



PATIENT

Churchill Runkle

SPECIES

Feline

BREED

DSH

SEX

Neutered male

AGE

7 years

WEIGHT

4.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Lupole

INVOICE

10084ag

DATE

03/01/2022

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for supportive care. Patient transferred from rDVM with kidney disease. Previous Health Concerns: Felv positive. Appetite/When did they eat last: not eating well for about a week

Abnormal PE/Chem/CBC/UA Results:1) CBC/Chem/Lytes from reg vet - severe azotemia, hyperphosphatemia, hypokalemia 2) UA from reg vet - NSF 3) FeLV/FIV from reg vet negative today but previously positive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor particulate urinary bladder sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia without evidence of left or right ureter dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was moderate in size with a mixed echogenic to hypoechoic nodular mass measuring 3 cm x 2.3 cm. Concurrent spherical primarily uniform to hypoechoic mass was present in the area of the right adrenal gland measuring 2.7 cm x 2.1 cm. Potential for vascular invasion associated with the mass in either the left or the right adrenal gland cannot be definitively excluded.

Spleen

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.

Liver

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 very minor particulate luminal debris-nonspecific but likely incidental owing to fasting. 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 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.



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

Churchill Runkle

Pancreas

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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.

Feline

Free Abdomen

BREED

No peritoneal effusion was present. The omentum was of uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Neutered male

- Mild urinary bladder sediment.
- Bilateral chronic interstitial nephrosis renal pattern with mild bilateral pyelectasia-nonspecific chronic kidney disease, chronic nephritis or other nephropathy possible. Potential for emerging neoplasia thought less likely yet cannot be definitively excluded.
- Mass lesions in the area of both adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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

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Overall appearance of the kidneys suggestive of chronic disease as opposed to acute kidney injury although potential for acute on chronic renal insult cannot be definitively excluded.

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There appear to be mass lesions in the area of both the left and right adrenal glands. This may indicate unilateral adrenal mass potentially extending into the area of the contralateral adrenal. The possibility of peri renal lymphadenopathy given the patient's history of positive FELV with overlay of the left or right adrenal glands could also be considered. Concern for potential Conn's Syndrome warranted given the significant persistent hypokalemia is present although the hypokalemia could be due to other causes.

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Aldosterone levels and screening BP would be warranted.

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Ideally referral for CT for further assessment of the mass lesions in the area of the left and right adrenal glands is recommended if possible.

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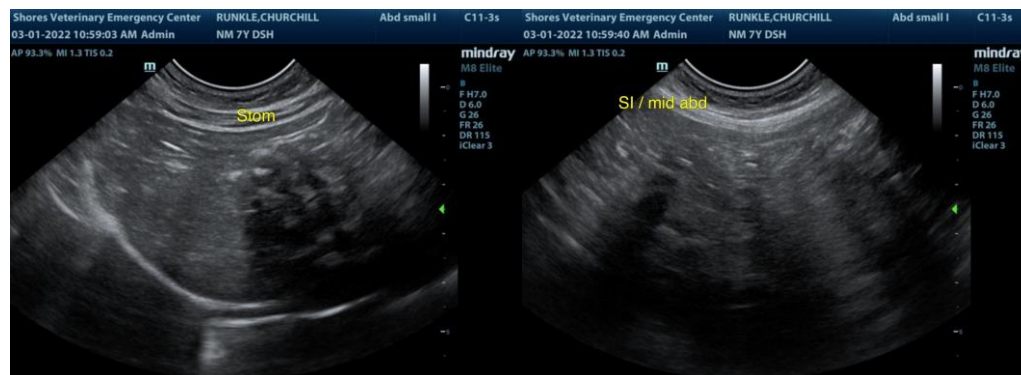
Empirically, continued therapy for chronic to potential acute on chronic renal disease is recommended.

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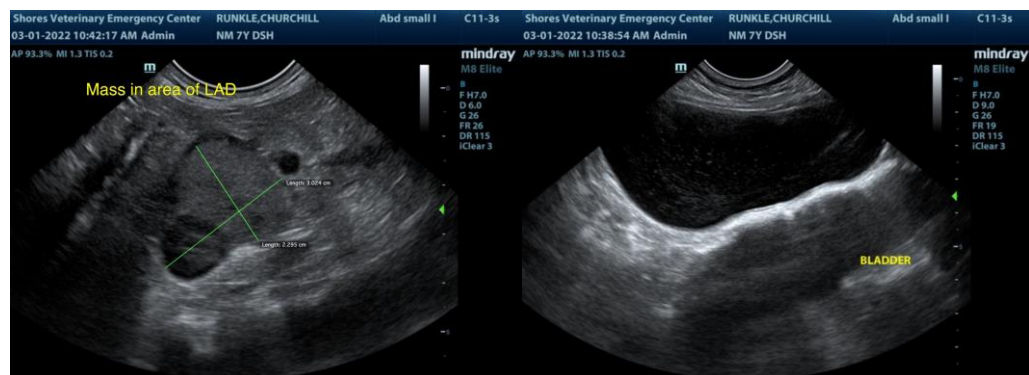
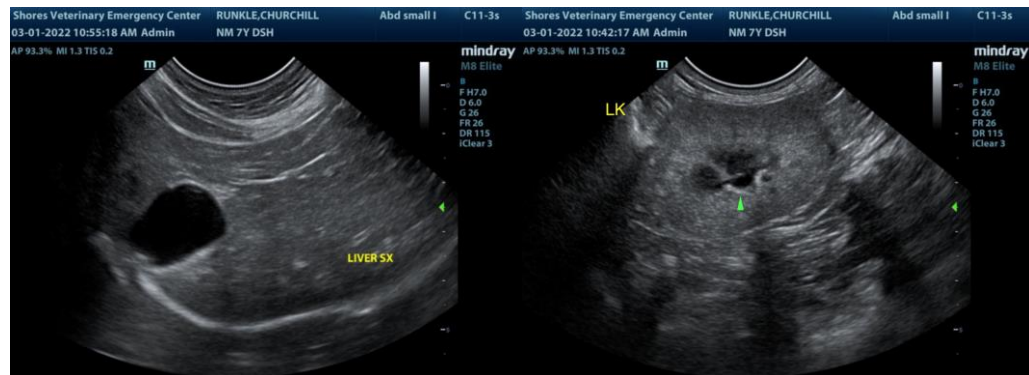
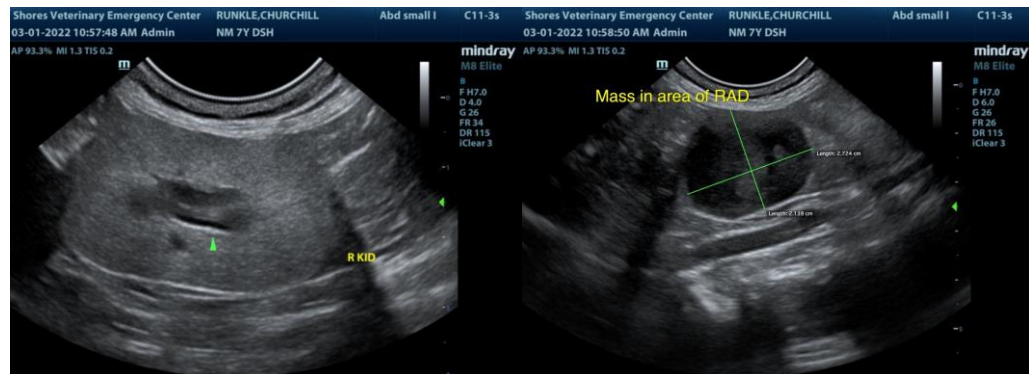
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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