

**DATE**

8/11/21

PRESENTING CLINICAL SIGNS

History of decreased appetite and weight loss. Blood work shows a mild increase in the total solids, magnesium. Elevations in amylase and precisionPSL as well. CBC shows significant neutrophilia and monocytosis. T4 was normal. Urine was very concentrated, but no signs infection or renal disease. With neutrophil count that high, want to start on an antibiotic and appetite stimulant. Still concerned about neoplasia with lower probability of cardiac disease given radiographic changes, dramatic weight loss. Current Medications: Mirtazapine transdermal, doxycycline 20mg bid for the past 3 days.

PATIENT

Sprout Stevenson

Lab Results: See above

SPECIES

Feline

Radiographs: Radiographs shown scant pleural effusion.

Date of Previous IntraPet Ultrasound: no previous.

Sedation: not needed

Stat Report: not requested / declined

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Spayed Female

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 was noted. Ureteral papillae were normal.

AGE

2009

The **kidneys** 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 right kidney measured 3.68 cm. An expansive, hypoechoic mass that measured 1.84 x 1.84 cm. The mass was deriving from the cranial pole with peripheral inflammation. The left kidney measured 3.46 cm.

WEIGHT

6.25 lbs

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

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

HOSPITAL NAME

Fullerton AH

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. Come tail lung pattern was noted through the diaphragm.

REFERRING VET

Dr. Levine

INVOICE

91147

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The left limb of the pancreas measured 1.0 cm.

Thorax

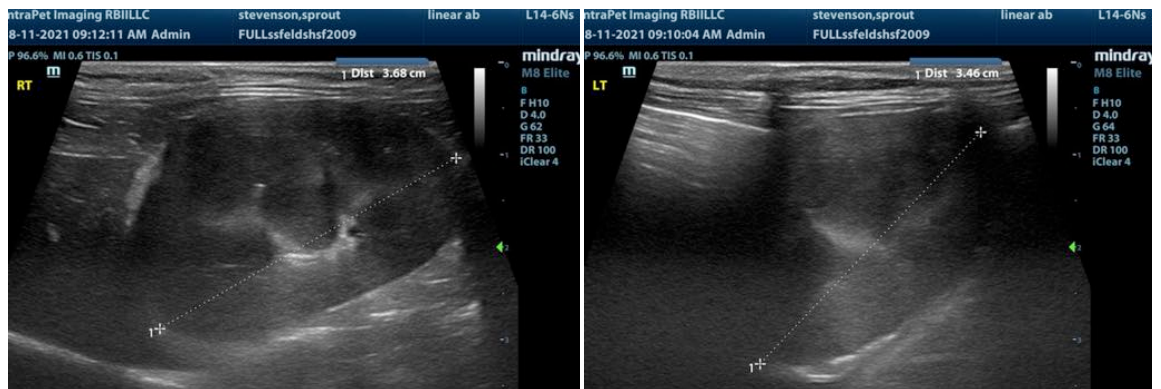
Pleural effusion was noted in the left chest. Rapid view of the heart revealed volume contraction. There was no evidence of cardiac failure. A 2.2 cm, irregular lung consolidation was noted. This is suspicious for pulmonary neoplasia.

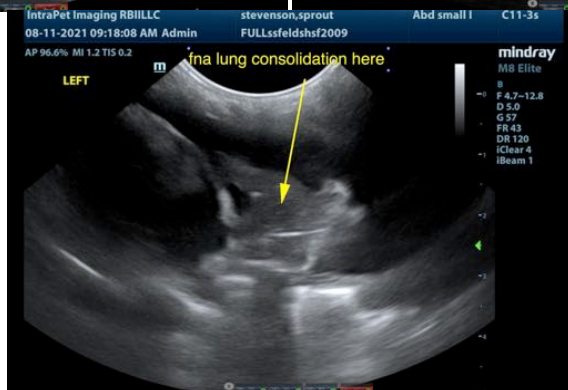
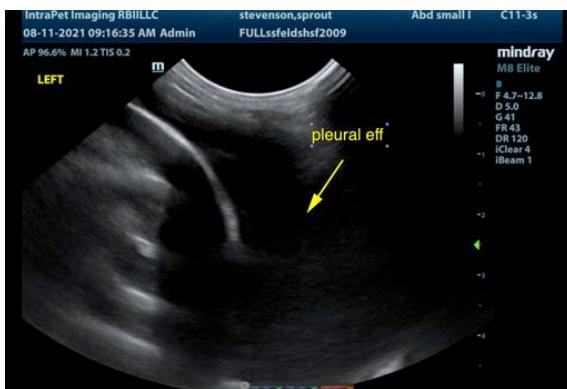
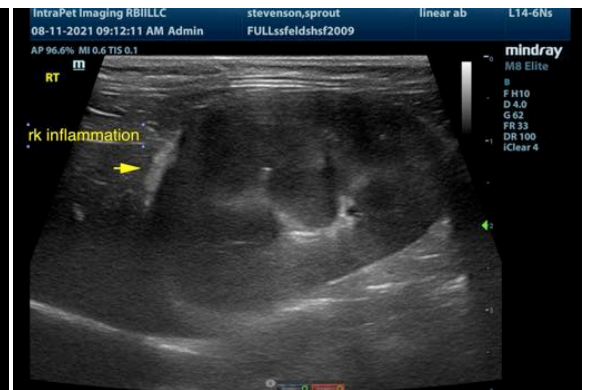
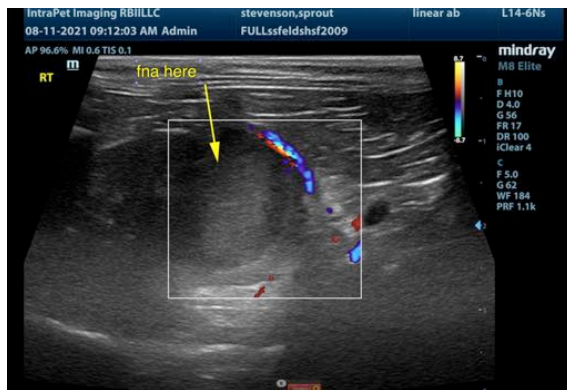
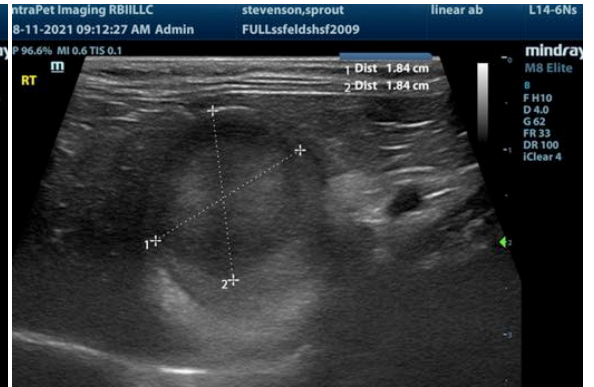
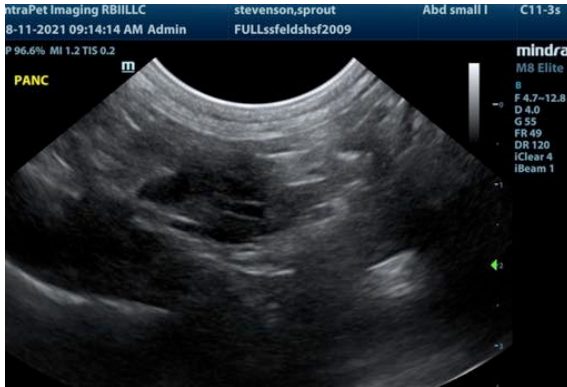
ULTRASONOGRAPHIC FINDINGS

Right renal mass with non-cardiogenic pleural effusion. I suspect thoracic metastatic disease. Irregular lung consolidation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and ultrasound-guided FNA of the right kidney and pleurocentesis with cytospin and immediate slide preparation +/- FNA of the lung consolidation is recommended. Chemotherapeutic intervention is recommended. I suspect round cell neoplasia of the right kidney, likely metastatic disease to the chest. Carcinoma is possible. Cytology is necessary to assess responsiveness to chemotherapy. The prognosis long term is poor. However, some quality of life may be obtained depending upon the type of suspected neoplasia present.





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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