

**DATE**

4/19/22

PATIENT

Simba Herman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3/3/08

WEIGHT

13.7 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**Stephanie Pearce
RDCS, RVT**HOSPITAL NAME**

Hickory Vet Hospital

REFERRING VET

Dr. Snyder

INVOICE

36997

PRESENTING CLINICAL SIGNS

Acute onset V/D- on palpation found enlarged R kidney- confirmed on rads. 4lb weight loss over 2 years.

Current Medications: None.

Lab Results: BUN 42, Crea 2.0, all else unremarkable. UA: USG >1.040, 30 protein, otherwise NSF. T4 2.4.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 **left kidney** 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.27 cm.

A 6.0 cm x 4.8 cm mixed echogenic right abdominal mass noted in this patient, appearing to derive from the **right kidney**. Multifocal areas of mineralization noted.

Adrenal Glands

The **adrenal glands** were not visualized owing to poor acoustic window.

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

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with 1:1 muscularis/mucosal ratio. The stomach was empty. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to

rule out this possibility. Colonic wall was thickened with some loss of mural detail, measuring 0.67 cm. Hard stool noted in the colon, consistent with obstipation leading up to the crescendo of descending colonic thickening. Slight mesenteric lymphadenopathy noted, reactive, measuring up to 5.0 mm.

Pancreas

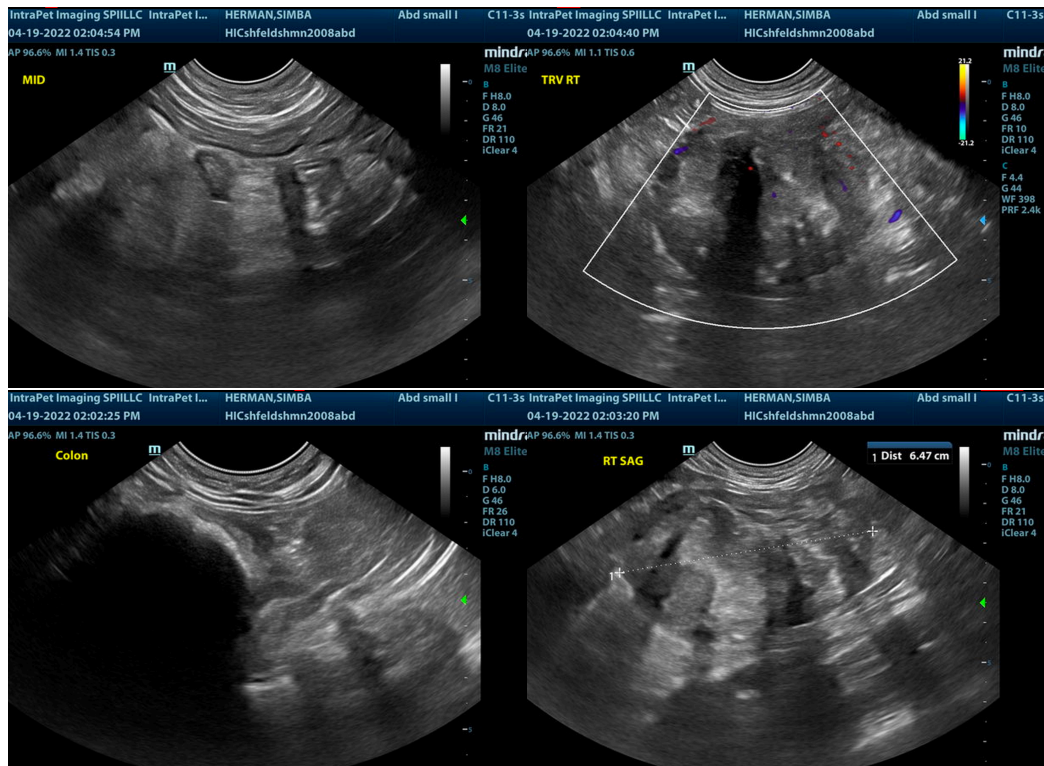
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

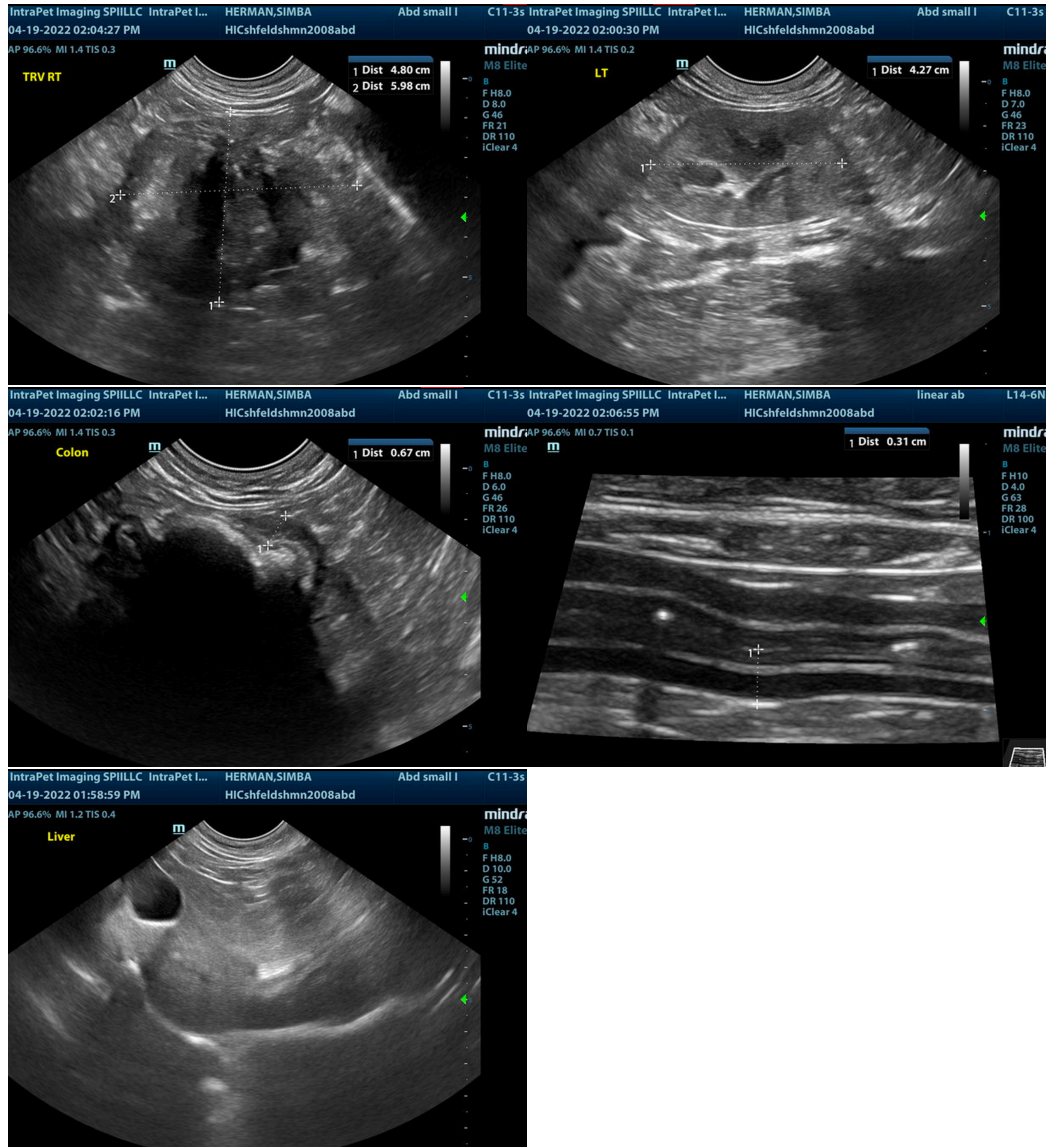
ULTRASONOGRAPHIC FINDINGS

- Right renal mass – suspect renal carcinoma.
- Age related left renal changes
- Diffuse intestinal thickening with colonic thickening – chronic inflammatory bowel with potential for emerging round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend chest radiographs, right nephrectomy, and intestinal biopsies. Left kidney appears subjectively unremarkable and able to maintain metabolic need in this patient.





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