



PATIENT

Chandler Sullivan

SPECIES

Feline

BREED

Himalayan

SEX

Male, neutered

AGE

7 Yrs.

WEIGHT

7 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Dr. Brent Pilon

HOSPITAL NAME

O'Sullivan AH

REFERRING VET

Dr. Brent Pilon

INVOICE

12857

DATE

PRESENTING CLINICAL SIGNS

History: Lethargy with minimal weight loss. Hypercalcemia was noted on biochemical profile and ionized calcium was run also coming back high. An Abdominal US was ordered and this was the result. I believe I see an adrenal tumor on the left side that appears to be invading the aorta. Kidneys are markedly abnormal as well.

Abnormal PE/Chem/CBC/UA Results: Hypercalcemia noted. Ionized calcium was run and was 1.51 ref range 1-1.4 Parathyroid hormone was 0.5 ref range 0.7-3.4 No other significant abnormalities.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small to moderate amount of aggregated echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.04 cm in length) with an irregular shape. The cortex is hyperechoic and variably thickened and there is moderate loss of corticomedullary distinction. The medullary architecture is abnormal. There is a hypoechoic cortical nodule measuring 1.20 cm in length in its longest dimension. The lesion appears to extend into the region of the left adrenal gland. A moderate amount of subcapsular fluid is present. There is trace pyelectasia. There is no evidence of nephroliths or hydroureter.

The right kidney is borderline enlarged (4.54 cm in length) with a relatively normal shape. The cortex is hyperechoic and diffusely thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

Left adrenal gland- see *Left Kidney*.

The right adrenal gland is not definitively visualized.

Spleen

The spleen is normal in size (0.70 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is



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moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

The left and right limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A 0.31 cm oblong echogenic structure is observed within the vena cava near the left adrenal gland.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The left renal changes are concerning for infiltrative neoplasia (i.e., lymphoma). Alternatively, a severe inflammatory process may be present. The mass effect extending from the left kidney into the left adrenal area may represent a tumor, blood clot, granuloma, other. The right renal changes could be consistent with infiltrative neoplasia, nephritis or chronic age-related change.
- Suspected small thrombus in the vena cava.

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The urinary bladder debris may represent cells, crystals and/or exfoliated material.

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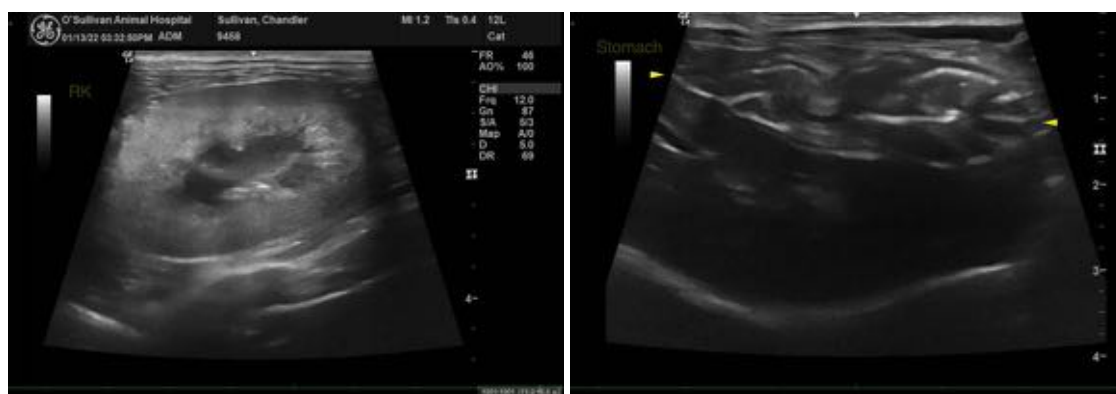
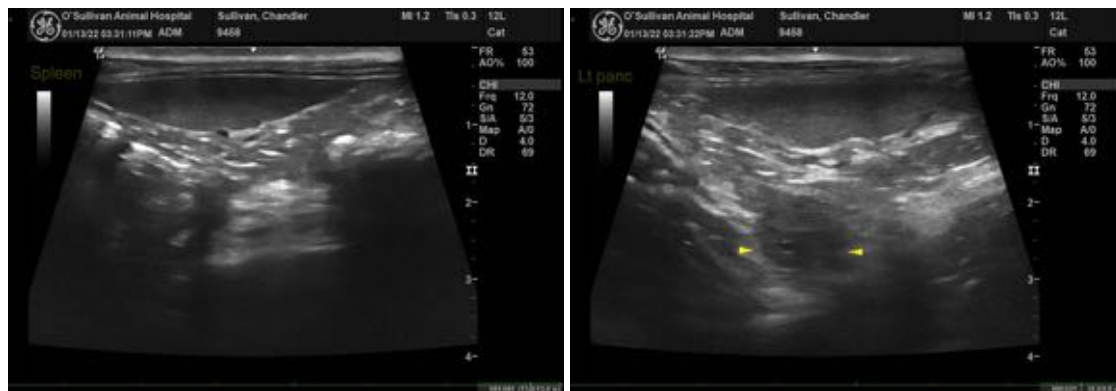
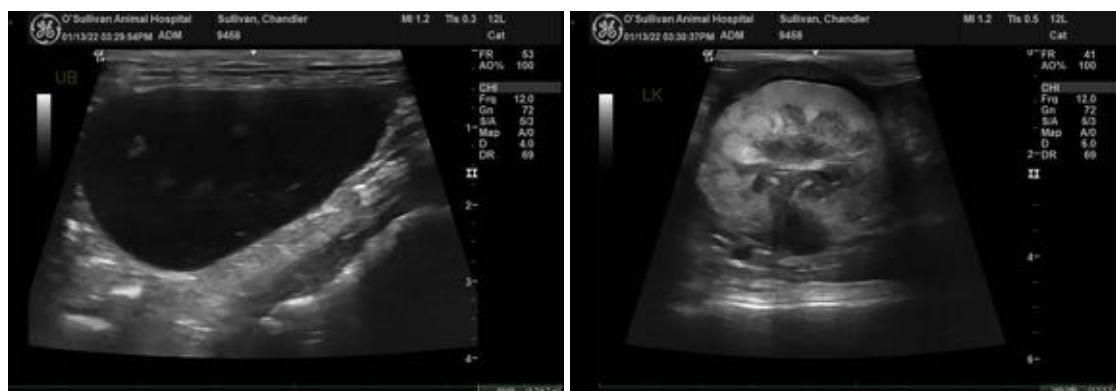
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

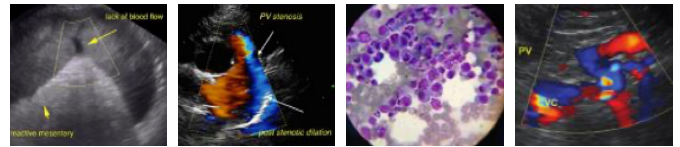
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspiration of the left kidney if clotting status and blood pressure are normal.
- A urine culture and sensitivity is also recommended.
- A PTHrP can also be considered, particularly if renal cytology is inconclusive.



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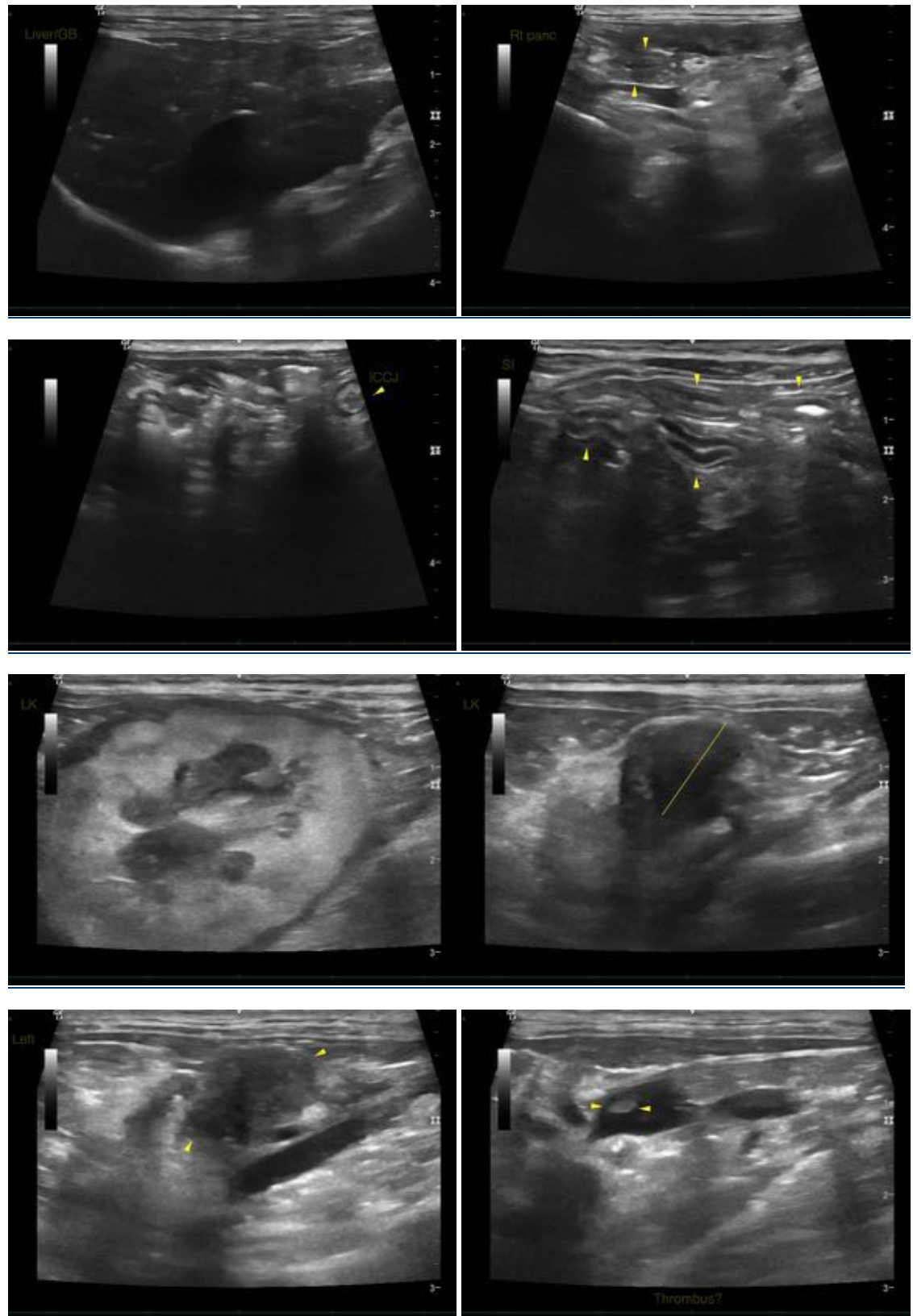
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The information and recommendations provided are based on the images presented by the



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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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com