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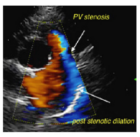
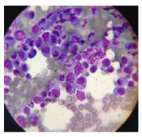
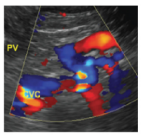
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Butters Jacoby

SPECIES

Feline

BREED

Himalayan

SEX

Neutered Male

AGE

12 Years

WEIGHT

7.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Steele, Advanced Animal Hospital

INVOICE

36280

DATE

3/17/22

PRESENTING CLINICAL SIGNS

Chronic urination outside of litter box. No radiographs taken.
Abnormal PE/Chem/CBC/UA Results: Elevated kidney values.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size. Moderate to variable wall thickening involving the generalized urinary bladder was present with asymmetrical luminal surface contour. Minimal anechoic urine present. No sediment or calculi. Ventral urinary bladder wall measured 0.50 cm. No overt masses in the urinary bladder. Potential focal mural cystic changes noted within the urinary bladder.

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. Multiple thinly walled cortical to corticomedullary cysts containing primarily anechoic fluid present in both kidneys. Pinpoint areas of medullary mineral or potential mineral within renal cysts. The left kidney measured 3.8 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm.

No overt pathology in the area of the right adrenal gland.

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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent variably sized parenchymal cysts were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was normal in size, yet subjectively divided into two compartments, containing anechoic content. The common bile duct was noted.

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.

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

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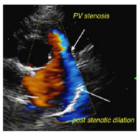

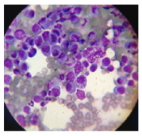

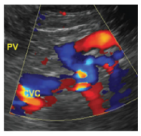

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Pancreas

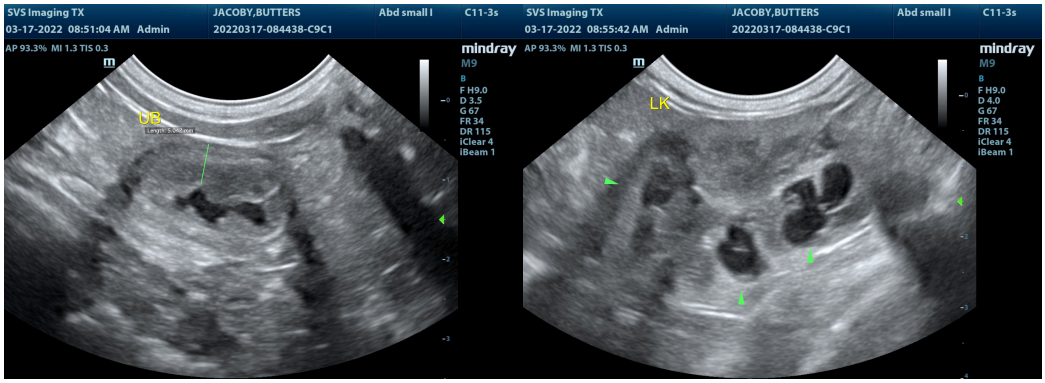
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

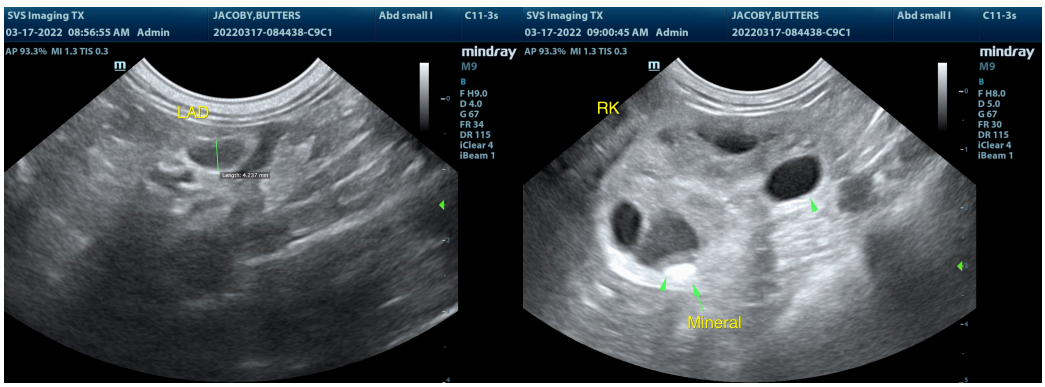
ULTRASONOGRAPHIC FINDINGS

- Chronic moderate to severe cystitis pattern with potential focal mural cysts
- Polycystic kidneys exhibiting moderate degenerative changes and non-obstructive medullary to cystic mineral.
- Hepatic parenchymal cysts, probable bilobed gallbladder – bilobed gallbladder is a normal variant in a cat.

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. Assessment and monitoring of screening blood pressure recommended. Given the polycystic breed, chronic polycystic kidney disease as well as concurrent hepatic cysts associated with the breed are present. Chronic interstitial cystitis suspected pending urine culture and sensitivity results. Empirically, CKD and chronic cystitis therapy recommended.





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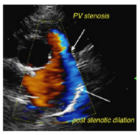
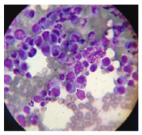
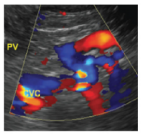

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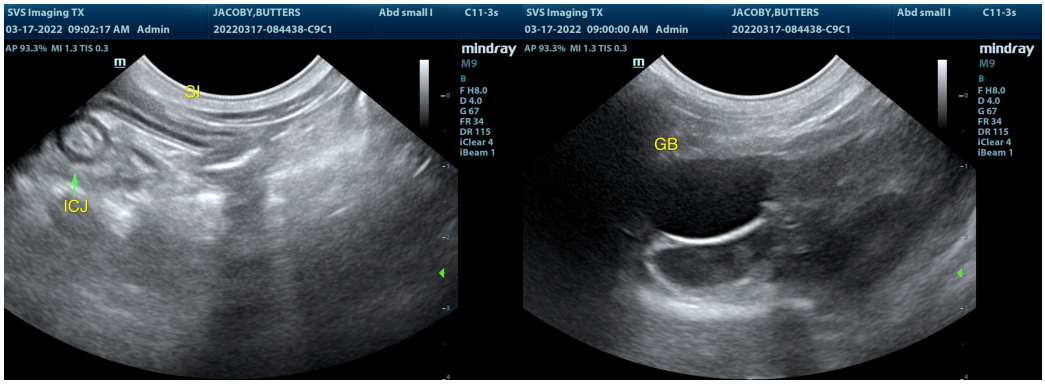

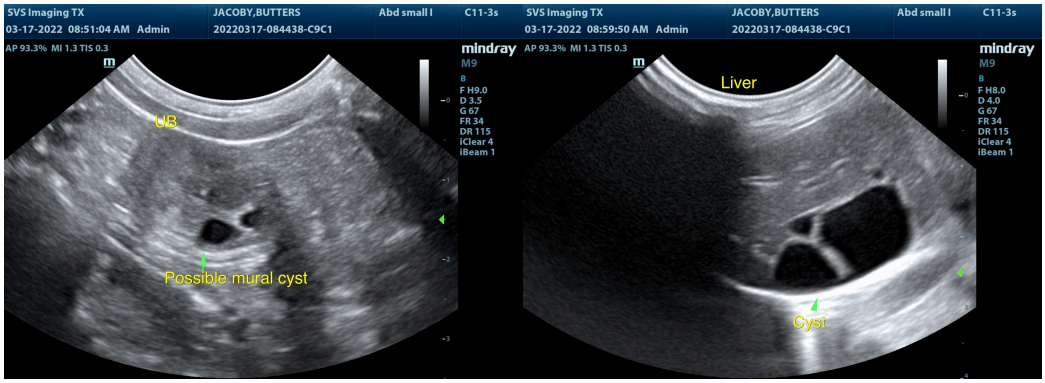

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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