

**DATE PRESENTING CLINICAL SIGNS**

7.14.2022

History of chronic kidney disease. Values slightly better than before. Examined on 7/7/22 and mass palpated in abdomen at that time. Had been acting normally and eating fine, though after mass was mentioned O mentioned that he does seem to be spending a little more time in the basement. Has been losing weight, but not rapidly.

PATIENT

Onslow Jordan

Current Medications: Rehmannia 8 combination tincture - 0.3ml BID - on over a year. Rx Phosbind Powder - 1.5 scoops SID - starting 7/8/22

SPECIES

Feline

Lab Results: SDMA 17 (0-14) - high. Chem: Creat 2.7 (0.9-2.3), Bun 57 (16-37), Phos 6.4 (2.9-6.3), Alb 2.5 (2.6-3.9), Lipase 236 (0-45), CPK

BREED

DSH

1229 (64-440), rest WNL. CBC: WBC 36.7 (3.9-19.0), RBC 6.76 (7.12-11.46), HGB 7.9 (10.3-16.2), HCT 24.6 (28.2-52.7), MCV 36 (39-

56), MCH 11.7 (12.6-16.5), Retic HGB 13.2 (15.3-22.9), PLT 80 (155-641), but clumped, est is adequate. Toxic neutrophils seen, no hemobart seen. Neuts 33948 (2620-15170), Mono 991 (40-530), rest WNL

SEX

Neutered Male

Kidney disease has been present since at least March 2021. Has had mild anemia since then as well.

Suspect the elevated white count is due to the new mass

Radiographs:

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

AGE

10/4/2004

Imaging Performed By: Andi Parkinson, BS, RDMS.

WEIGHT

8.52 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The **left kidney** is normal size (3.62 cm in length); normal shape and with smooth peripheral margins. The cortex is variably thickened. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter.

The **right kidney** is normal size (3.63 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. A nonobstructive, mineralized focus is visualized. A 0.47 cm cortical cyst is seen. Trace pyelectasia is present. There is no evidence of hydroureter

Adrenal Glands

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

Spleen

The **spleen** is contracted (0.52 cm in width at the level of the hilus) with a slightly irregular medial contour. The parenchyma is homogenous. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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.

INTERPRETED BY

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

HOSPITAL NAME

Healing Paws Vet.
Wellness Center

REFERRING VET

Dr. Preston

INVOICE

11226

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous, but not overtly dilated.

Gastrointestinal

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. There is slight disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosal layer. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

In the region of the **pancreas**, a large (>6cm) irregular, heterogenous, cavitated mass effect is visualized. The pancreatic duct is dilated (0.37 cm in diameter). The mesentery surrounding the mass is hyperechoic.

Free Abdomen

Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large cranial abdomen mass, suspected to be of pancreatic origin. Neoplasia (i.e., adenocarcinoma) is the top differential. Adjacent peritonitis is present.

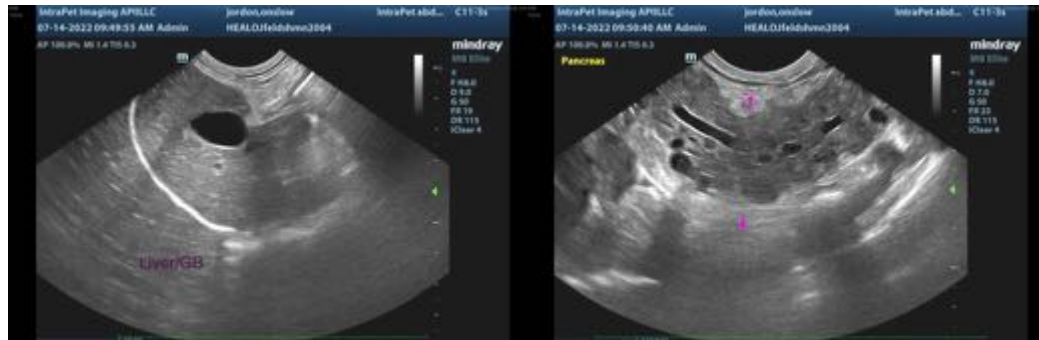
Secondary Findings

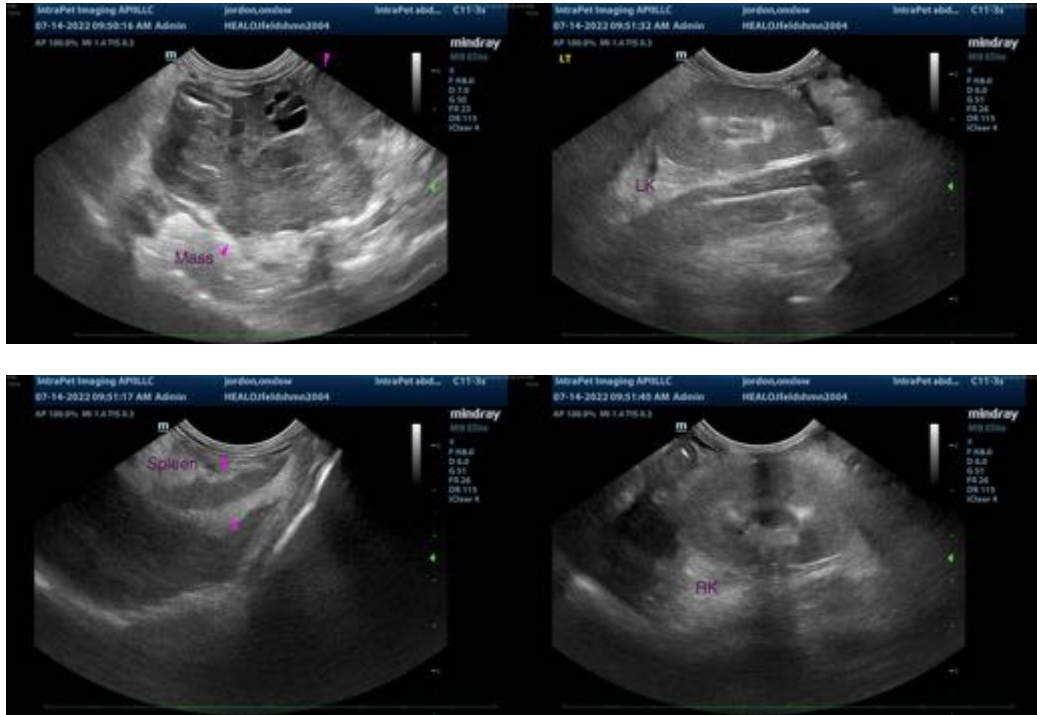
- Bilateral, chronic, age-related renal changes with right nonobstructive nephrolithiasis
- The splenic contraction is consistent with dehydration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

A fine-needle aspirate of the pancreatic mass can be considered if clotting status is appropriate. Due to the guarded prognosis, consider palliative/symptomatic care. However, if an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be helpful in presurgical planning.





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.

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