

DATE
10/21/21

PRESENTING CLINICAL SIGNS

History: Rechecking retroperitoneal mass which was seen last year on ultrasound.
Date of Previous IntraPet Ultrasound: 11/11/2020.
Sedation: Not needed.
Stat Report: Not requested.

PATIENT
Dixie Cox

SPECIES
Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

BREED
Domestic Shorthair

The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsule was acceptably uniform without significant irregularities. The right kidney was slightly displaced with regional inflammation and minor swelling. The right kidney measured 3.88 cm with trace pyelectasia.

SEX
Spayed Female

AGE
2014

Adrenal Glands

The prior **adrenal mass** appears to have progressed and now measures 4.3 cm. This appears to be deriving from the left adrenal gland. A separate hypoechoic structure is noted adjacent to the mass. It appears to be deriving from the right adrenal gland. However, a separate origin cannot be completely ruled out. A separate, hypoechoic, swollen structure was noted adjacent to the mass and may represent the left adrenal gland. Peripheral inflammation was noted around the mass. An adjacent lymph nodes was also enlarged. This is not a surgical presentation.

WEIGHT
9.94 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Gambrills VC

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Orenstein

INVOICE

92563

Gastrointestinal

The **stomach** revealed 4.0 cm progressively shadowing structure with stasis. The stasis continued up into the gastroesophageal inlet. The small intestines and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The pancreas measured 1.2 cm.

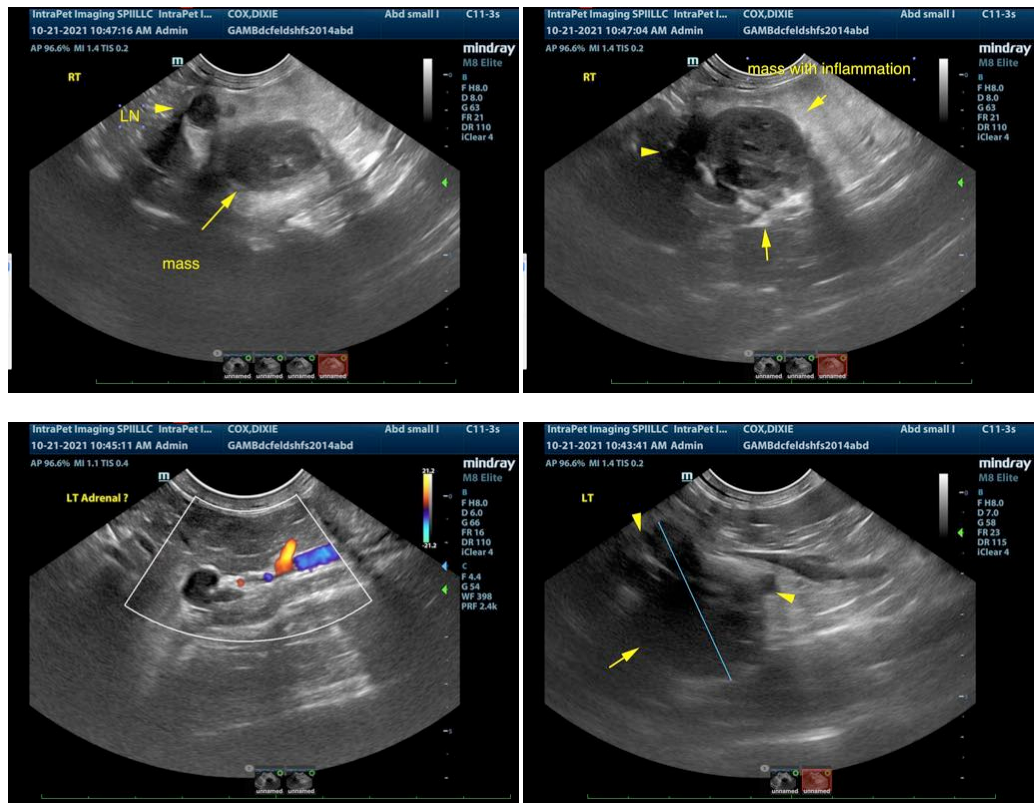
ULTRASONOGRAPHIC FINDINGS

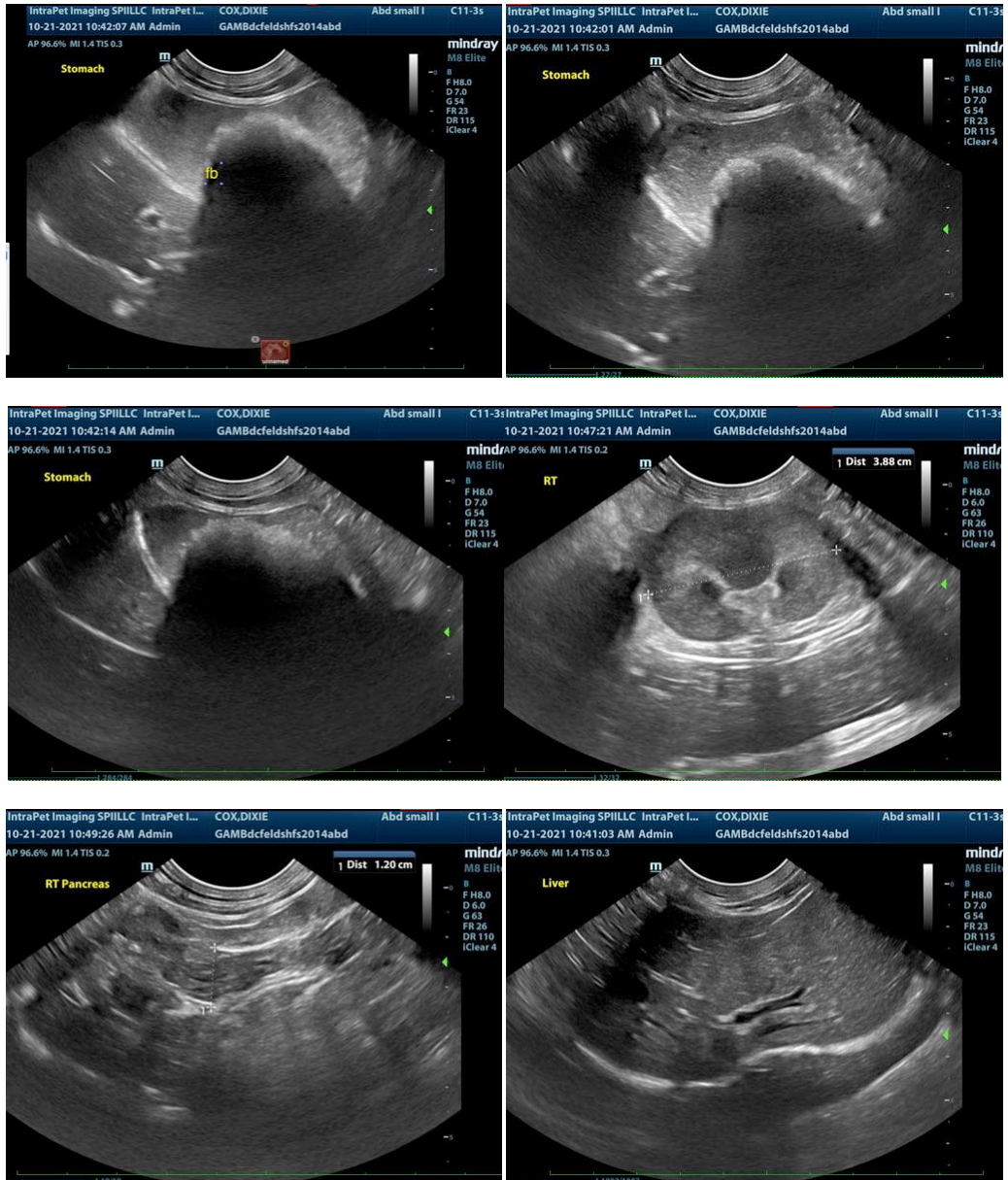
Mass appears to be deriving from the right adrenal gland, but a separate origin cannot be completely ruled out.

Gastric foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is not surgical given the lymphadenopathy. However, significant gastric foreign body is also present along with trace amounts of free fluid. Ultrasound-guided FNA of the mass can be considered to assess if chemotherapy would be appropriate or surgical intervention with evacuation of the stomach and debulking under biopsy procedure. However, the prognosis is very guarded to poor depending upon the origin of the mass. The mass is significantly undifferentiated. CT evaluation would be ideal in this case for further definition, yet this is likely academic.





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.

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