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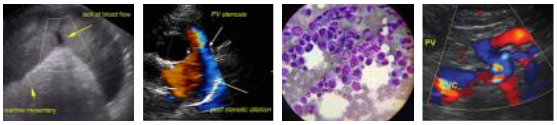


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

West CRAN

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Months

WEIGHT

8.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Four Corners VC

REFERRING VET

Dr. Williams

INVOICE

14815

DATE

4/18/22

PRESENTING CLINICAL SIGNS

History: - 4/11/22 - presented for distended abdomen, rads revealed fluid filled abdomen, FIP was suspected but protein on the abdominal fluid was 1.6 - not consistent with FIP

Abnormal PE/Chem/CBC/UA Results: 4/11/22 - SDMA 19 (0-14), creat 0.7 (0.8-2.4), BUN 15 (16-36), glob 6 (2.8-5.1) - HCT 27.5%, neutrophilia, monocytosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal, although somewhat impinged upon or possible caudally displaced, owing to perinephric pseudocyst. Anechoic content was present in the bladder without evidence of sediment or calculi.

The labeled left kidney was sonographically normal with maintained 1:3 cortex to medulla ratio, normal size and margination and without evidence of retroperitoneal free fluid or pyelectasia. The left kidney measured 3.7 cm.

A large, thinly walled cystic structure containing anechoic fluid appeared to surround the right kidney without overt evidence of fluid cellular component. The right kidney was indistinctly visualized yet normal in size and contour. Potential for mild cortical hypertrophy associated with the right kidney, as well as mild to potential moderate loss of corticomedullary border demarcation. The right kidney measured 4.3 cm. The cystic structure surrounding the apparent right kidney measured up to 14.0 cm in diameter.

Adrenal Glands

The left and right adrenal glands were visualized and revealed no evidence of pathology.

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.

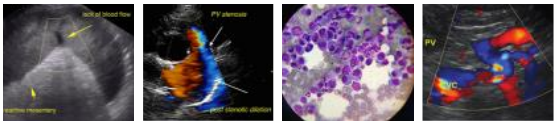
Liver

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 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 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.

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.

Free Abdomen

No evidence of peritoneal free fluid or overt lymphadenopathy.

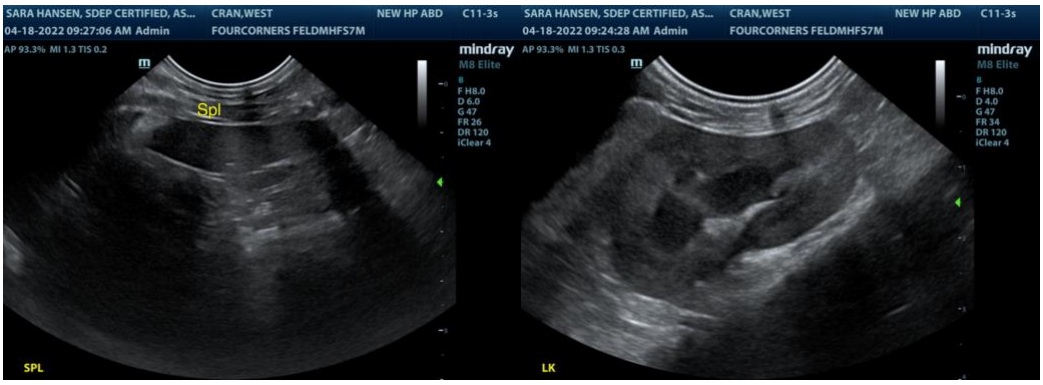
ULTRASONOGRAPHIC FINDINGS

- Large perinephric pseudocyst, appearing to involve the right kidney
- Overtly normal left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the radiographically distended abdomen in this patient is secondary to large perinephric pseudocyst apparently involving the right kidney. The underlying etiology of this pseudocyst is not known and is somewhat atypical for a young feline as this finding is typically associated with older cats and at times secondary to chronic renal disease. It is suspected that the perinephric pseudocyst is resulting in secondary increased pressure on the right kidney, potentially causing secondary decreased right kidney functionality and parenchymal changes.

Conservatively, percutaneous drainage of the pseudocyst may offer temporary relief, although fluid accumulation is likely to recur. Surgical options for the perinephric pseudocyst should be considered and surgical consultation is recommended. Baseline renal staging to include culture and sensitivity +/- UPC on sterile urine samples suggested.



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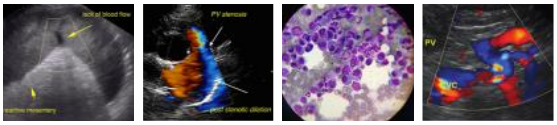

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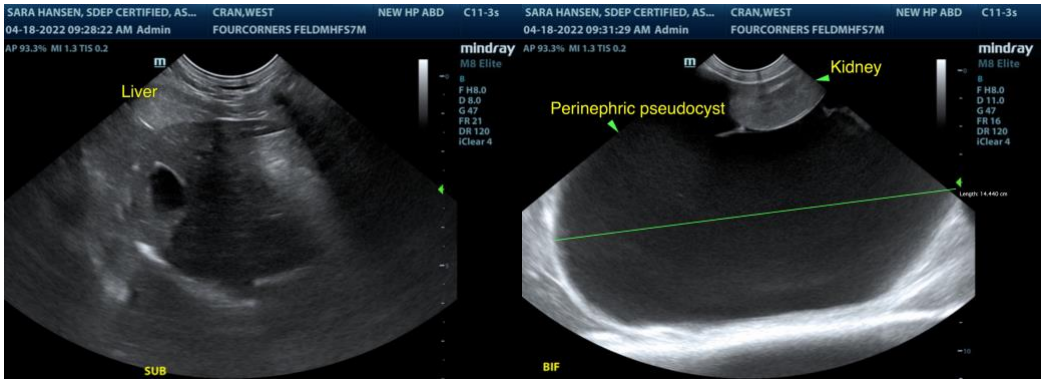

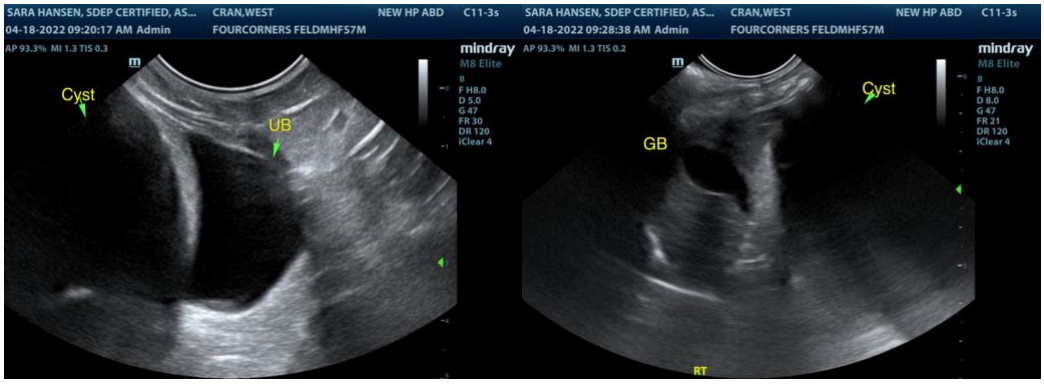

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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