



PATIENT

Jimmy Arita

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Lynette Reyes

HOSPITAL NAME

Mobile Vet Ultrasound

REFERRING VET

Dr. Steven D'Ambrose

INVOICE

16029

DATE

6/11/22

PRESENTING CLINICAL SIGNS

History: Pet presented for vomiting once to twice a day for a long time. New heart murmur and low Potassium. Weight loss and lethargy

Abnormal PE/Chem/CBC/UA Results: Sdma: 18 Potassium: 3.0 Chloride: 111 GGT: 5

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 moderate 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. Slight cortical infarcts were noted.

The **right kidney** was structurally consistent with interstitial nephrosis pattern. A cortical nodular change was noted in the right kidney as well. Subcapsular halo noted also around the right kidney, likely owing to edema.

Adrenal Glands

A **right adrenal** mass was noted, measuring approximately 3.0 cm, deviating the right kidney caudally. Regional inflammation and areas of free fluid were noted. The mass was undifferentiated and appeared to envelope the vena cava and aorta. The mass extended for approximately 5.5 cm -6.0 cm. It appeared to extend into the sublumbar space.

The **left adrenal gland** revealed no evident pathology.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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.

Gastrointestinal



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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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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.

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Free Abdomen

Regional **lymph nodes** appear to be involved as well.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Undifferentiated mass in the region of the right adrenal gland, deviating the right kidney, suspect metastatic lesion to the right kidney with secondary free fluid

Secondary Findings

- Age-related left kidney
- Volume contracted spleen
- Regional lymph nodes appeared to be involved

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the mass could be considered for further definition. It's a possibility that this mass derives from either the pancreas or a regional lymph node. However, given the pattern, I would be suspicious, primarily for right adrenal tumor. The mass is completely undifferentiated and is not recognizable to be attributed to any specific organ. Blood pressure measurements recommended. If hypertension is present, then urine catecholamine would be appropriate to assess for pheochromocytoma.

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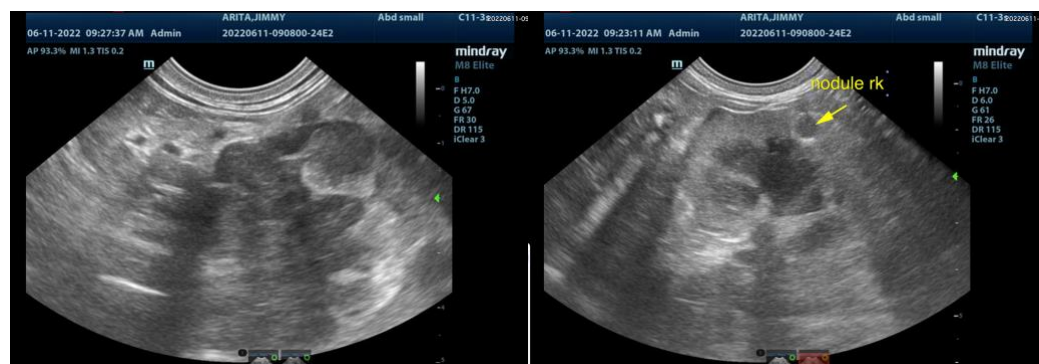
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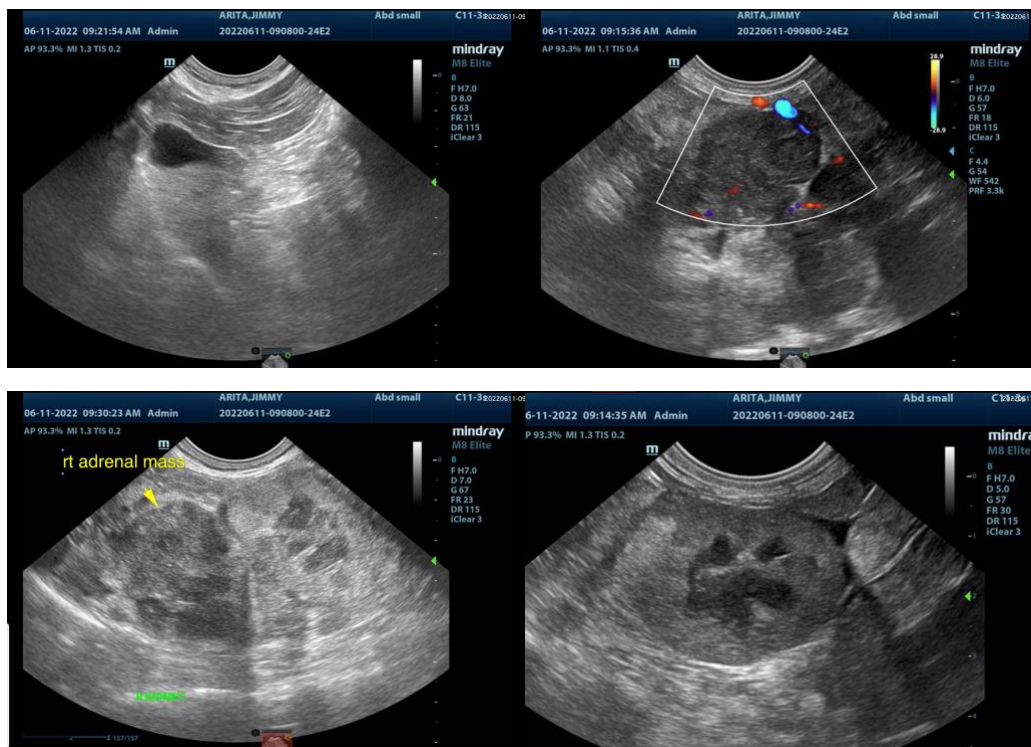
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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