

**DATE PRESENTING CLINICAL SIGNS**

6/20/23

History: P presented on 6/8/23 for constipation and lethargy. Radiographs showed significant amount of mineralized stool but also suspicious of right caudal retroperitoneal soft tissue opacity. P has since been treated with IV fluid therapy, enemas, lactulose and miralax at home unsuccessfully.

PATIENT

Pickles Westervelt

Current Medications: Lactulose, Miralax, Cerenia

Radiographs: See attached imaging report.

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested by DVM.

BREED

Imaging Performed By: Andi Parkinson, RDMS

DSH

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

Neutered Male

Urinary bladder is adequately 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

1/16/13

Left kidney is normal in size (4.85 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

14.12 Pounds

Right kidney is normal in size (4.05 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The area of the adrenal glands is examined without evident adrenal gland pathology.

HOSPITAL NAME

Northwind AH

Spleen

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). A 1.5 cm x 2.0 cm, mildly heterogenous, primarily hypoechoic nodule, resulting in a capsular bulge, is noted near the tail of the spleen. Splenic vasculature appears normal.

REFERRING VET

Dr. Jones

Liver

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.

INVOICE

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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 visible stomach wall is normal in thickness 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. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

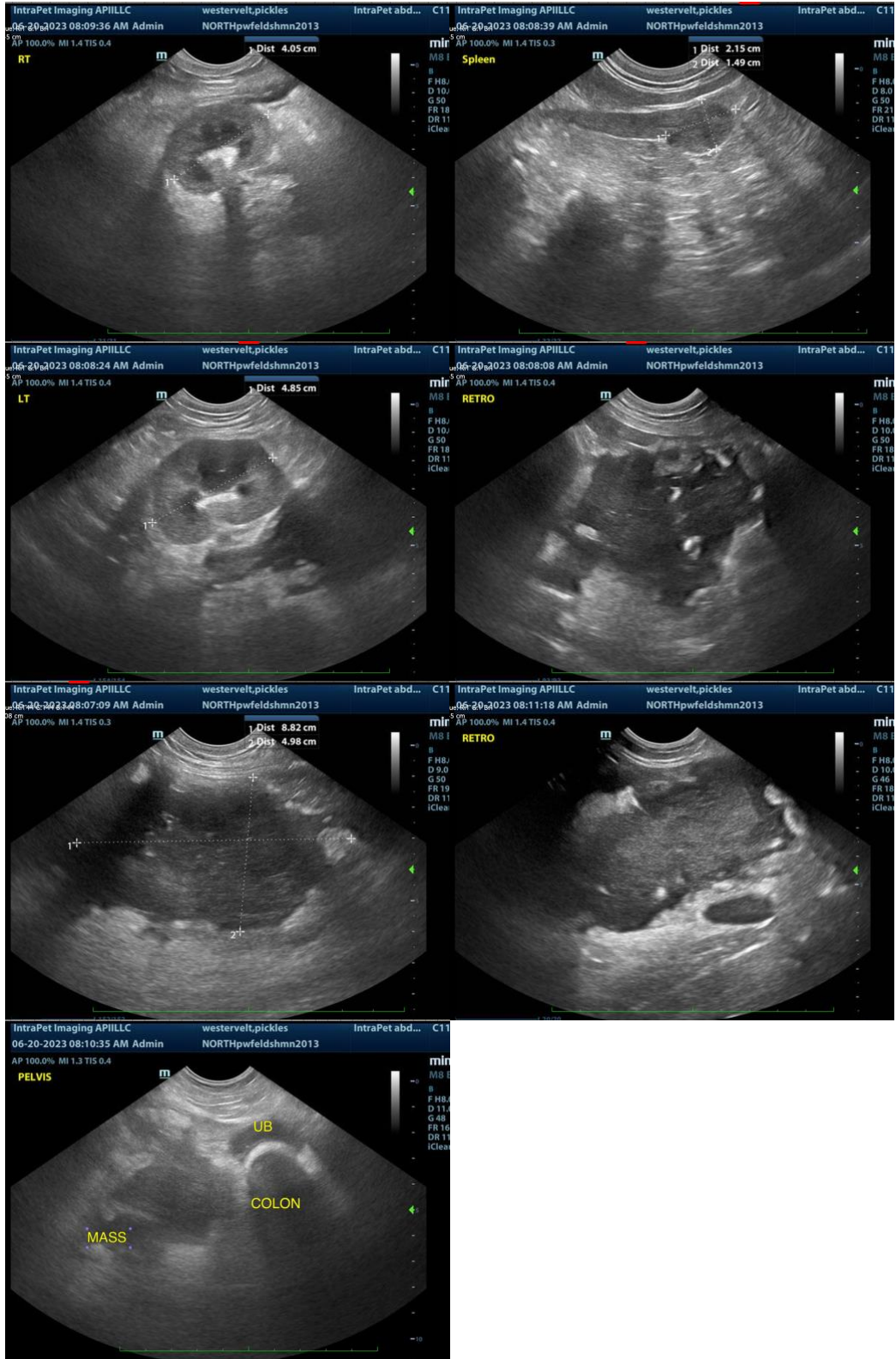
There is a significant amount of enhanced hyperechoic fat and tissue, as well as free fluid surrounding the right kidney and extending from the right retroperitoneal area deep into the pelvis, where there is a large 9.0+ x 5.0+ cm markedly heterogenous mass, that appears to surround the aortic bifurcation, as well as the urinary bladder, colon, etc.

ULTRASONOGRAPHIC FINDINGS

- A large heterogenous mass, that extends from the right kidney deep into the pelvis and is surrounded by enhanced hyperechoic fat and free fluid, most concerning for infiltrative neoplasia. A large abscess, hematoma, other, can't be definitively ruled out, but is considered to be less likely.
- The splenic nodule could represent a benign lesion, such as extramedullary hematopoiesis, nodular hyperplasia, other, however, an infiltrative neoplastic or metastatic nodule cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If further evaluation/treatment is elected for this mass, a fine needle aspirate for both cytology, as well as culture and sensitivity, could be considered. Given this patients presenting complaint, however, and the obstruction of normal elimination function, being cause by the mass, ultimately, an exploratory surgery for excisional biopsy and debulking of the mass will likely be required. Given the size and location of the mass, full excisability is considered unlikely. Additionally, the surgery, due to size and location of the mass, presents a technically demanding approach, therefore, if surgery is elected, both consultation with a veterinary surgeon, as well as a presurgical planning abdominal/pelvic CT scan are recommended. Additionally, if surgery is elected, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.



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

Beth Johnson, DVM DACVIM

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