

**DATE**

3/14/22

PRESENTING CLINICAL SIGNS

Seen at ER, suspect abdominal mass.

Current Medications: None listed.

Lab Results: See attached.

PATIENT

Qusmo Perkins

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

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

Tabby

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Neutered male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.63 cm. The right kidney measured 3.26 cm with corticomedullary calculus that were non-obstructive. Pelvic calculus was also noted in the right kidney and measured 0.52 cm. A cortical infarct was noted in the caudal pole of the right kidney adjacent to the corticomedullary/pelvic calculus. Slight dilated ureter was noted and measured 0.17 cm with slightly thickened wall.

AGE

5/12/10

WEIGHT

12.7 lbs

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.5 cm. The left adrenal gland measured 0.43 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Hospital at
Southgate**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.

REFERRING VET

Dr. Alexander

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Comet tail artifact was noted and likely owing to calculus movement within the kidney.

INVOICE

96860

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. However, a complex, mineralizing colonic mass was noted and measured 2.5 cm. The mass extended into the regional omentum. Clean resection would likely be difficult in this patient.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Slight free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Mural cystic and complex colonic mass, possible resectable with subtotal colectomy.

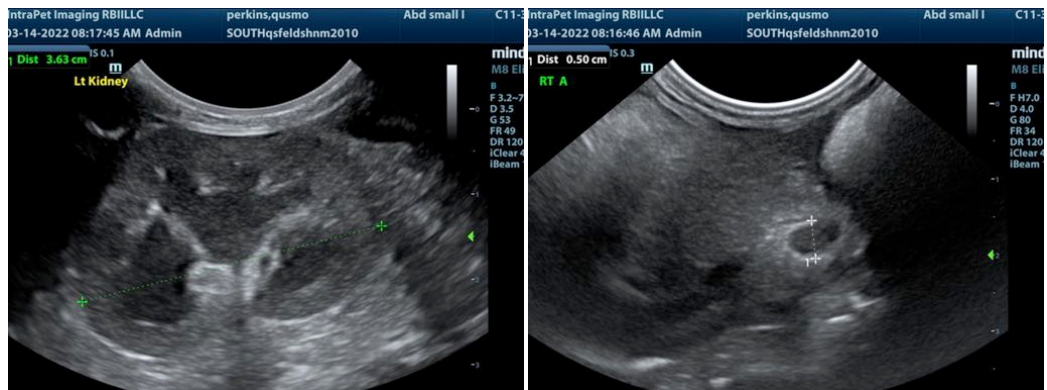
Free fluid, which is concerning for lymphatic obstruction.

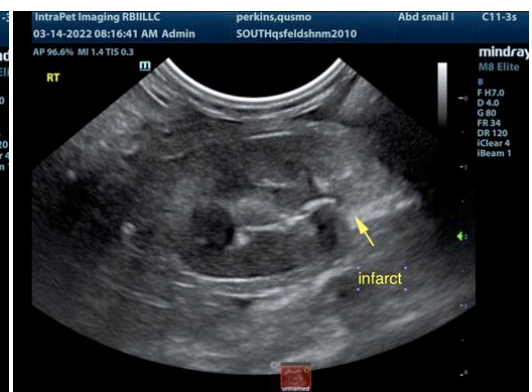
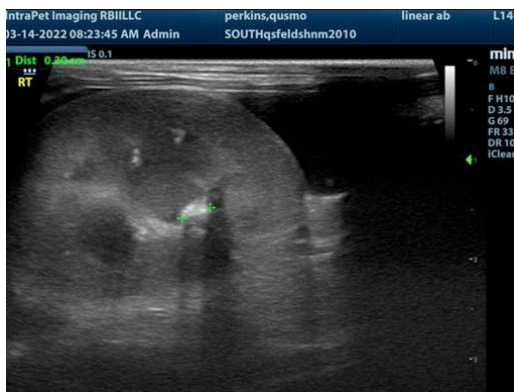
Nephrolithiasis and right renal infarct.

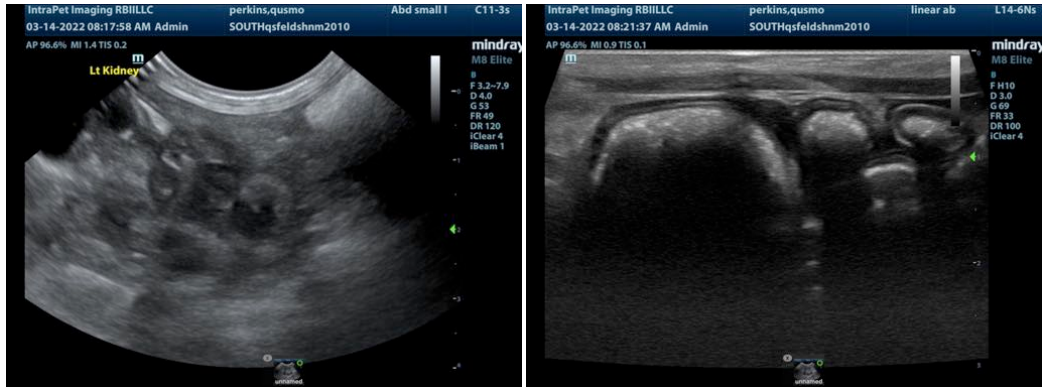
Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery could be considered with the objective of assessment of resectability of the colonic mass as well as subtotal colectomy. However, I have concerns for lymphatic metastatic disease given the free fluid. Abdominocentesis of the free fluid with cytopsin can be considered. FNA of the parenchymal portion of the colonic mass can also be considered. Carcinoma is suspected with a mild potential for granulomatous disease. The prognosis is guarded to poor. Three view chest radiographs are warranted to assess for metastatic disease.







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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