Small discreet, nonspecific splenic nodule- suspect benign
- Variably echogenic hepatic parenchyma, exhibiting multifocal variably echogenic to variably sized intraparenchymal nodules- hematopoiesis, nodular to regenerative hyperplasia,

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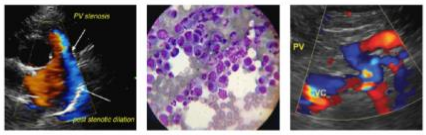

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lipogranulomas, focal cystic biliary adenoma suspected. Potential for hepatic parenchymal or focal neoplastic splenic nodule possible yet thought less likely.

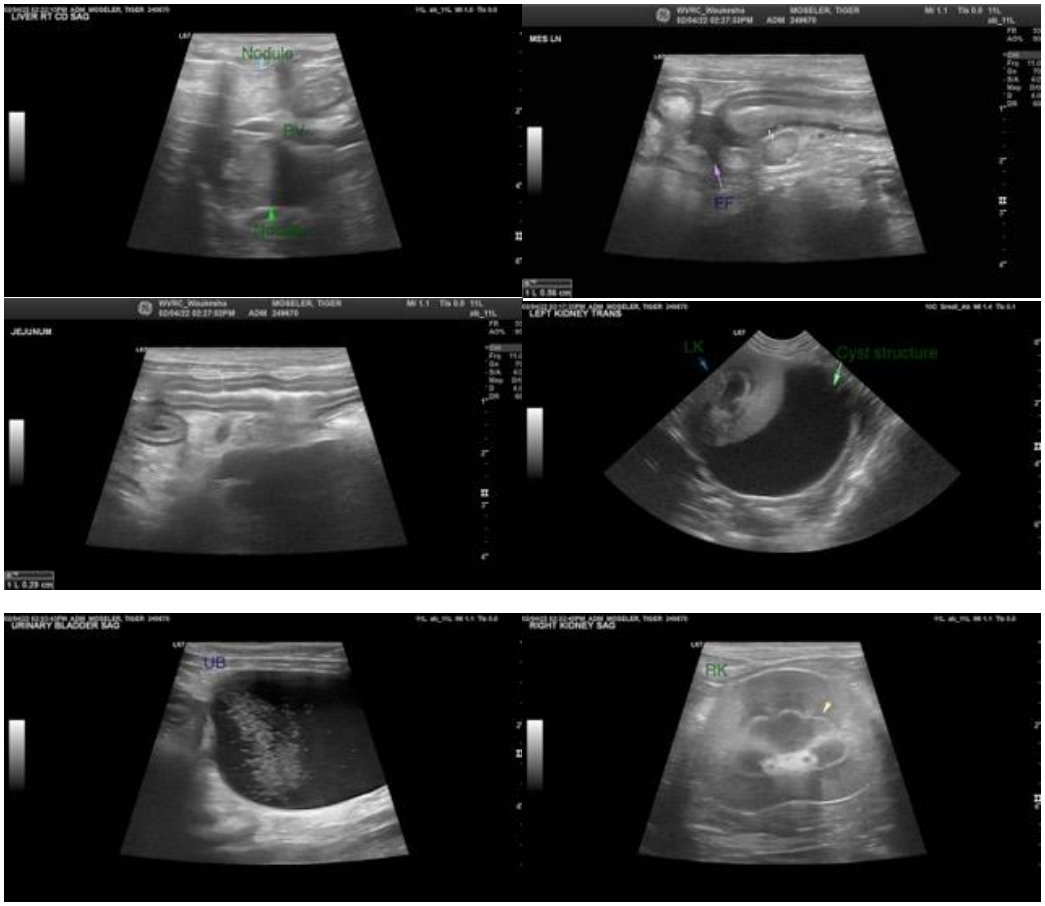
- Chronic inflammatory enteropathy pattern with associated intermittent subjectively benign/reactive mesenteric lymph nodes.
- Heterogeneous pancreas- patient or age-related variant. Potential for low-grade chronic pancreatitis
- Scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The overall appearance of the small intestine, although not definitive are suggestive of chronic inflammatory enteropathy or IBD, which may be a contributing factor to the patients decreased body condition. Further assessment may include a GI panel to include PLI, TLI< cobalamin and folate.

Sonographic monitoring of the liver and spleen as well as the left kidney cystic lesion for evidence of progression recommended.



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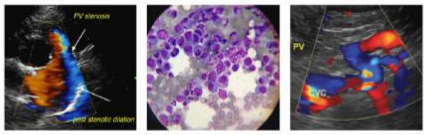

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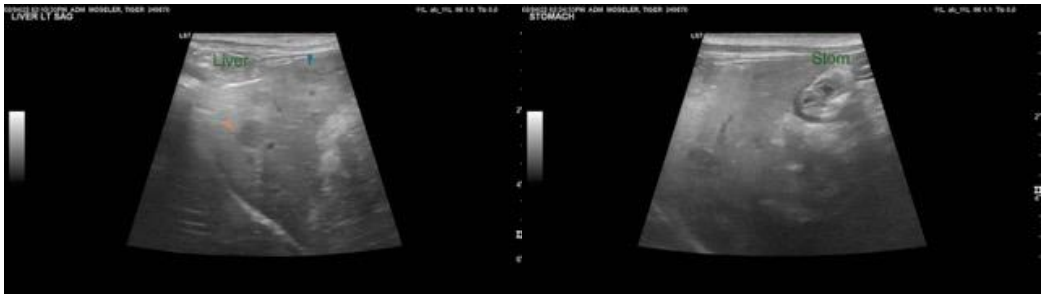

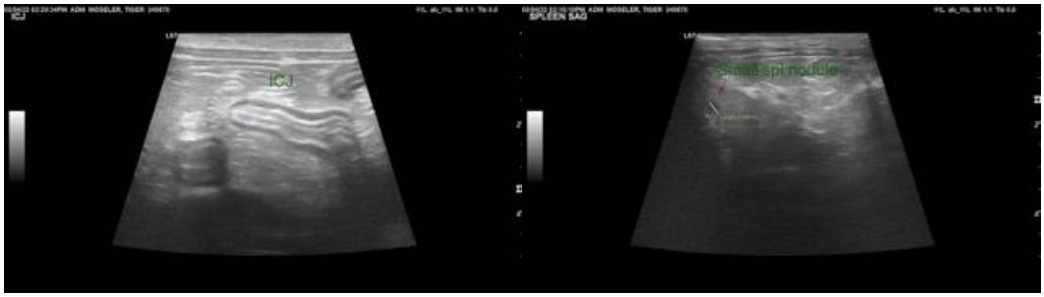

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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