



PATIENT

Carter Bell

PRESENTING CLINICAL SIGNS

History: Significant weight loss, decreased appetite, ADR per owner.
Abnormal PE/Chem/CBC/UA Results: PE: extremely large R kidney on palpation, muscle wasting. Has lost 3 lbs in past 5 months. BW: Ca 13.3, SDMA 18.

SPECIES

Feline

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 was noted. Ureteral papillae were normal.

BREED

Domestic Shorthair

SEX

Neutered male

The right **kidney** revealed a cranial cortical mass that measured 2.0 cm with adjacent subcapsular fluid accumulation. The right renal pathology appears isolated and appears to be possible abscessation. Regional inflammatory response is noted around the right kidney. The lesion appears to be approximately 5.0 cm in width. Blood flow was essentially non-existent in the center portion of the lesion with power Doppler positive signals in the periphery of the lesion. The left kidney was normal in size and contour with mildly increased cortical echogenicity.

AGE

8 years

WEIGHT

9.9 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 BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

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 was noted.

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Berberich

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.

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Gastrointestinal

Carter Bell

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.

SPECIES

Feline

BREED

Domestic Shorthair

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Mass or abscess deriving from the right kidney.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention is recommended. It appears to be isolated. FNA or drainage can be considered with a trajectory through the renal cortex in case there is abscessation to minimize potential leakage or right nephrectomy is indicated. This appears isolated.

WEIGHT

9.9 lbs

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DABVP, Cert. IVUS



IMAGING PERFORMED BY

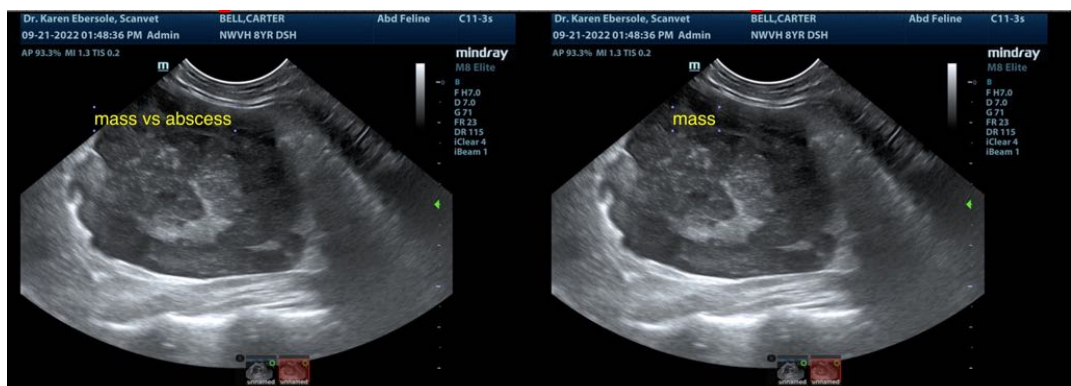
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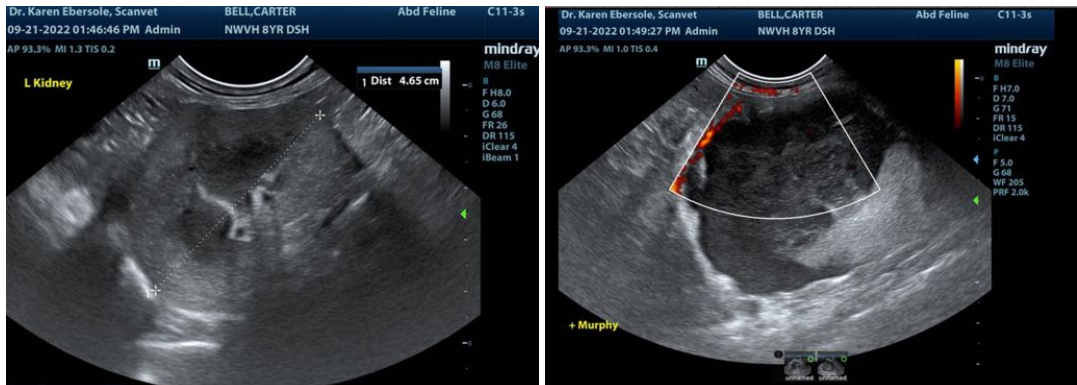
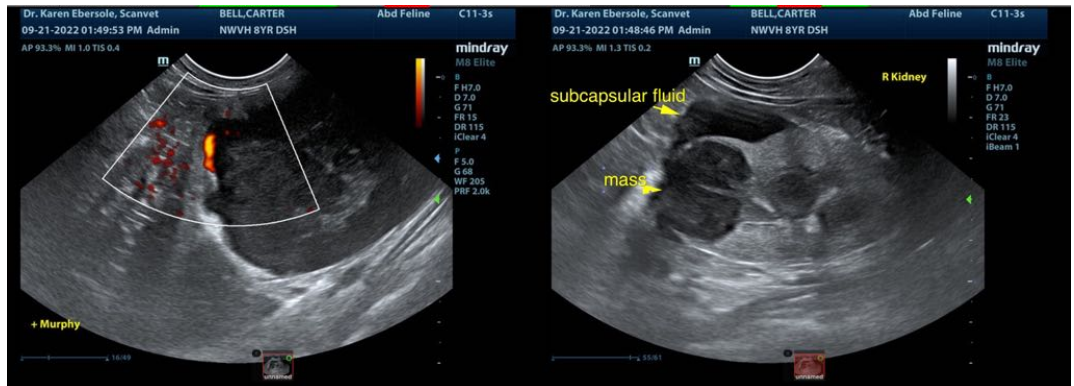
Neutered male

AGE

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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.

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