**PATIENT PRESENTING CLINICAL SIGNS**

Gus Redburn
 History: Weight loss
 Abnormal PE/Chem/CBC/UA Results: (01/21/2022) SDMA: 16.

SPECIES

Feline

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 moderate amount of suspended echogenic debris is observed 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.

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12 Yrs.

The left kidney is normal size (3.45 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

WEIGHT

12.3 Pounds

The right kidney is normal size (3.67 cm in length) with a slightly irregular shape. A 2.08 x 1.51 cm echogenic to slightly heterogeneous slightly vascular mass is arising from the craniomedial aspect. The mass causes some disruption of the normal internal renal architecture and mild capsular expansion. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.51 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (1.16 cm length; 0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Potomac Mobile
 Veterinary Ultrasound

Spleen

The spleen is normal in size (0.74 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.

HOSPITAL NAME

Silver Spring AH

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 moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

REFERRING VET

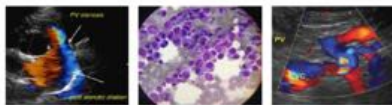
Dr. Cathy Jarrett

INVOICE

12939

DATE

2/1/22

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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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS**Primary Findings:**

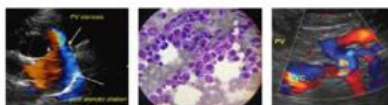
- Right renal mass. Neoplasia (i.e., adenocarcinoma, lymphoma) is suspected with a lower possibility of benign pathology (i.e., inflammatory focus, granuloma, other). The mass may be causing some obstruction to the outflow of urine from the renal pelvis, resulting in the observed pyelectasia.

Secondary Findings:

- Small intestinal changes most consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, a fine needle aspirate of the right renal mass is recommended, if clotting status and blood pressure are normal. A 25 gauge needle should be used. If the lesion is not accessible or if cytology results are inconclusive, a surgical biopsy +/- right nephrectomy may be necessary to get a definitive diagnosis.
- Given the bowel changes, a GI panel can also be considered.



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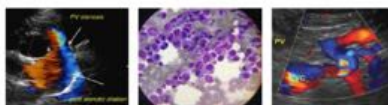


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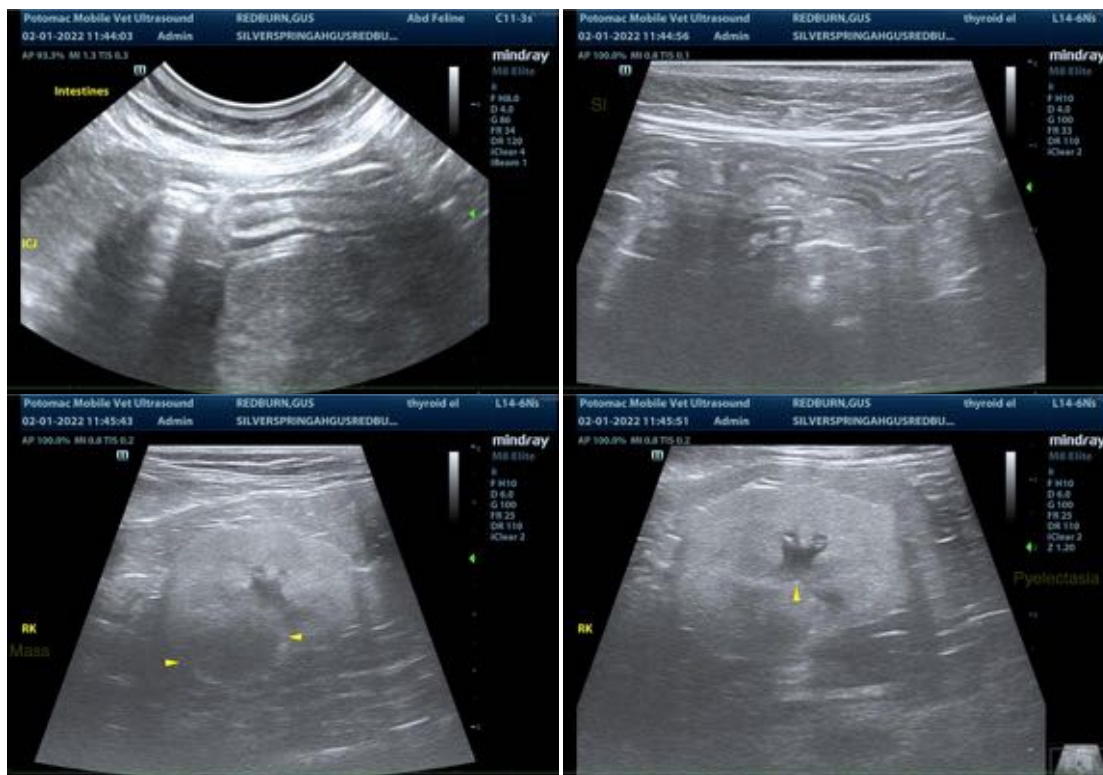
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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