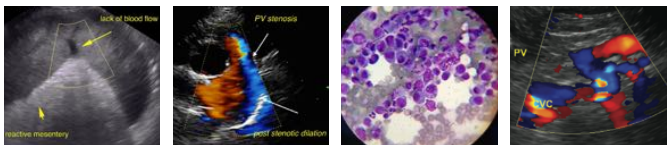
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Parker Stavitski

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

13.9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Summit Dog and Cat Hospital

REFERRING VET

Dr. Dziegiel

INVOICE

42499

DATE

1/4/23

PRESENTING CLINICAL SIGNS

History: Losing weight, vomiting.
Abnormal PE/Chem/CBC/UA Results: Lymphs 10%, Neut 85, Eos 1, rbc 5.6, hgb 9, hct 27%, Amyl 1381, Mg 1.2, K+ 3.1, Na/K ratio 50

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 4.93 cm. The right kidney measured 4.61 cm.

Adrenal Glands

An undifferentiated, hypoechoic mass was noted in the region of the left adrenal gland measuring approximately 3.0 cm with regional inflammation and vascular invasion. This is most consistent with left adrenal pathology. The mass in the left adrenal gland appeared to envelope the vena cava. Areas of mineralization were noted. The right adrenal gland was unremarkable.

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. The spleen measured 0.8 cm.

Liver

The **liver** was mildly enlarged with coarse architecture. 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.

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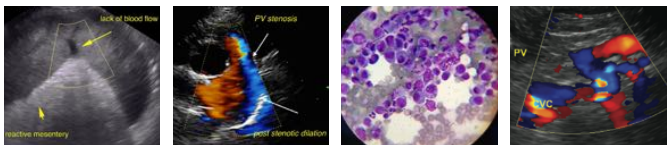

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The distal small intestine revealed a separate mass that appeared to be deriving from the jejunum. This mass was also undifferentiated with regional inflammation.

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

Left adrenal mass.

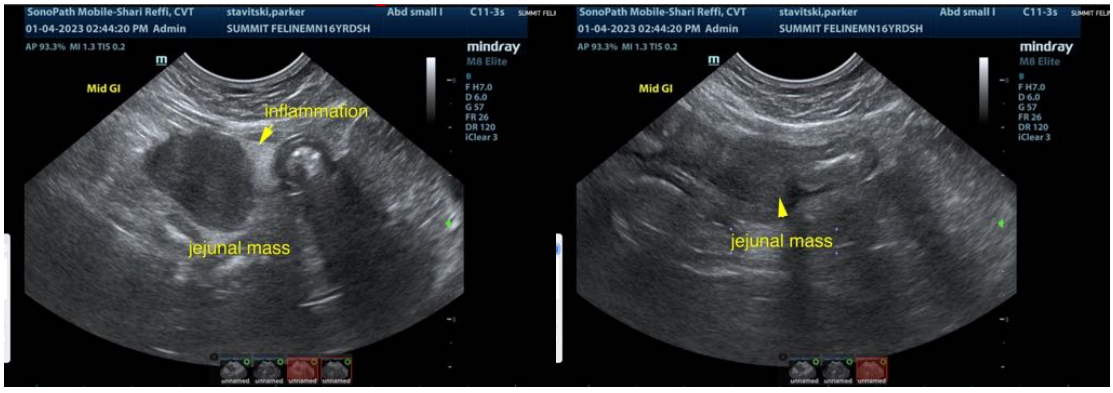
Jejunal mass.

Interstitial nephrosis renal pattern.

Subjectively benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided, 25-gauge FNA of the left adrenal mass and jejunal mass could be considered after coagulation panel and blood pressure measurements. . CT evaluation is recommended for further definition for potential surgical planning. Aldosterone level is recommended to assess for Conn's syndrome. There is a strong concern for carcinoma. Pheochromocytoma is less likely.



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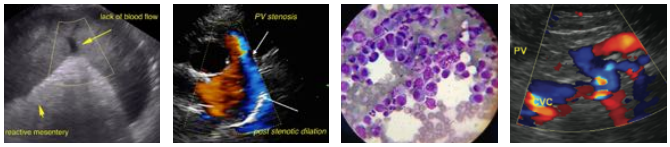

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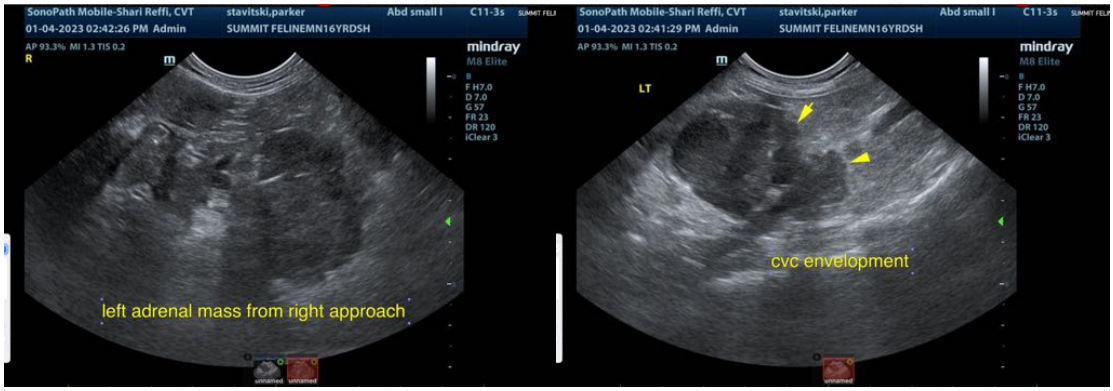

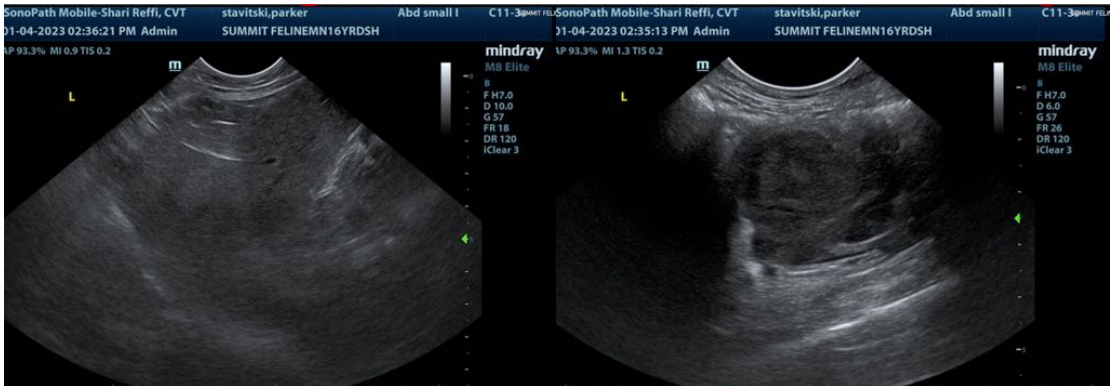

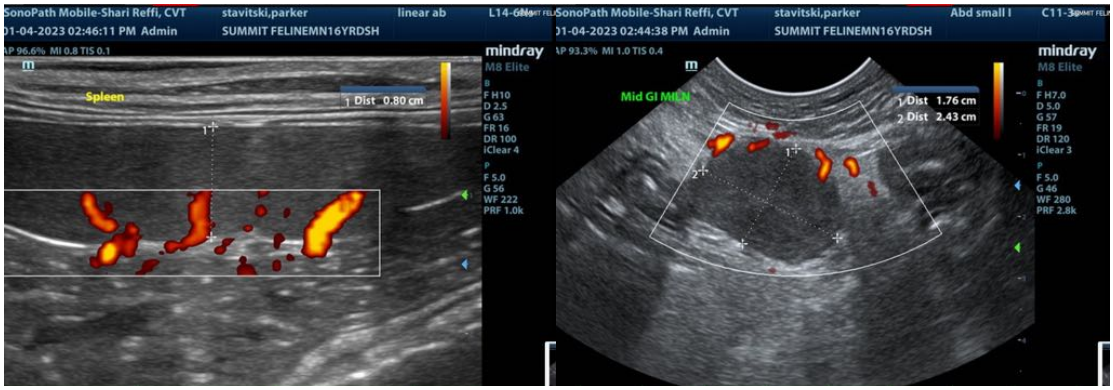

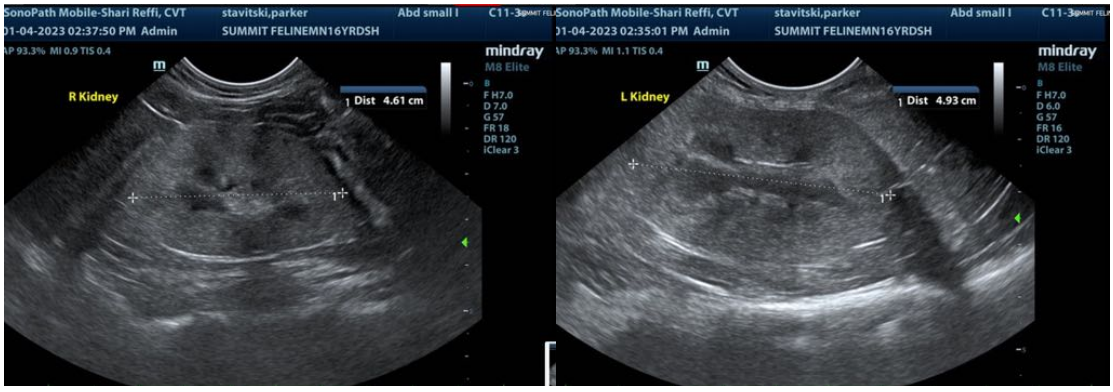

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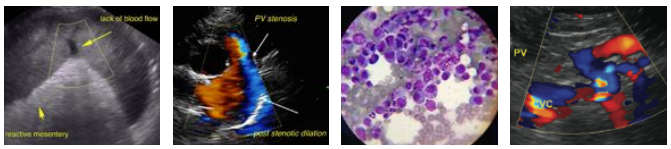

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com