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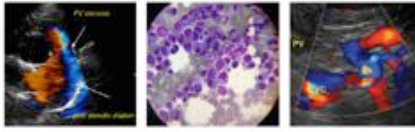

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PATIENT
Tootsie Holtz

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
12 years

WEIGHT
12 lbs

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

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Cat Care of Rochester

INVOICE
96127

DATE
2/17/22

PRESENTING CLINICAL SIGNS

Chronic weight loss over past year; history of waxing/waning loose stools. PU/PD
Abnormal PE/Chem/CBC/UA Results: RBC 13.63 (H)- was 14.31, 11.43 HCT 53.4% (H)- was 56%, 49% Hgb 16.0 (N)- was 17.2, 14.4 2. SDMA 14 (N/H)- was 16, 13 BUN 38 (H)- was 40, 27 Creat 2.3 (N/H)- was 2.1, 1.6 Cl 108 (L)- was 110,111 Monitor TCO2 24 (H)- was 22, 21 Not clinically significant Well-controlled hypertension

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is large and irregular in shape (4.11 cm). Overall echogenicity is normal with adequate corticomedullary distinction. A large, irregular mass effect is noted arising from the caudal pole. This mass effect is isoechoic to slightly hypoechoic and measured 3.71 x 4.49 cm. Additionally there is a 0.79 cm shadowing, non-obstructive nephrolith. There is no inflammation or fluid surrounding the kidney.

The right kidney has a normal shape and size (3.99 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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.

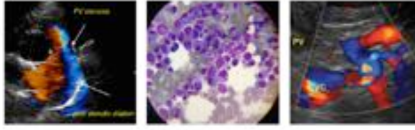
The right adrenal gland is normal in size measuring 0.49 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.

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 gallbladder lumen is moderately distended.



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The wall of the gallbladder 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 <0.7cm 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. The jejunum measured 0.33 cm. Bowel loops follow a typical curvilinear path with distinct wall layering. 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 hypoechoic as 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, focal mass effect arising from the caudal pole of the left kidney. The findings are most consistent with a benign or cancerous mass effect.
- Hypoechoic, prominent pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Non-obstructive nephroliths visualized in both kidneys.
- Prominent muscularis layer to the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. This can be a normal finding in some older cats.

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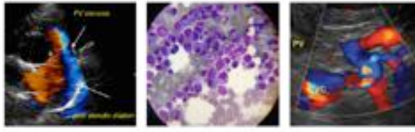

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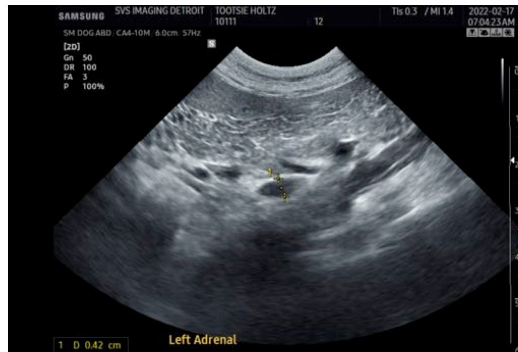
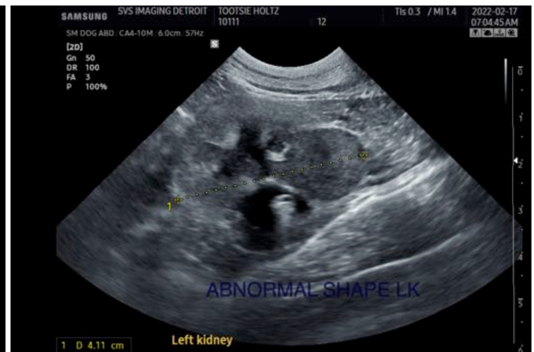
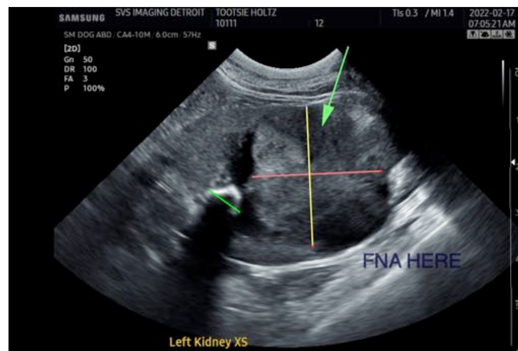
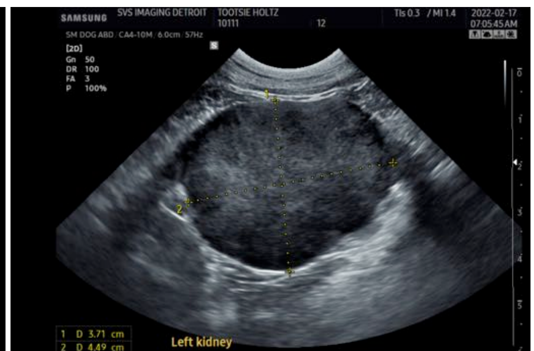
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

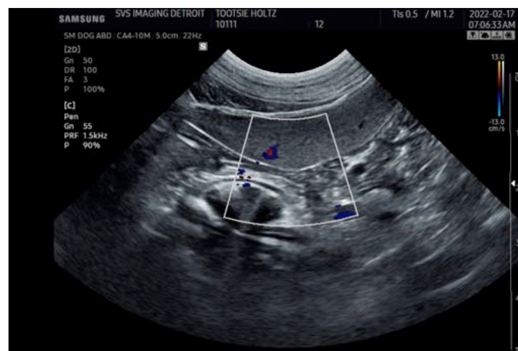
There is a large mass on the left kidney. I recommend FNA of the renal mass provided blood pressure and coagulation parameters are normal. Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement. If surgical removal is considered the most concerning factor will be renal function with one kidney as there is currently some azotemia present. Alternately if you are able to obtain a cytologic diagnosis you can consult with a veterinary oncologist regarding non-surgical treatment options. I suspect the symptoms described in the history are due to the presence of the renal mass.

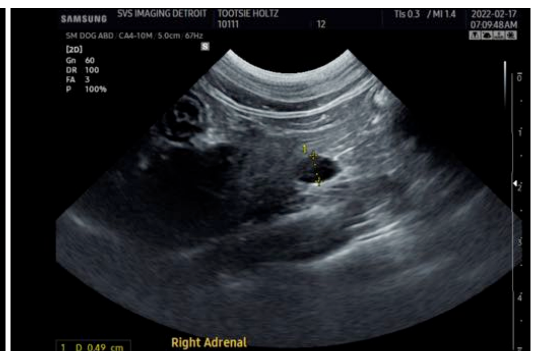












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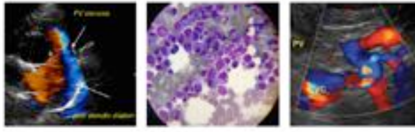

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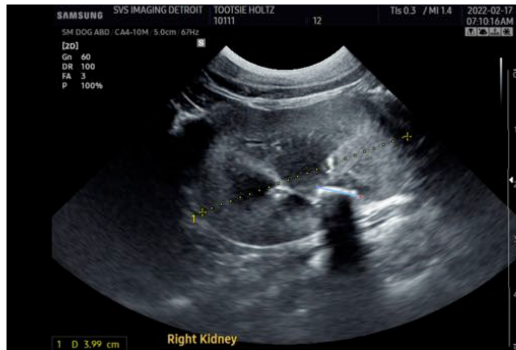

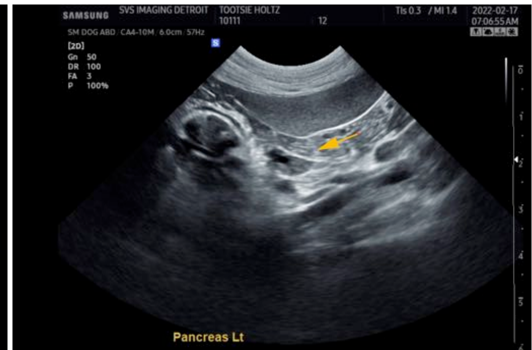

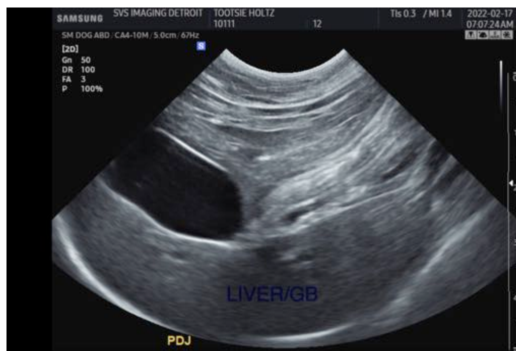

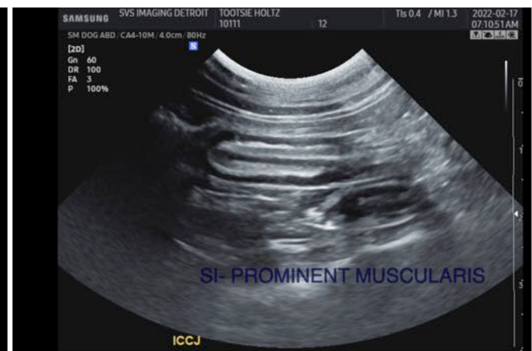

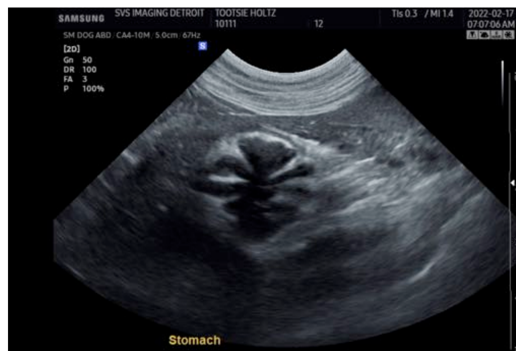

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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