

**DATE PRESENTING CLINICAL SIGNS**

1/27/22

History: Patient presented with rotating limb weakness and knuckling to emergency hospital 1/5/22. Emergency hospital suspected blood clot as there was coldness and unequal pressures on the right front limb. Bloodwork and an echocardiogram and ECG were performed at the emergency hospital. Patient has been experiencing ongoing decreased appetite for several months, which became severe over the weekend and has improved slightly since. P had extreme lethargy over the weekend which has also improved slightly. For several months, P has been urinating outside of the litter box. She has had rapid weight loss- about two pounds over the last three weeks.

**PATIENT**

Ella Ditzler

**SPECIES**

Feline

Current Medications: Plavix 1/4 tablet daily 1/6/22 to ongoing. Buprenex 0.1 ml in buccal pouch q8h 1/6/22 to 1/20/22, feline urinary diet 1/6/22 to ongoing. Mirataz 1.5 inch strip transdermal 1/25/22 to ongoing. Lab Results: Attached separately. Echo and ECG from ER attached.

**BREED**

DLH

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Oral gabapentin. No further sedation required to complete full diagnostic ultrasound. Stat Report: Not requested.

**SEX**

Spayed Female

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

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**AGE**

1/19/12

**WEIGHT**

6.5 Pounds

The right kidney is normal in size (3.85 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM

The left kidney is normal in size (3.34 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**Adrenal Glands**

The right adrenal gland is normal in size (0.54 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Happy Tails VH

The left adrenal gland is normal in size (0.54 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**REFERRING VET**

Dr. Calpeno

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**INVOICE**

35154

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### ***Gastrointestinal***

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### ***Pancreas***

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is no evidence of peritoneal effusion. Mild mesenteric lymphadenopathy is appreciated in these images.

### ***Other***

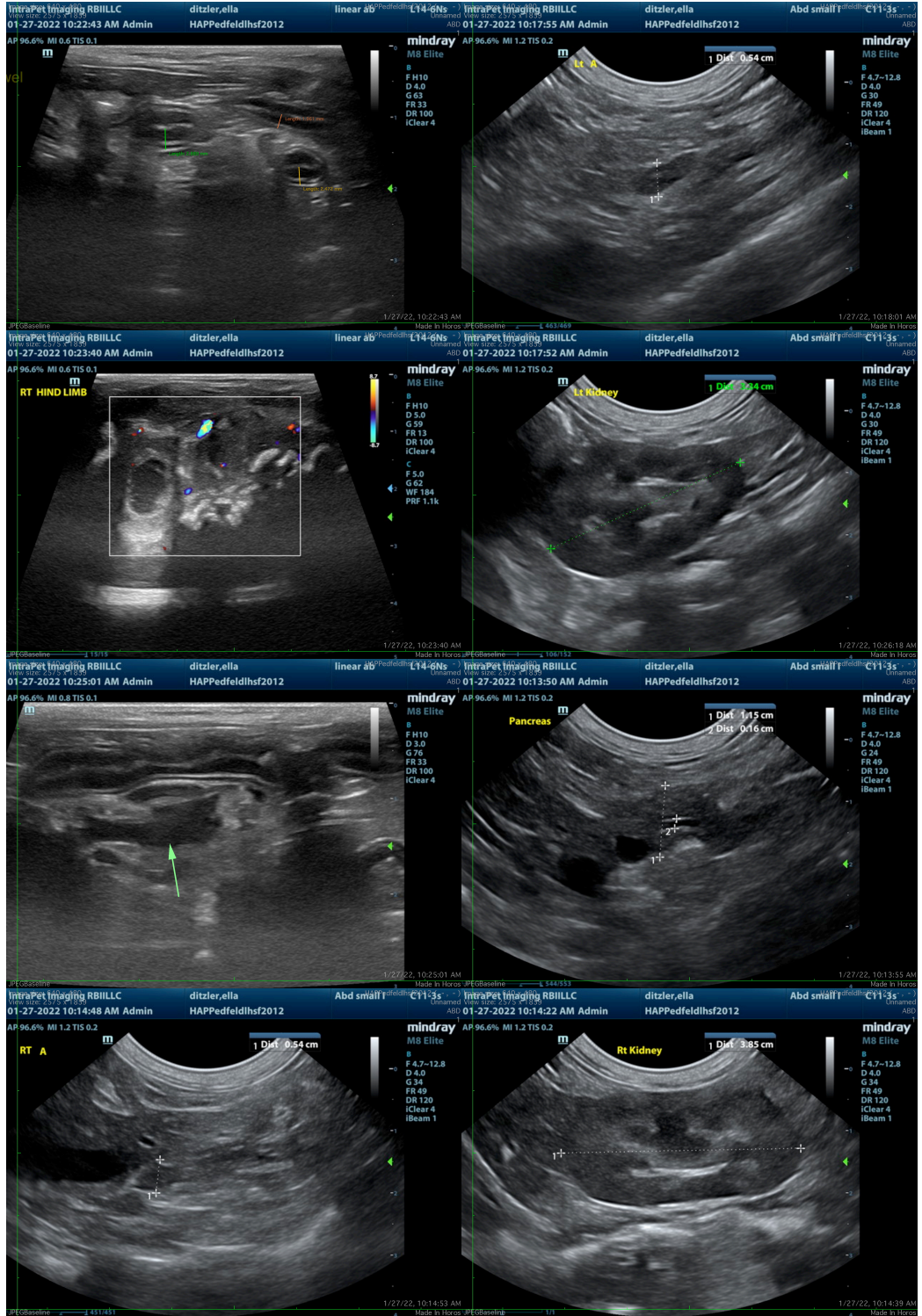
There is a large, at least 3.5 cm heterogeneous mass that is both mineralized and cavitated present in these images that sonographer reports originates from the right hind limb without an intraabdominal component.

## **ULTRASONOGRAPHIC FINDINGS**

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- Mesenteric lymphadenopathy – Most likely reactive. However, infiltrative metastatic neoplasia cannot be ruled out given the concurrent mass.
- Cavitated, mineralized, heterogeneous mass originating (per the sonographer) from the right hind limb without an intraabdominal component.

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

Recommendations include a fine needle aspirate or biopsy of the mass on the right hind limb. 3-view thoracic radiographs are also recommended to further assess metastatic disease if not already performed. If possible, and if patient's coagulation status is appropriate, fine needle aspirate of the mesenteric lymph nodes is warranted. Continued medical management of the pain and cardiac disease as is reportedly already in place is recommended as well as the addition of antibiotics, pending cytology +/- culture results of the mass aspirates, given the cavitations and the inflammatory CBC.



**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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