

**DATE**

8.13.23

**PRESENTING CLINICAL SIGNS**

Got in March from Cecil County, Did have felv/FIV-- neg Had done ok , then saw RDVM in June-- diagnosed with IMHA Had labs, BNP, and redid felv/FIV-- (still neg) Started on Prednisolone 3 mg PO BID and doxy, seemed better, at recheck PCV better, taper started, next recheck-- labs a little worse again, Pred back up to BID 1 week, then was on SID this week Last day- lethargic, vomited once, defecated on stairs- concern was too weak Mr was concern abdomen looks --more distended.

**PATIENT**

Khan Lasorte

**SPECIES**

Feline

Current Medications: Pantoprazole, Maropitant, Prednisolone, Buprenorphine.

Lab Results: No regenerative anemia, severe remomegaly.

Radiographs:

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**BREED**

Stat Report: Not requested.

DSH

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**AGE**

8/11/15

The left kidney is enlarged (5.72 cm in length) with an irregular shape. A 3.11 x 2.51 cm irregular, hypoechoic, slightly vacuolar mass/lesion is observed at the caudal pole. In addition, a 1.43 x 1.03 cm hypoechoic nodule is observed at the craniolateral aspect. Both lesions appear to cause capsular expansion. In the remainder of the kidney, the cortex is thickened, hyperechoic relative to the spleen and exhibits some heterogeneity. There is moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.14 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Some capsular fluid is present. Surrounding mesentery is hyperechoic.

**WEIGHT**

13.7 lbs

The right kidney itself is borderline enlarged (4.49 cm in length) with an irregular shape. A 4.04 x 2.64 cm irregular, echogenic mass is arising from the craniolateral aspect. The kidney and mass are surrounded by fluid contained within the renal capsule. Stranding material is observed within the fluid. There is no evidence of pyelectasia, nephroliths, or hydroureter.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal EH

**Adrenal Glands**

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

**REFERRING VET**

Dr. King

**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 appears normal.

**INVOICE**

14080

**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 mostly gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

#### ***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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most 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***

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

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings**

- The bilateral renal nodules/masses are most concerning for a neoplastic process (i.e., lymphoma, adenocarcinoma). However, focal inflammatory disease (i.e., pyogranulomatous) cannot be excluded. There is a questionable perinephric pseudocyst surrounding the right kidney. Left retroperitonitis is present.

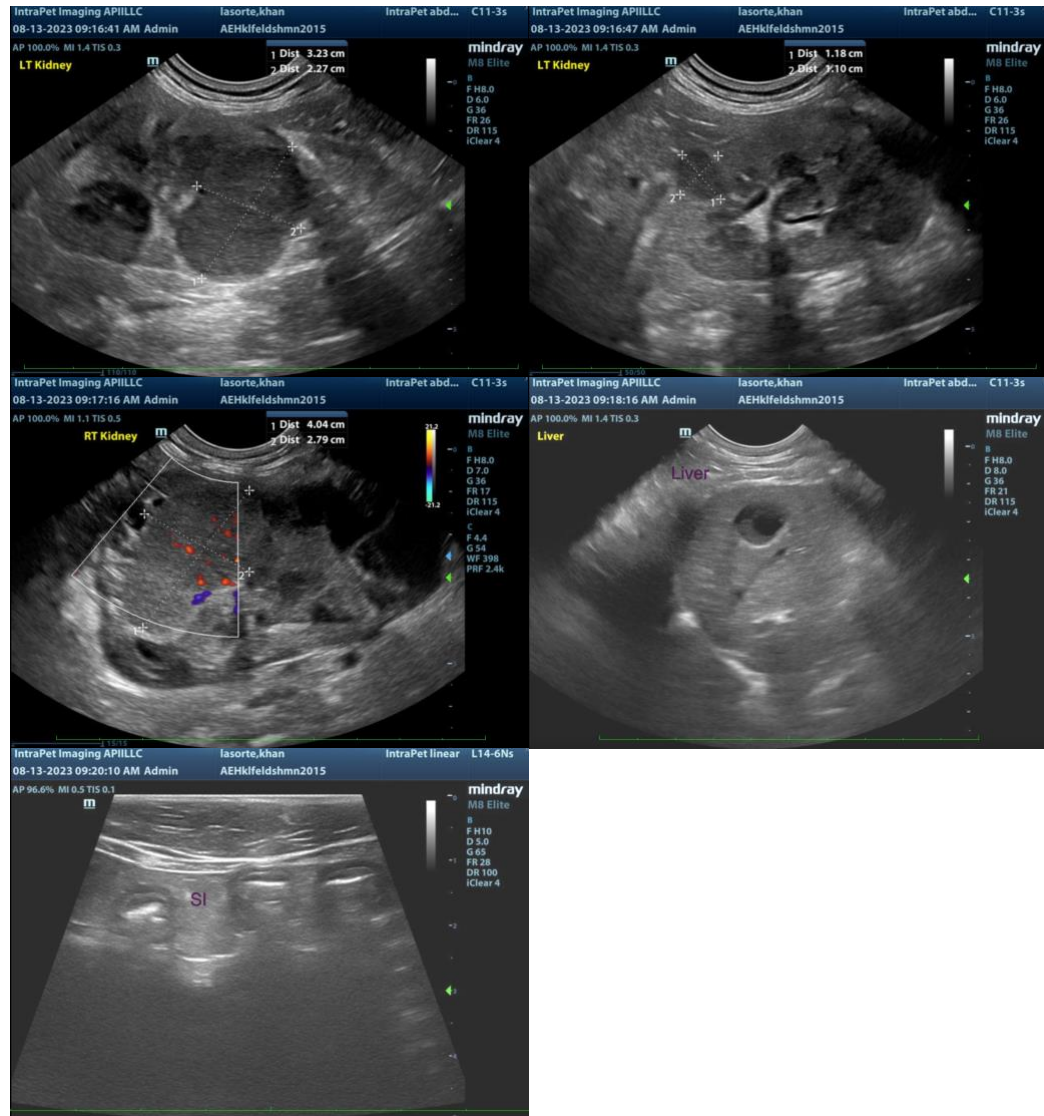
#### **Secondary Findings**

- Bowel pattern suggestive of inflammatory bowel disease with potential for emerging lymphoma. Correlation with the patient's clinical history is recommended.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirates of the renal masses (if clotting status and blood pressure are appropriate). Twenty-five gauge-needles should be used.
- A urine culture and sensitivity is also recommended to assess for occult infection.

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed).



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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