



PATIENT

Jack Martinez Salazar

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

8 years

WEIGHT

8.7 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Animal Paradise
Hospital

REFERRING VET

Dr. Elshafie

INVOICE

71505

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- R/O neoplasia on mass on cranial abdomen. Differentials of organ include pancreas, spleen, or unlikely liver or GI Tract
- Medications: Mirtazapine SID x 7d
- Chem - Glu 176, Cre 0.3, BUN 10, ALP 204 Amy 388 CBC - RDW 28.2, FPL - Abnormal T4: 3.2 WNL

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.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.0 cm. The right kidney measured 3.91 cm. Blood flow to the kidneys appeared to be mildly subnormal.

Adrenal Glands

The left **adrenal gland** was normal in size and contour measuring 0.33 cm.

An undifferentiated mass was noted in the area of the **right adrenal** gland measuring 2.2 cm. The right adrenal gland appears to have mild invasion into the phrenic vein and vena cava. Blood flow was excessive.

Spleen

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

Liver

The **liver** was diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable. This presentation is most consistent with lipidosis.

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.



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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.

ULTRASONOGRAPHIC FINDINGS

Hepatic lipidosis pattern.

Mild to moderate degenerative renal changes.

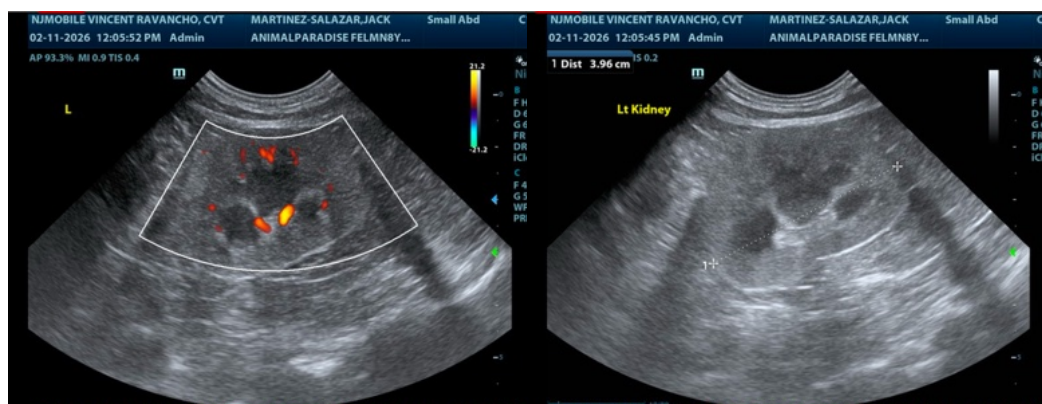
Slightly invasive right adrenal gland, potentially resectable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for surgical planning is recommended in this patient. If hypokalemia is an issue then aldosterone levels are indicated. Serial blood pressure measurements are indicated as well as CT evaluation for surgical planning. Right adrenal carcinoma is suspected. I cannot rule out lymph node origin; however, it is unlikely.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/vetimaging/>





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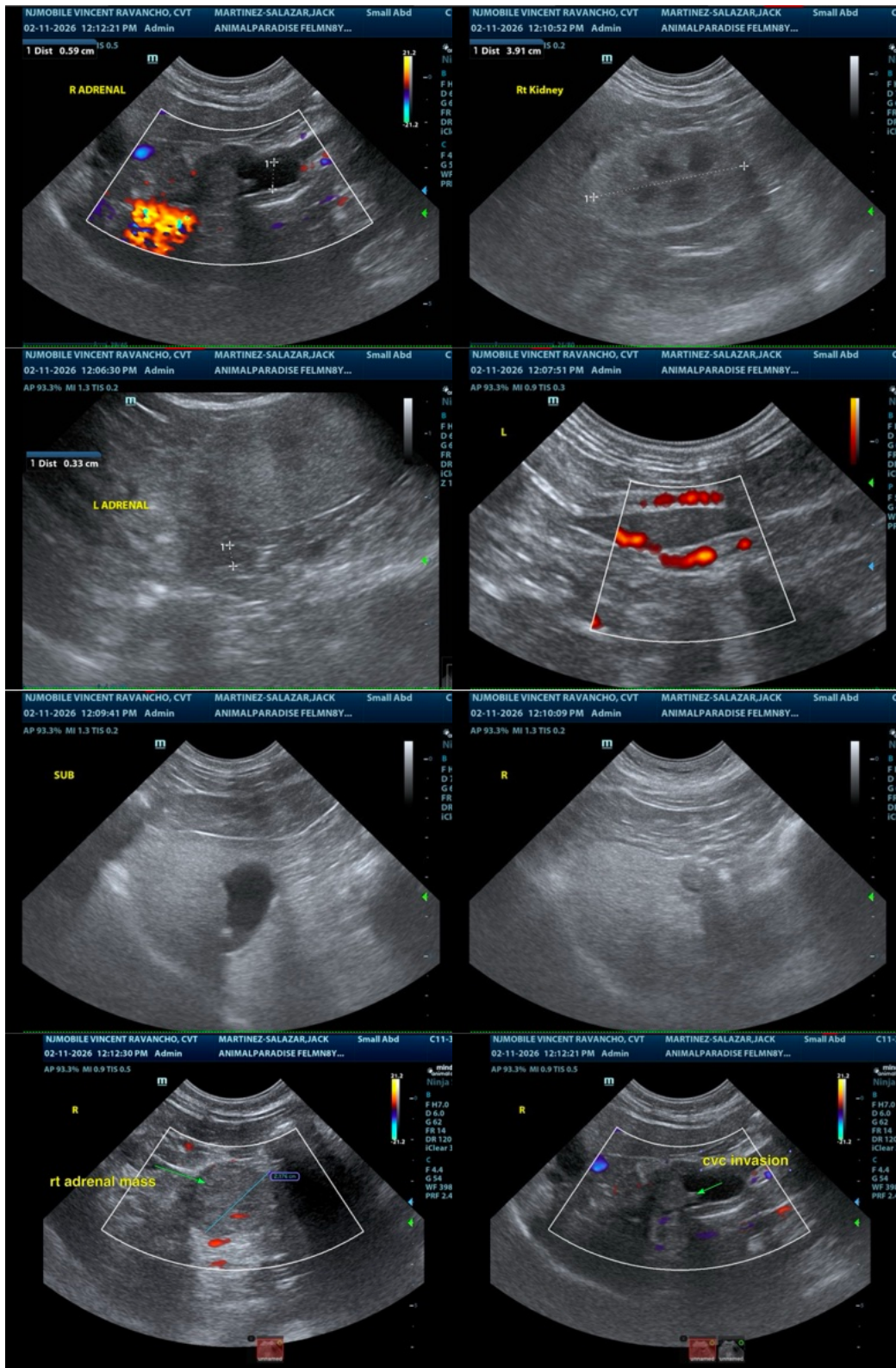
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

Info@SonoPath.com