

**DATE PRESENTING CLINICAL SIGNS**

1/20/23 History: Vomiting, not eating.

**PATIENT**

Pounce Smith

Current Medications: Convenia injection, Cerenia injection, Atenolol 25mg ½ SID.

Lab Results: See attached.

Radiographs: Kidney stones.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**AGE**

1/1/06

The left kidney has an irregular shape, measuring 4.58 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. Pyelectasia is noted in the left kidney, measuring 0.34 cm.

**WEIGHT**

12.11 Pounds

The right kidney has an irregular shape, measuring 4.14 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. In the caudal pole of the right kidney there is a focal hypoechoic lesion with hyperechoic mineralization/stones within it, creating somewhat of a mass effect. This measures approximately 2.7 cm x 2.51 cm and is most consistent with either a renal mass or an area deformed by previous infarcts, stones, etc.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.45 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**HOSPITAL NAME**

Edgewood VH

The right adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**REFERRING VET**

Dr. Wright

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**INVOICE**

20658

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gall bladder lumen is moderately distended. The wall of the gall

bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13- 0.38 cm in wall thickness) and the jejunum measured as normal (0.23 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### ***Free Abdomen***

There is no free fluid noted. There is a large mid abdominal mass, which appears calcified, measuring approximately 2.9 cm x 5.58 cm. This lesion appears to be associated with a section of small bowel and it's suspicious for originating from the ileocecal junction. The omentum is hyperechoic around this lesion.

## **ULTRASONOGRAPHIC FINDINGS**

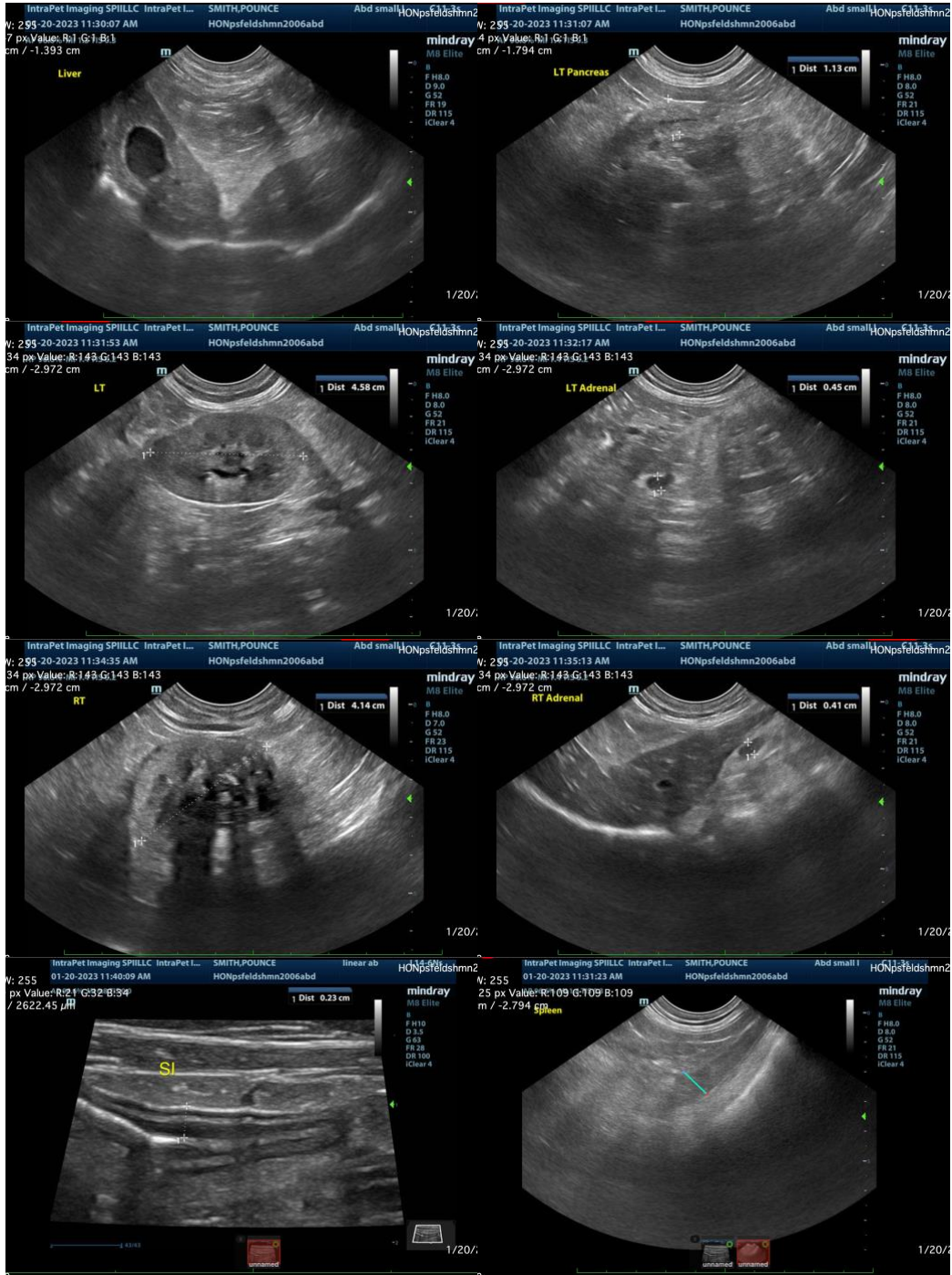
- Decreased corticomedullary distinction in both kidneys with left sided pyelectasia and a possible right sided mineralized mass effect. The bilateral renal findings are consistent with age-related change. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. The lesion on the caudal pole of the right kidney could be consistent with a metastatic lesion, a primary renal mass or less likely an area of mineralization/previous infarction.
- Large mineralized mid abdominal mass. This lesion is most consistent with a mass effect arising from the ileocecal junction. Likely differentials would include carcinoma, round cell neoplasia, etc.

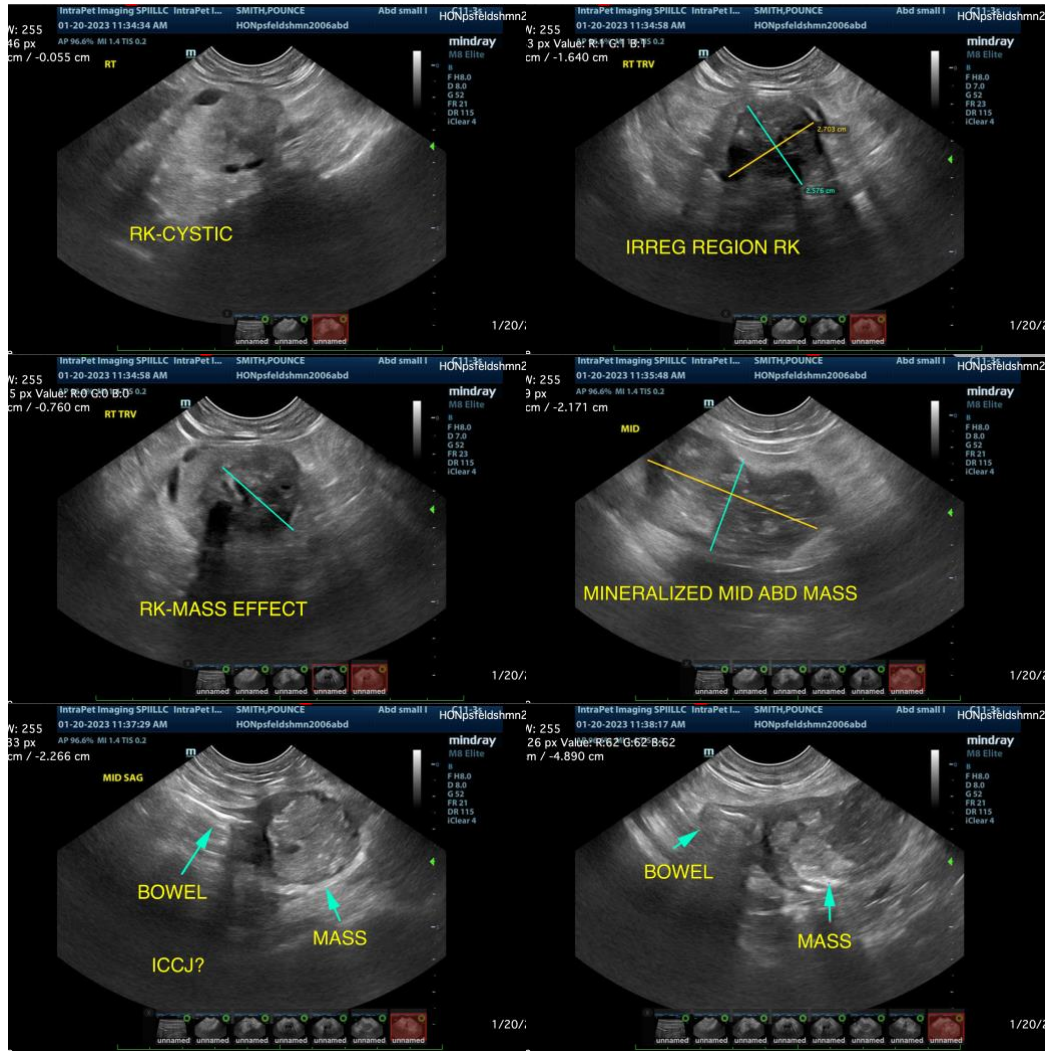
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a large mid abdominal mass, which appears to be arising in the region of the ileocecal junction. Additionally, there is a mass effect, which appears mineralized in the caudal pole of the right kidney. Consider a fine needle aspirate of the mid abdominal mass and the caudal pole of the right kidney, as the renal mass lesion could also be a benign lesion.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

If a cytologic diagnosis cannot be obtained, consider surgical biopsies. There is a possibility that this could be surgically resected, but there is concern that the renal lesion could be a metastatic lesion.





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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