

PATIENT PRESENTING CLINICAL SIGNS

Winnie Bechtal History of concern for FLUTD, lethargy, vomiting, painful abdomen Buprenex

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen with minor, nondependent sediment, likely indicative of minor cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory mural changes or neoplastic changes was noted.

SEX No evidence of pathology in the area of the aortic trifurcation.

AGE The left kidney was borderline enlarged in size measuring 4.5 cm in length. The left kidney maintained a 1:3 cortex / medulla ratio with mild uniform increased cortex echogenicity and mildly enhanced corticomedullary border demarcation. Focal areas of small medullary mineral to renoliths were present. The left kidney was within a mildly enlarged, peripheral, thinly walled, fluid-filled structure containing anechoic fluid. The fluid-filled structure containing the left kidney measured 5.2 cm in length. Concurrent probable medial intraparenchymal cyst in the area of the left kidney pelvis and collecting duct measuring 1.9 cm in diameter was present. The probable intraparenchymal cyst was thinly walled containing anechoic fluid. No overt evidence of left ureter dilation was noted. Associated increased left retroperitoneal echogenicity and mild left retroperitoneal free fluid extending caudally was present.

WEIGHT

17.4

INTERPRETED BY

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

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 4.1 cm in length.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
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Adrenal Glands

The left adrenal gland was not definitively visualized owing to retroperitoneal inflammation. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the.

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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. The spleen measured 1.1 cm width at the level of the hilus. No evidence of splenic neoplastic criteria was noted.

REFERRING VET

Dr. Meyer

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PATIENT *Liver/ Gallbladder*

Winnie Bechtal

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.

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Feline

Gastrointestinal

BREED

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.

DSH

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.

SEX

MN

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

AGE

2012

Pancreas

The left pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum.

Free Abdomen

WEIGHT

17.4

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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- Left kidney perinephric pseudocyst with concurrent minor medullary renolithiasis and probable medial intraparenchymal cyst, associated left retroperitonitis
- Right kidney mild chronic renal changes
- Overtly normal gastrointestinal tract
- Subtle heterogeneous left pancreas - likely incidental or patient variant, potential for low-grade to chronic pancreatic inflammation less likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the radiographic left renomegaly is secondary to left kidney perinephric pseudocyst. The potential for concurrent nonspecific left kidney nephritis such as interstitial nephritis may be possible without overt neoplastic criteria which is considered unlikely.

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Correlation with pending urinalysis and culture and sensitivity +/- baseline UPC is warranted. Ultrasound guided centesis within the left kidney perinephric pseudocyst for fluid analysis, cytopsin cytology, +/- culture and sensitivity if clinically indicated, as well as (if possible) left retroperitoneal fluid analysis for further assessment is recommended.

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As-needed gastrointestinal support is suggested. Given the clinical signs potentially associated with left kidney discomfort or pain, an eventual left nephrectomy may be indicated. No overt evidence of left ureter obstruction was noted. A Spec fPL could be considered.

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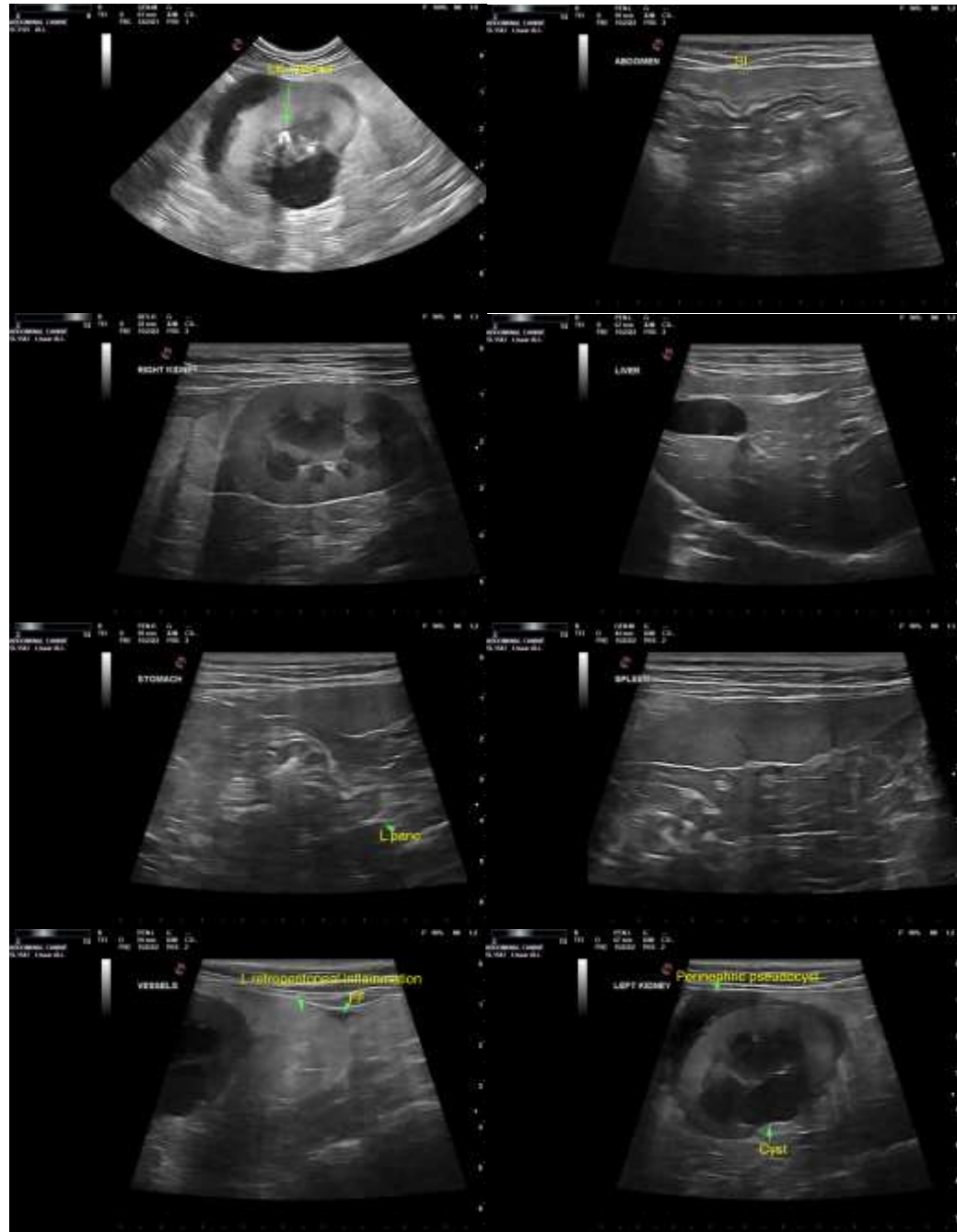
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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