



**PATIENT**

Tiger Krepinsky

**PRESENTING CLINICAL SIGNS**

History: History of persistent hematuria.  
Abnormal PE/Chem/CBC/UA Results: USG 1.013, Bld 250, WBC <1. RBC > 50bac 0, cats 0, Crestals 0 Craet, Urea normal

**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 with anechoic urine. 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. An ultrasound guided cystocentesis was performed during the sonogram.

**BREED**

Domestic shorthair

**SEX**

Male, neutered

The left kidney is normal size (4.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

18 Yrs. 1 month

The right kidney is normal size (3.96 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

5.42 kg.

*Adrenal Glands*

The left adrenal gland is severely enlarged (0.70 cm cranial; 2.18 cm caudal) with a 2.68 x 2.04 cm heterogeneous mass effect at the caudal aspect. The gland is compressing the caudal vena cava. However, vascular invasion is difficult to determine.

**INTERPRETED BY**

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

The right adrenal gland is normal in size (0.44 cm cranial; 0.50 cm caudal; 1.41 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Dr. Brian Barnes

*Spleen*

The spleen is normal in size (0.72 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.

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*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.99 x 1.24 cm irregular, heterogeneous cystic nodule/mass is observed on the left side at the caudal aspect. The remaining parenchyma is homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Brian Barnes

*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

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thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**Pancreas**

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Feline

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.

**BREED**

Domestic shorthair

**Free Abdomen**

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

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

**AGE**

18 Yrs. 1 month

- Left adrenal mass. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is considered likely with a low possibility of benign pathology.
- Bilateral age-related renal pathology with trace pyelectasia.

**WEIGHT**

5.42 kg.

**Secondary Findings:**

- The cystic hepatic mass is most consistent with biliary cyst adenoma or cyst adenocarcinoma.

\*An obvious cause for the patient's hematuria is not identified in this study. Considerations include occult urinary tract infection, idiopathic cystitis, coagulopathy, other.

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(*Small Animal Internal  
Medicine*)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Dr. Brian Barnes

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the hematuria, a urine culture and sensitivity is recommended. If normal, consider assessing clotting status.
- Regarding the left adrenal mass, if an aggressive approach is desired consider urine/blood catecholamine levels (if available for feline patients). If a left adrenalectomy is desired, an abdominal CT scan would be useful in pre-surgical planning, particularly in assessing for vascular invasion. If surgery is pursued, referral to a board-certified veterinary surgeon is recommended due to the potential for perioperative complications.

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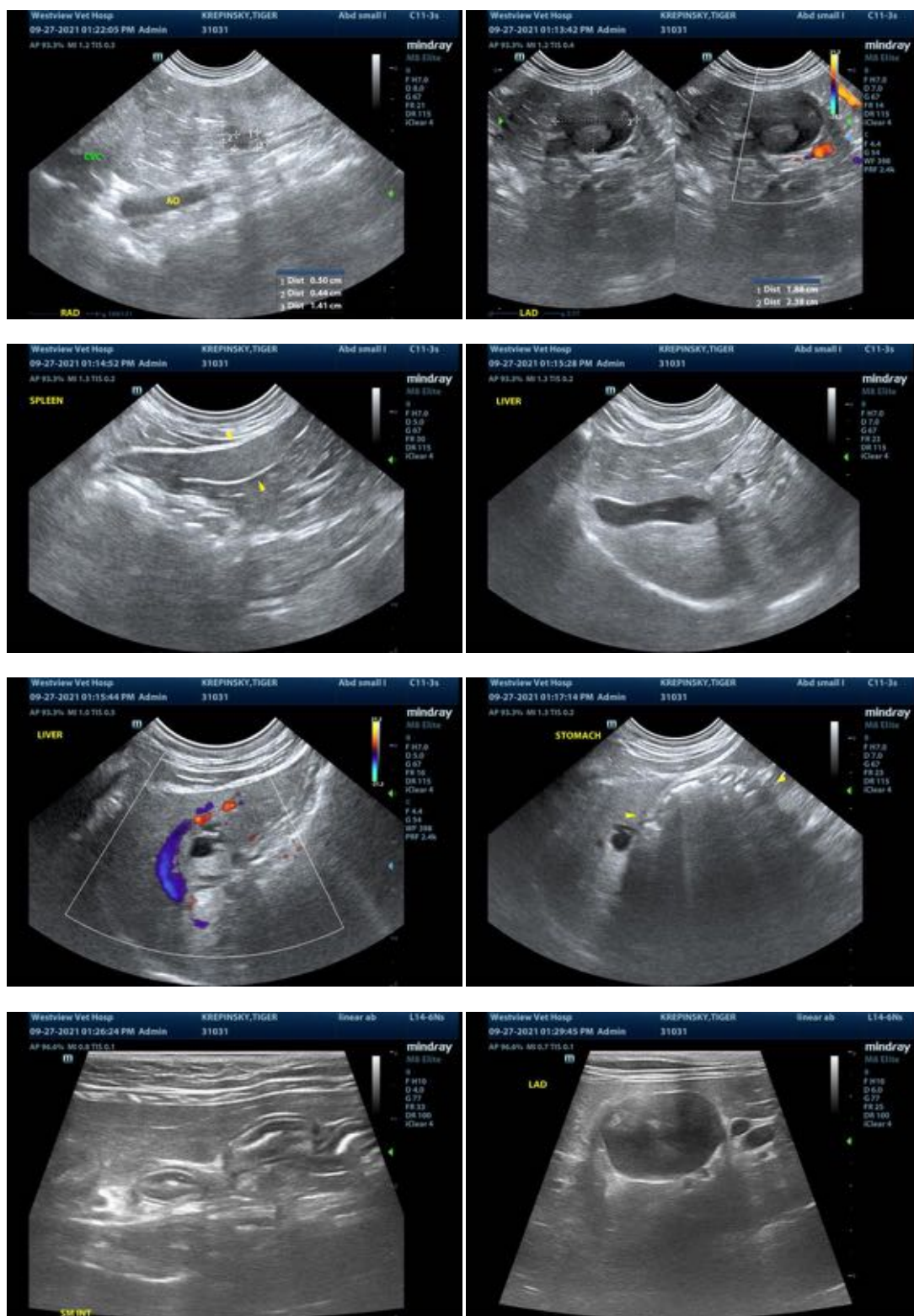
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The information and recommendations provided are based on the images presented by the referring



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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.

**SPECIES**

Feline

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

Andrea.nicastro@sonopath.com

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