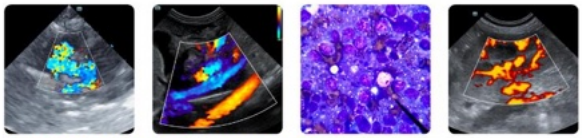


PATIENT

Abbie Watson

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

9/15/2011

WEIGHT

4.2 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Mt Pleasant

REFERRING VET

Dr. Holmes

INVOICE

13433

DATE

1/27/26

PRESENTING CLINICAL SIGNS

Presented with cervical ventral flexion. The patient has hypokalemia, potassium is 2.6 and has a severe leukocytosis at 59,000 with a neutrophilia and monocytosis. Most recent blood pressure normal at 140, sodium 158.

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 mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.39 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild to moderate pyelectasia is present (0.30 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.30 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.41 x 1.32 cm) and rounded with a mass effect. The parenchyma is hypoechoic with loss of glandular detail. Surrounding vasculature is normal with no obvious evidence of vascular invasion.

The right adrenal gland is small in size (0.28 cm width) with a slightly flattened contour. Glandular echogenicity are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.60 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.

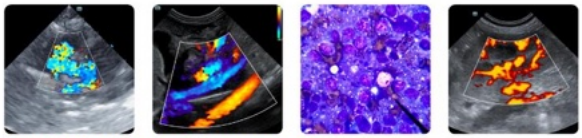
Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. Intrahepatic biliary stones are present. Vascular is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The duodenal papilla is normal in size (0.24 cm in width).

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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 is normal to mildly thickened (up to 0.28 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obvious obstructive disease is noted.



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Pancreas

The base and limbs of the pancreas are 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. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Left adrenal mass. Given the patient's clinical history of hypokalemia, an aldosterone secreting tumor is of top concern. Other considerations include cortisol secreting tumor, pheochromocytoma, hyperplasia, other. Right adrenal atrophy likely secondary to a functional left adrenal tumor.

Secondary Findings:

- The small intestinal wall changes are most consistent with inflammatory bowel disease with a lower possibility of emerging lymphoma. Correlation with the patient's long term clinical history is recommended.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonspecific age-related renal changes with dystrophic mineralization. The bilateral pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (If applicable), fluid therapy (if applicable) or some combination thereof.
- Intrahepatic biliary stones, likely a benign incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A renin: aldosterone ratio is recommended to further evaluate for an aldosterone secreting tumor.
3. Close monitoring of the patient's blood pressure is also recommended to assess for hypertensive episodes.
4. Consider urine/blood metaephrine levels if testing is available.
5. While awaiting test results, supportive care, including potassium supplementation, is recommended.

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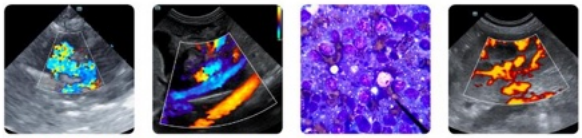

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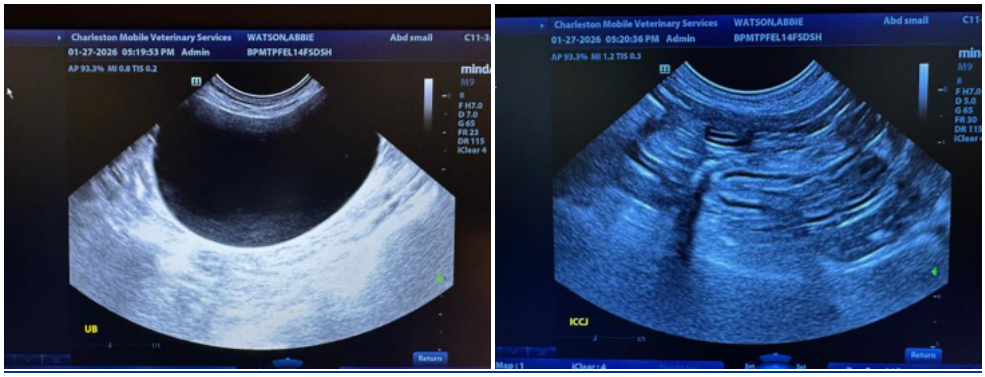

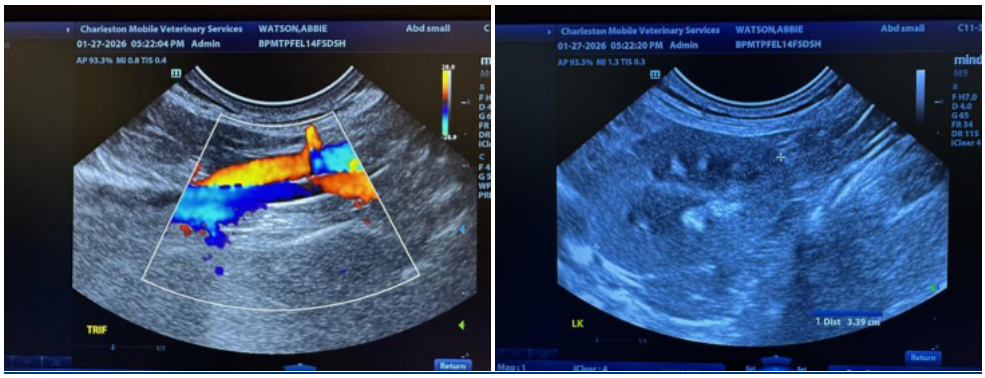

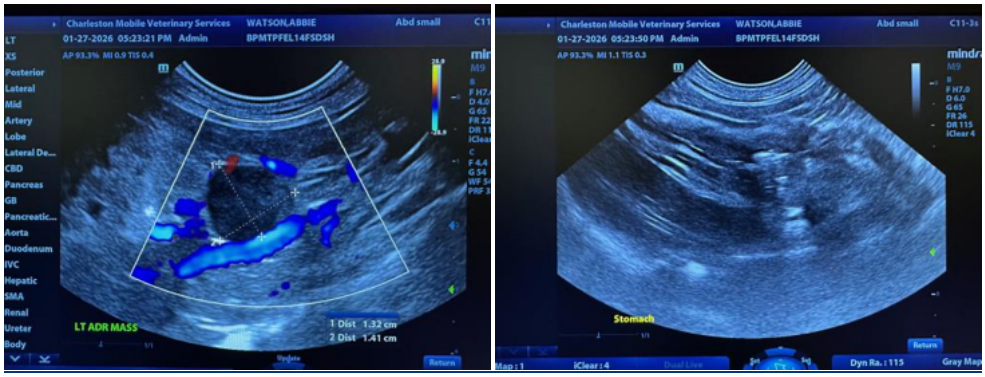

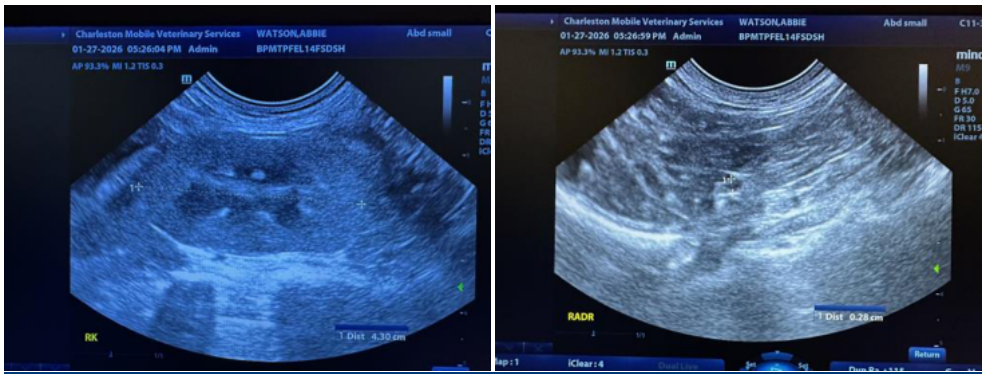

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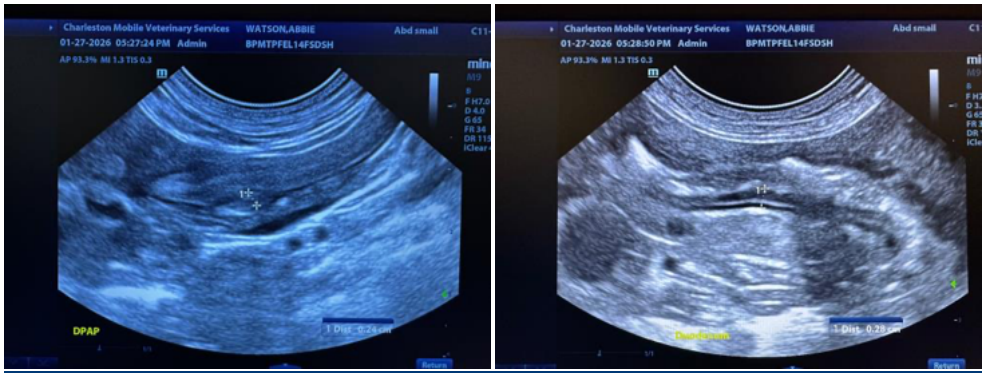

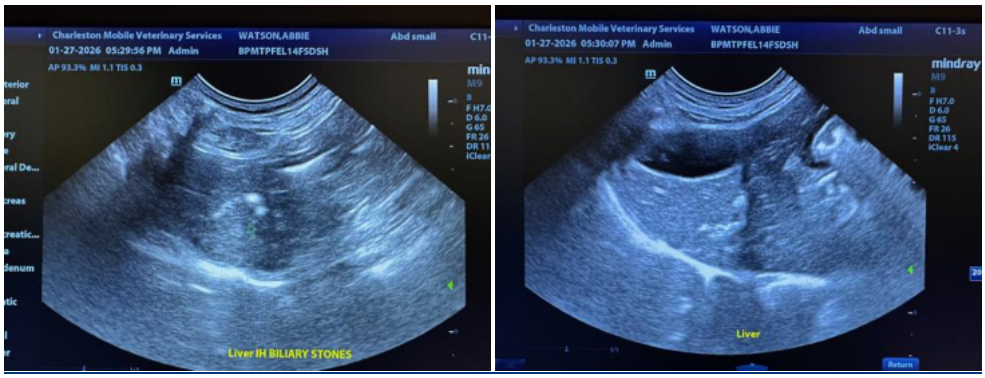

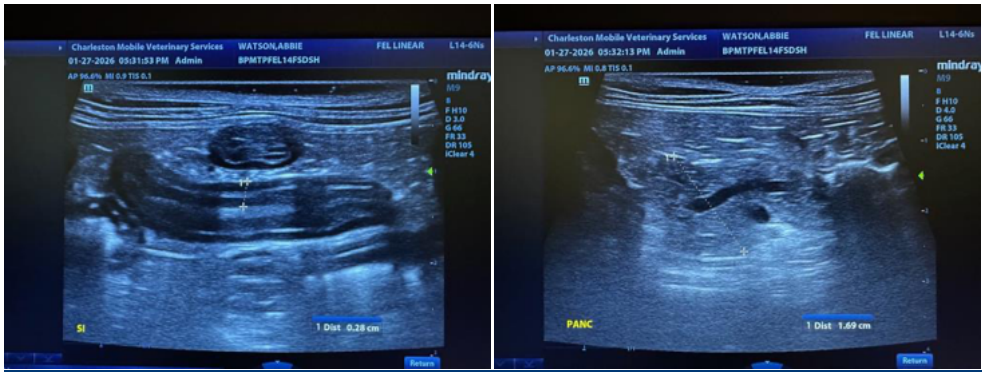

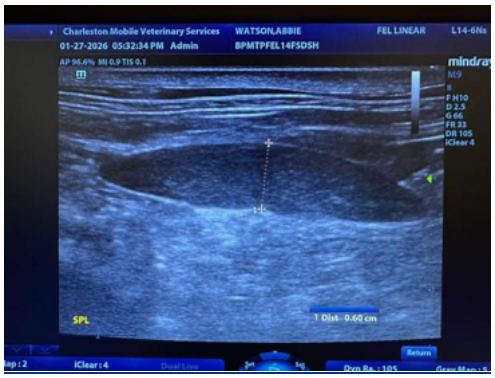

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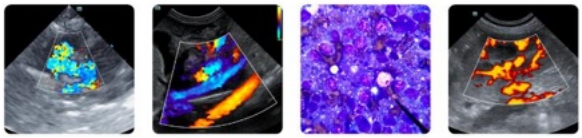

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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