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Clinical Sonography & Telecytology
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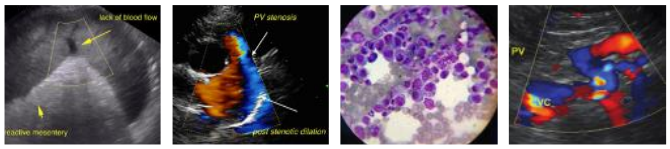

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Artesia Monteross

SPECIES

Feline

BREED

Siamese Mix

SEX

Spayed Female

AGE

6 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Finder

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Demi

INVOICE

15868

DATE

6/3/22

PRESENTING CLINICAL SIGNS

History: Large mass palpated by owner and confirmed on radiographs

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 **right kidney** was structurally unremarkable with normal size and contour, measuring 4.0 cm. No evidence of neoplasia or disruption of architecture.

The **left kidney** in this patient was comprised by a nodular mass, deriving from the dorsal caudal cortex. The mass measured 6.5 cm. Regional inflammation was noted. Pericapsular inflammatory pattern was noted around the left renal mass.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** was not visualized, likely displaced dorsally. The spleen does not appear to be overtly involved.

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

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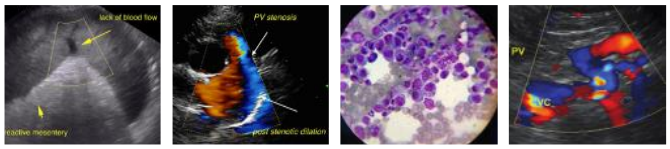

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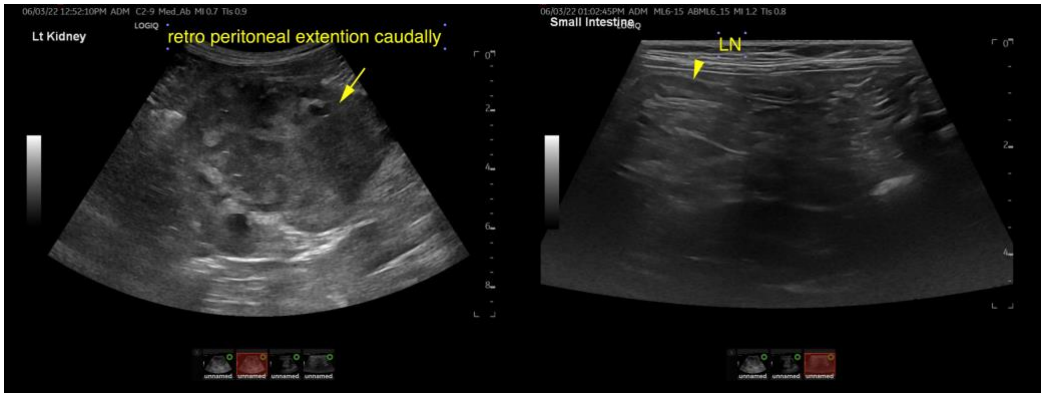
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example of lymph node size measured 2.0 cm x 0.3 cm.

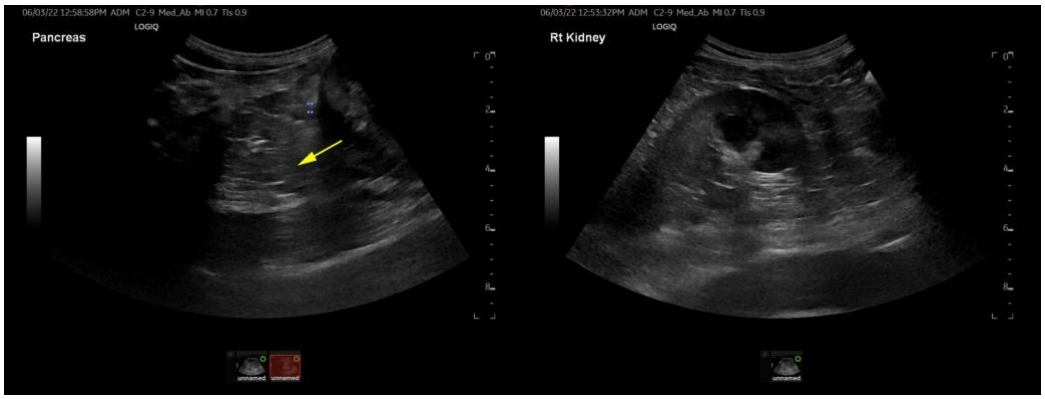
ULTRASONOGRAPHIC FINDINGS

- Left renal mass, appears isolated- peripheral inflammation was present
- Reactive mesenteric lymph nodes
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some of the inflammation extends into the sublumbar space. Chest radiographs warranted. Exploratory left renal nephrectomy indicated. Alternatively, ultrasound guided FNA of the left renal mass could be considered. For the most part, the mass appears encapsulated, however, it does appear begin to extend caudally into the retroperitoneal space. CT evaluation would be ideal for surgical planning or direct exploratory surgery. Likely renal carcinoma. Possibility of renal lymphoma. However, renal lymphoma tends to be bilateral. Biopsy of the mesenteric lymph nodes warranted at the time of the sonogram; these do not have neoplastic criteria- most likely reactive.





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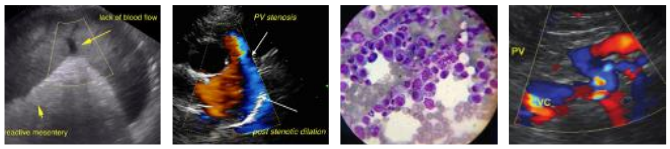

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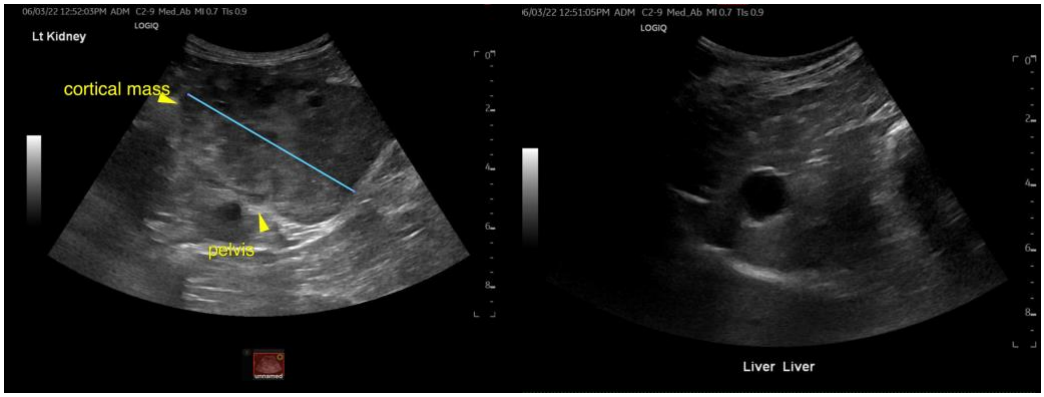

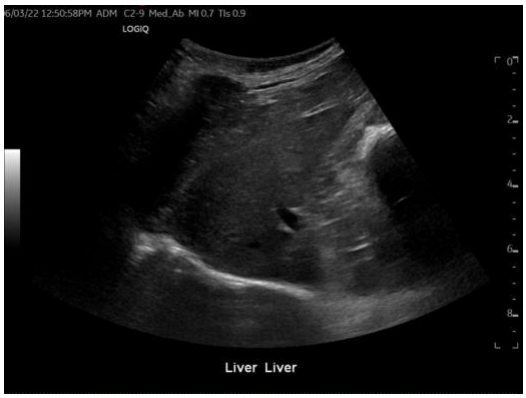

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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