SonoPath
Clinical Sonography & Telecytology
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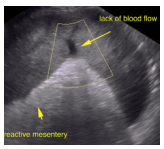

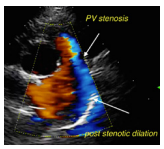

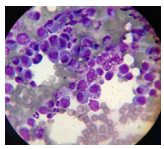
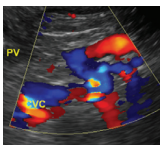

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Blue Ruane

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
7 Years

WEIGHT
13.2 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Westwood Regional

REFERRING VET
Dr. Taylor McConnell

INVOICE
36801

DATE
4/11/22

PRESENTING CLINICAL SIGNS

Vomiting, currently improved; Mass effect seen via AFAST scan near left kidney; R/O lymphoma vs. other. Current meds: Cerenia, pepcid, SQ fluids.
Abnormal PE/Chem/CBC/UA Results: SDMA 21.6.U/A: 2+ proteinuria, USG 1.053.

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 were noted. Ureteral papillae were normal. The bladder was impinged upon by the caudal abdominal mass.

The **right 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 capsules were acceptably uniform without significant irregularities. The right kidney measured 4.4 cm.

A complex, mixed hypoechoic mass measuring 9.0 cm x 7.0 cm was noted in the mid caudal abdomen, deriving from the **left kidney** with regional free fluid present. A cavitated portion of the mass measured approximately 6.0 cm. The mass impinges caudally upon the urinary bladder. Regional inflammation noted.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were noted.

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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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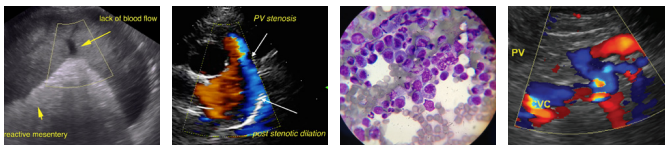

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Pancreas

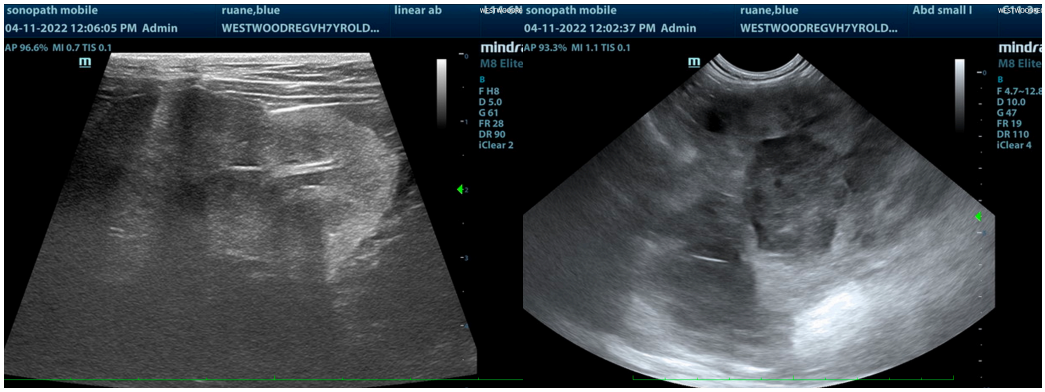
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

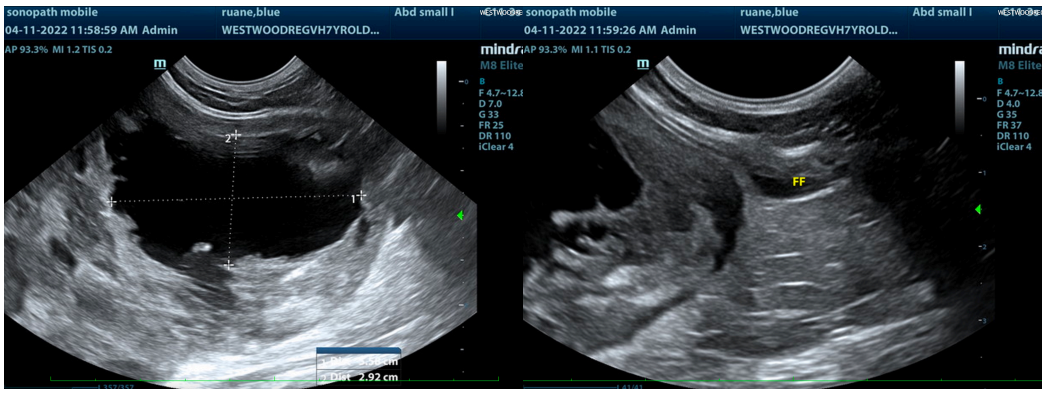
ULTRASONOGRAPHIC FINDINGS

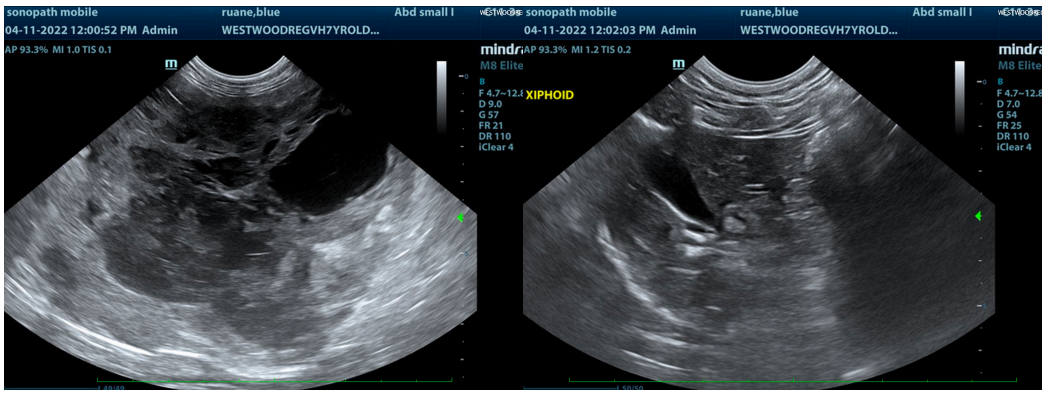
- Left renal mass – renal lymphoma versus carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass appears potentially resectable. The right kidney was unremarkable. Exploratory surgery warranted, or ultrasound guided FNA of the parenchymal portion of the mass with adjunctive chemotherapy. Chest radiographs warranted prior to intervention.







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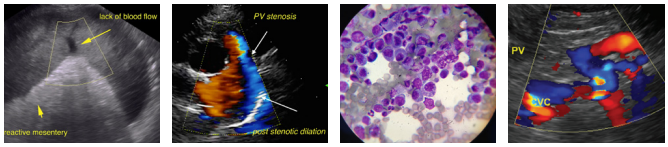

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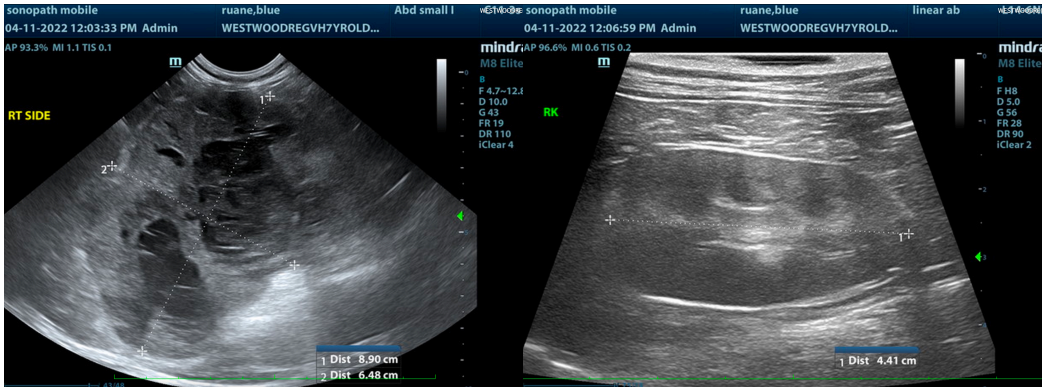

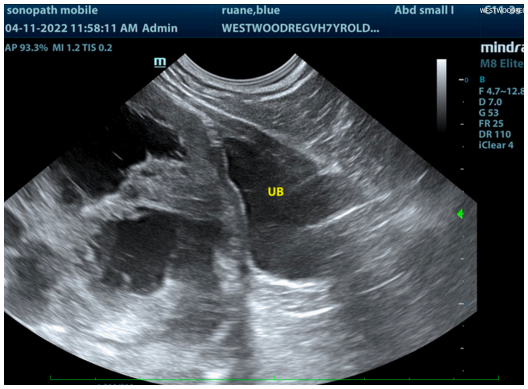

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com