**DATE PRESENTING CLINICAL SIGNS**

3.13.2023

About 2 weeks ago, started having construction in the house. Gizmo was isolated into one room, but he was not happy there. He has started acting weird the past 2 weeks, some hiding. Usually cuddles with owner at night, but he has been isolating himself. owner picked him up last night and brought him upstairs to sleep with her. He has been lethargic, less active, not pooping, only eating about half his meals. He will still eat the things he likes- bacon, sardines, air fried chicken. Had been on tapering dose of steroid, just finished them on March 1. At that time, his LN's had gone back to normal size, but have been enlarging again.

PATIENT

Gizmo Spalt

SPECIES

Feline

Current Medications: None listed.

Radiographs: Mass effect in cranial abdomen around stomach, very irregular gastric wall, kidney(s) enlarged compared to Jan 2023 rad. No obvious constipation

BREED

Maine Coon

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

SEX

Neutered Male

Imaging Performed By: Rachel Brillhart, RDMS.

PRESENTING CLINICAL SIGNS**AGE**

11/29/2018

About 2 weeks ago, started having construction in the house. Gizmo was isolated into one room, but he was not happy there. He has started acting weird the past 2 weeks, some hiding. Usually cuddles with owner at night, but he has been isolating himself. Owner picked him up last night and brought him upstairs to sleep with her. He has been lethargic, less active, not pooping only eating about half his meals. He will still eat the things he likes - bacon, sardines, air-fried chicken. Had been on tapering dose of steroids, just finished them on March 1. At that time, his LN's had gone back to normal size, but have been enlarging again.

WEIGHT

18.5 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**INTERPRETED BY**

Andrea Nicastro,
DMV, Diplomate
DACVIM (Small
Animal
Internal Medicine)

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

HOSPITAL NAME

Animal Emergency
Hospital

The left kidney is enlarged (7.01 cm in length) an irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. An approximately 3.00 cm irregular, heterogenous mass, with ill-defined fluid pockets is observed at the cranial pole. A similar-appearing mass (3.57 cm in length) is observed at the caudal pole. A few smaller masses are also seen. Mild pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

REFERRING VET

Dr. Goessling

The right kidney is enlarged (7.20 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A >3.00 irregular heterogenous mass, with ill-defined fluid pockets is observed at the cranial pole. In addition, an approximately 2.56 cm irregular, heterogenous mass with ill-defined fluid pockets is observed at the caudolateral aspect. Both lesions cause capsular disruption. Also, a 2.13 cm irregular, heterogenous mass with small fluid pockets is observed at the lateral aspect. There is mild pyelectasia (0.23 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. Subcapsular fluid is present at the cranial pole.

INVOICE

12408

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.90 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 moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, mostly gravity dependent, debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb of the pancreas is 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 (0.22 cm in diameter). There is no evidence of peripancreatic inflammation or effusion. (See also "Other" category).

Free Abdomen

There is no obvious evidence of free fluid. Several enlarged hypoechoic, rounded-to-irregular lymph nodes are observed in the cranial abdomen (the largest measuring 2.74 cm in diameter).

Other

An approximately 6.00 cm irregular, hypoechoic-to-slightly-heterogenous mass is observed in the right cranial quadrant. A 3.60 cm rounded hypoechoic lymph nodes is also observed in the caudal aspect. The mesentery surrounding all nodes is hyperechoic. (See also "Other" category).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse abdominal lymphadenopathy is concerning for infiltrative neoplasia. Lymphoma is the top differential. However, a severe inflammatory process (i.e., pyogranulomatous) cannot be completely excluded.
- The origin of the mass in the right cranial quadrant is unclear and may be arising from lymph nodes, pancreas, mesentery, other. Again, neoplasia is suspected.
- Bilateral renal masses. Neoplasia is suspected.

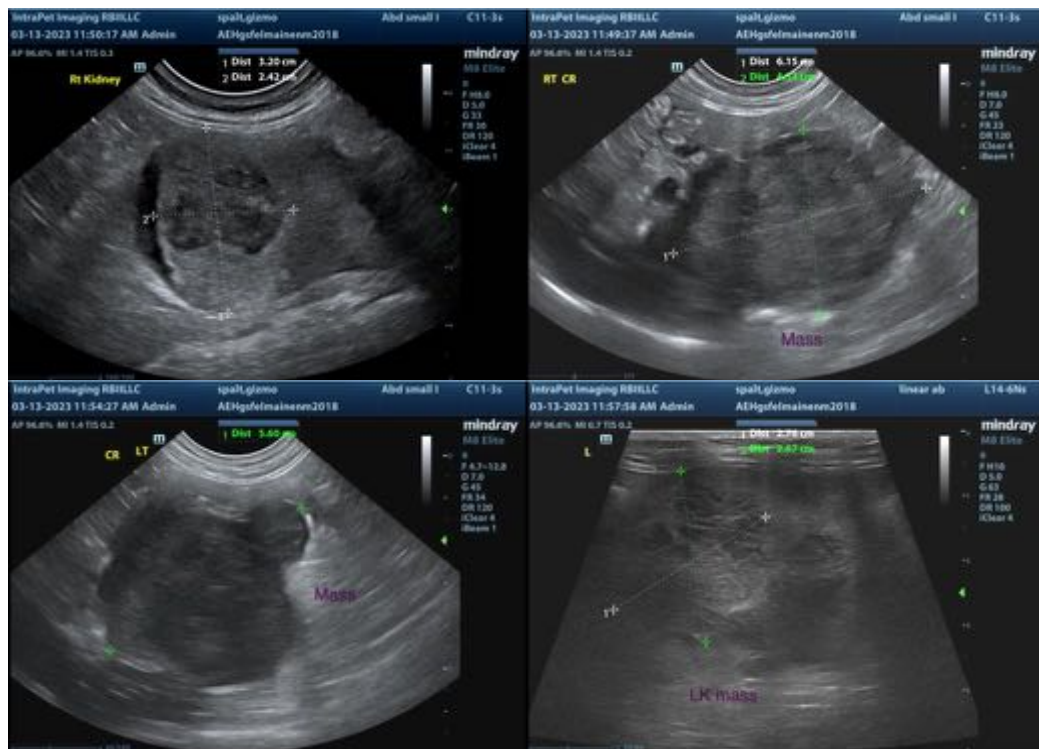
- The trace pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, fluid therapy, other.

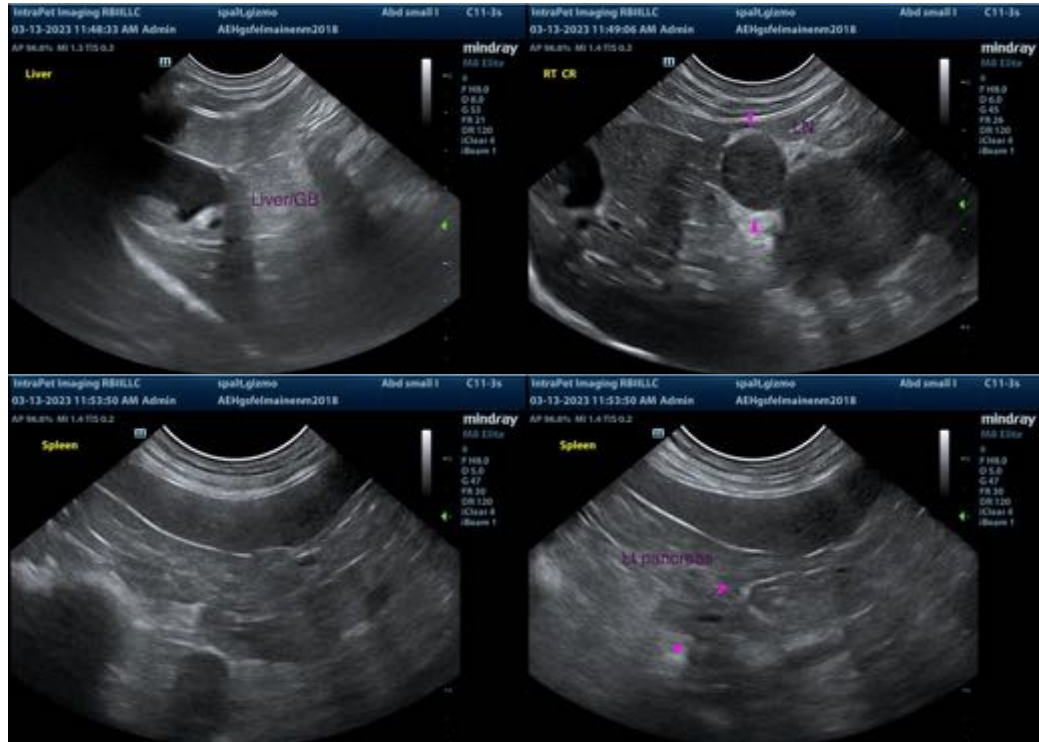
Secondary Findings

- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If clotting status is appropriate, fine-needle aspirates of the enlarged abdominal lymph nodes is recommended. Twenty-five gauge needles should be used. Other diagnostics considerations include the following:
 1. Feline leukemia and FIV testing (if not already performed)
 2. Three-view thoracic radiographs to assess cardiopulmonary status
 3. Further diagnostic and treatment recommendations should be based on result from the above diagnostics. Consultation with a board-certified oncologist may be warranted.





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com