

**DATE PRESENTING CLINICAL SIGNS**

5/1/23 History: Increased lethargy, hiding more, decreased appetite.

**PATIENT**

Louie Asdenti

Current Medications: Methimazole 10mg/mL 1/2mL BID.

Lab Results: 4/26/23 HCT 13%, T4 3.0.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**SPECIES**

Feline

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**BREED**

DSH

**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.

Neutered Male

The **right kidney** revealed dystrophic changes. The right kidney measured 2.94 cm.

**AGE**

6/6/2007

The **left kidney** revealed an expansive mixed echogenic nodular mass (7.8 cm), deriving from the cranial cortex. Pyelectasia was noted in the left kidney. Subcapsular halo was noted around the left kidney, expanding into the mass.

**WEIGHT**

6.5 Pounds

**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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.4 cm.

**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 were noted.

**HOSPITAL NAME**

Alexander AH

**Liver**

The caudate **liver** revealed a mass similar to that of the left kidney, measuring approximately 4.0 cm. Occasional nodular changes were noted in the liver, may represent metastatic disease. The gallbladder and common bile duct were unremarkable.

**REFERRING VET**

Dr. Alexander

**INVOICE**

22284

**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.

**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**

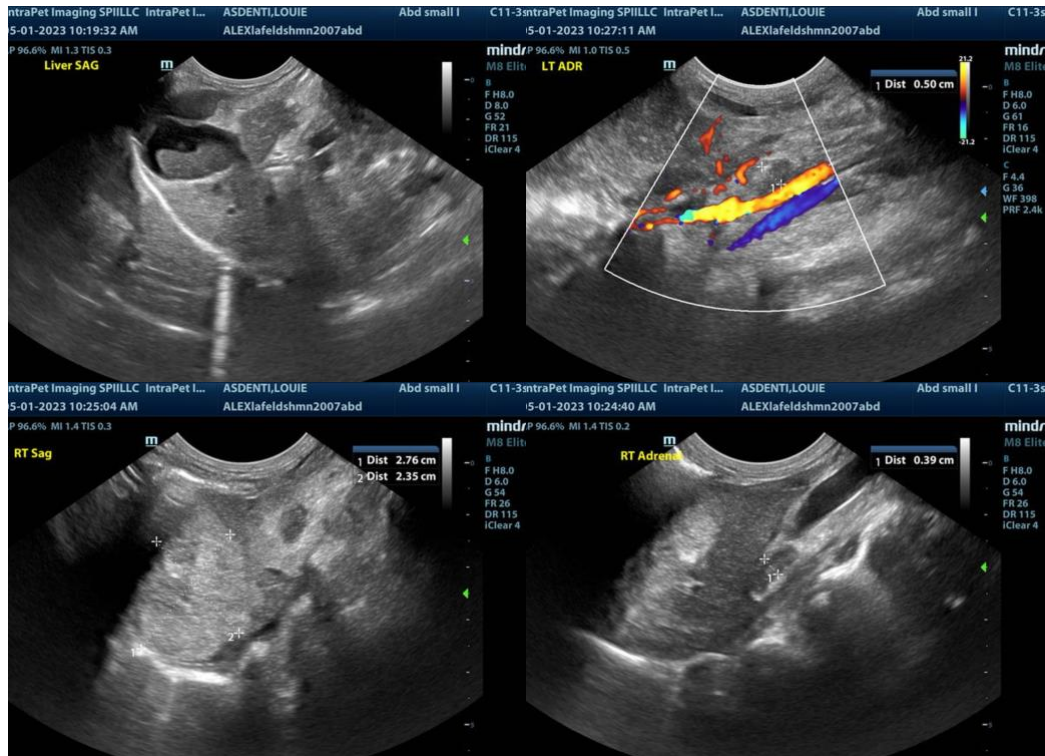
**Free fluid** was noted throughout the abdomen.

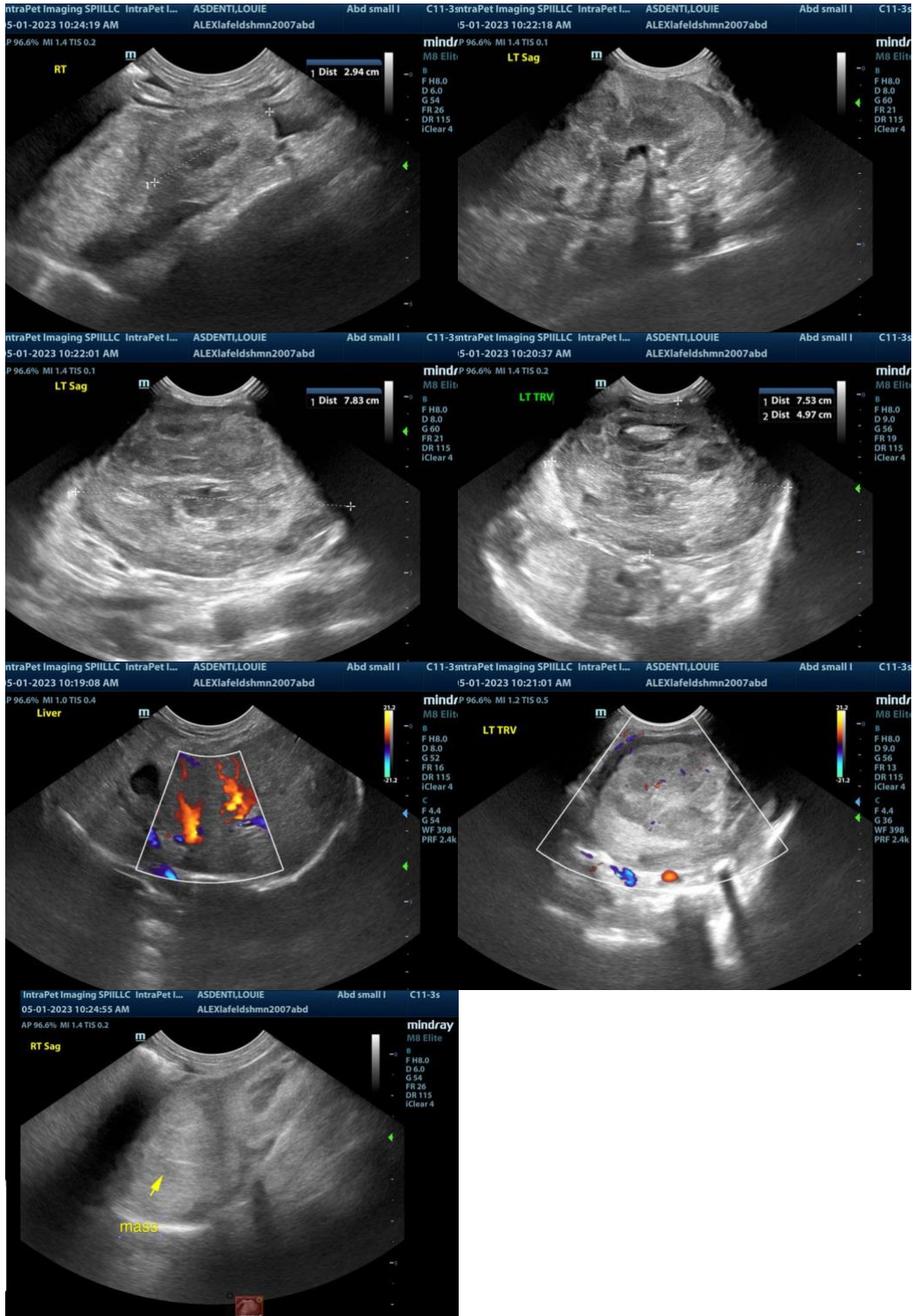
### **ULTRASONOGRAPHIC FINDINGS**

- Dystrophic right kidney
- Neoplastic left kidney
- Caudate liver mass
- Free fluid throughout the abdomen

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the left kidney mass and liver mass is recommended. Given the free fluid, lymphatic obstruction is likely. Prognosis is poor. The SDMA in this case is likely a paraneoplastic manifestation or secondary to the left renal mass itself. Round cell neoplasia is suspected. Carcinoma is less likely.





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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