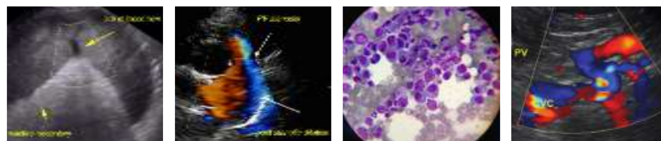
SonoPath
Clinical Sonography & Telecytology



EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Kitters Brudos

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
15 Years

WEIGHT
2.77 kg

INTERPRETED BY
Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY
Dr. Gromalak

HOSPITAL NAME
SVS Imaging

REFERRING VET
Dr. Calhoun

INVOICE
49298

DATE
12-29-21

PRESENTING CLINICAL SIGNS

Abnormal creatinine levels, vomiting since 12/26 and inappetent for 3 days. owner reports sitters has had greatly increased water intake for 2+ weeks, increased urination amount and frequency since September, hard stools and straining to defecate since July, and weight loss over the last year. Abnormal PE/Chem/CBC/UA Results: rr 54/panting, and mm tacky upon triage. SDMA 39, creatinine 8.8, BUN 92, phos 10.2 USG 1.016, ph 6.5, WBC 14

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening.

The right ureter is recognized at the level of the trigone being mildly distended and presenting a mildly thickened wall with a hyperechoic reflex near to the trigone. The left ureter is not visualized and considered to be normal.

Left kidney appears small and measures 2.31 cm length. The left renal pelvis is mildly distended with a prominent double layer of the inner outline. The left ureter cannot be traced.

The right kidney shows a length of 3.86 cm with a significantly distended renal pelvis (- 0.17 cm). The inner pelvic outline indicates a double layer. The exit of the right ureter is distended, the ureter can be traced with a prominent wall and multiple small calculi demonstrating distal acoustic shadowing. The right renal cortex is patchy and hyperechoic with indicated striations.

Both kidneys show a marked fuzzy corticomedullary transition.

Adrenal glands

Both adrenal glands are normal.

Spleen

Splenic margins are moderately rounded. The spleen is inconspicuous in terms of surface and echotexture and shows diameters of 0.88 cm. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

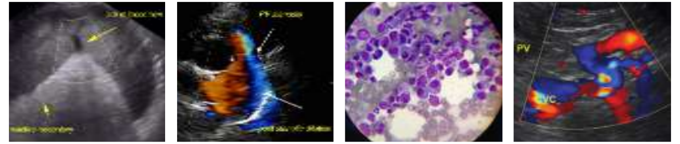
Liver echogenic texture appears diffusely hyperechoic subtle rounding of the liver edges. There are at least two cystic and nodular lesions detected in the central and left liver measuring approximately 1.15 x 1.05 and 1.95 x 1.87 cm. The latter clearly showing some mass effect with deviation of the surrounding liver parenchyma/vessels.

The gallbladder shows a small amount of sludge which is considered as normal. The gallbladder wall is unremarkable.

Gastrointestinal

The stomach, the small intestine and colon present intact wall layers with a thickened muscular layer. The jejunal muscularis shows maximum diameters of 0.12 cm. Adjacent mesentery and fat tissue are mildly hyperechoic. Mesenteric lymph nodes are mildly enlarged but inconspicuous in shape and periphery.

Pancreas



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All pancreatic parts displayed show a highly inhomogeneous echogenicity and undulating capsule. Multiple small hypoechoic, nodule-like lesions are detected. The surrounding omental fat is inconspicuous.

Free Abdomen

There is subtle amount of peritoneal effusion noted. The para-aortal and medial iliac lymph nodes are normal.

ULTRASONOGRAPHIC FINDINGS

Primary

- Right sided hydronephrosis with a patchy renal cortex and hydroureter with small ureteral calculi and suspected dynamic obstruction
- Left sided pyelectasia
- Bilateral signs of nephropathy, reduced size left kidney

Secondary

- Chronic hepatopathy with cystic mass lesions
- Chronic-degenerative changes of the pancreas
- Unspecific splenomegaly
- Signs of a chronic, infiltrative bowel disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the right kidney and ureter likely speak for a chronic, obstructive hydronephrosis and – ureter. The patchy appearance of the renal cortex, the thickened ureteral wall and distension of the renal pelvis indicate an active-/reactive inflammatory process as seen with pyelonephritis/ureteritis. Secondary infection is possible (cystocentesis/pyelocentesis?). The detected calculi may migrate forward to the level of the trigone and may pass it as far as can be assessed.

The left pyelectasia may represent mild reactive pyelonephritis. Distension is also seen with renal failure. The reduced size on the left would go along with the latter representing an advanced, chronic nephropathy. Obstruction is currently not suspected.

Regarding age, blood results, sonographic findings and condition of the patient right ureteral surgery (ureterotomy) or nephrectomy of the right kidney are not recommended. Prognosis is poor from a sonographic point of view. Urinary testing (sediment, culture) may be beneficial.

Cystic lesions of the liver commonly are benign, of biliary origin or reflect degenerative/regenerative issues. However, cystic biliary adenomas or even -adenocarcinomas are potential differentials. FNA/biopsy is needed for further evaluation.

The pancreatic findings likely are chronic and age appropriate. Neoplasia is thought unlikely. Splenomegaly is unspecific but is often a concomitant finding to chronic pancreatitis or is secondary to systemic inflammatory/infectious disease.

The thickened gastric and intestinal walls especially of the muscular layer are commonly seen with infiltrative intestinal disease (eosinophilic gastroenteritis, early lymphoma) and with azotemia. The latter is very likely.

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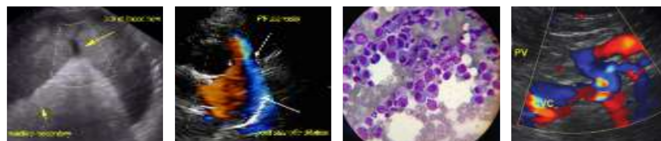

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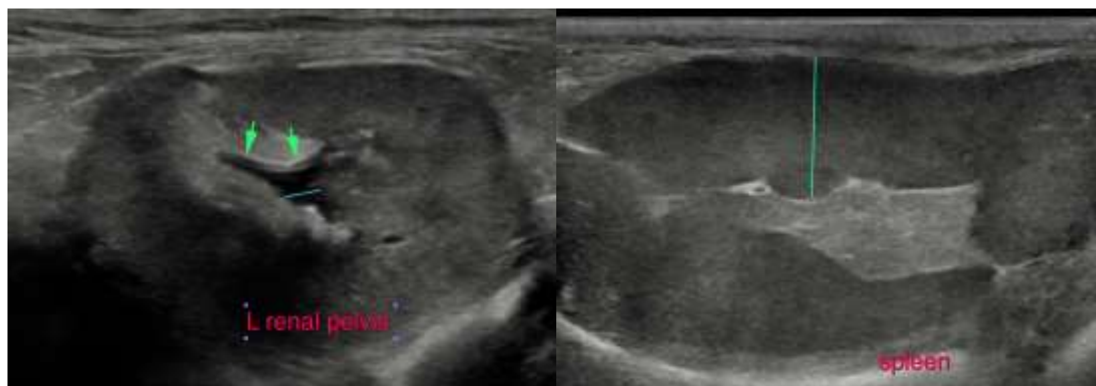

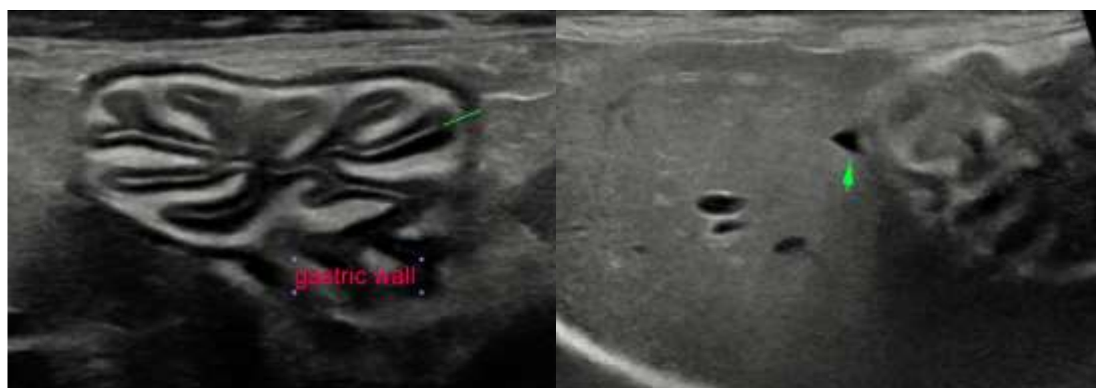

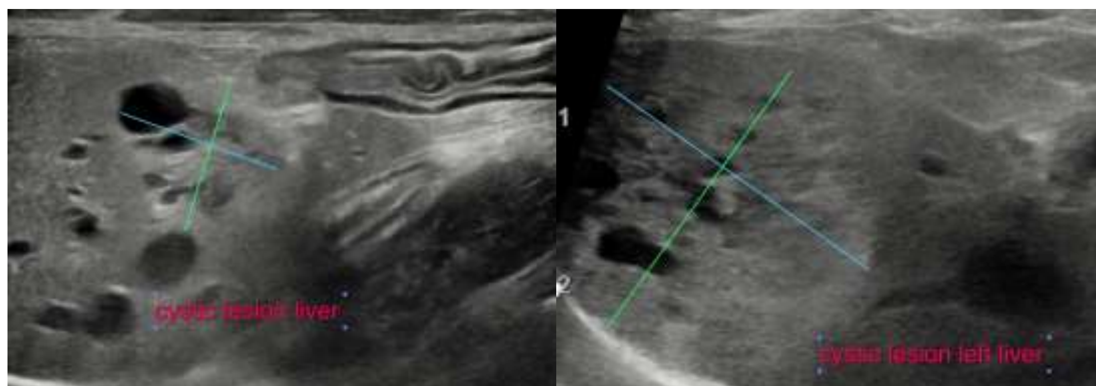

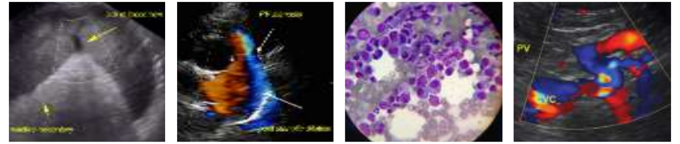

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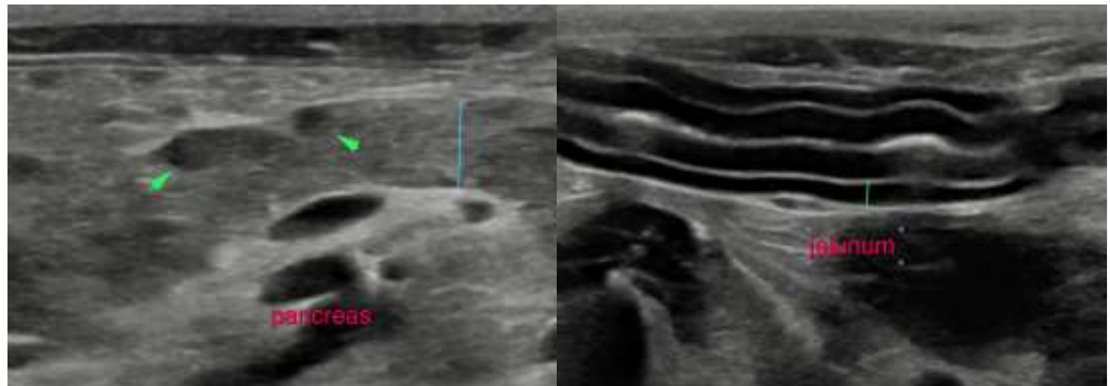

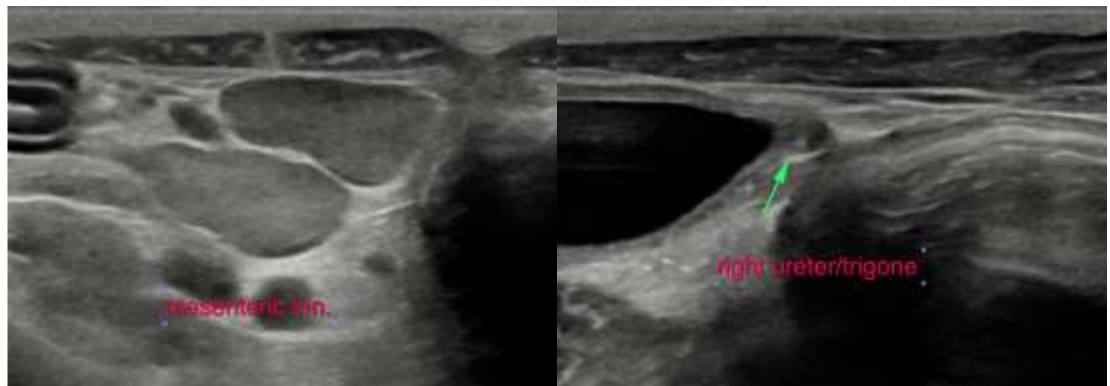

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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