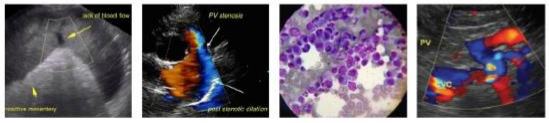



**PATIENT**

Ella May Dotson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years 5 Months

**WEIGHT**

11.3 Pounds

**INTERPRETED BY**

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

**IMAGING BY**

Loetitia Saint-Jacques, LVT

**HOSPITAL NAME**

Fairgrounds AH

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Dr. Johnson

**INVOICE**

37448

**DATE**

5/5/22

## PRESENTING CLINICAL SIGNS

ON 4/12/2022- P wasn't feeling well and laying in unusual spots. No urination, not eating food, not even treats since yesterday morning. P did drink though. O states that she has been having to deal with deceased relatives estates so O has been gone often so O states that there is some stress in the household. O isn't sure if this is stress as P is very lethargic and thinks that P is very sick. jAUNDICE- Chem 17/CBC/Lytes-mild elevations in BUN and SDMA, moderate increases in ALT, ALKP, and GGT, mild nonregenerative anemia, significant leukocytosis with neutrophilia Abdominal radiographs-renomegaly with retroperitoneal effusion DDX-fatty liver disease with chronic renal failure, lymphoma, sepsis 5/5/2022- D0ing a lot better= no longer jaundice Abnormal PE/Chem/CBC/UA Results: Diagnostics:Completed diagnostics (WBC = 36.99 K/uL (H*) 2.87 - 17.02, NEUT = 34.66 K/uL (H) 2.30 - 10.29, HCT = 26.2 % (L) 30.3 - 52.3, HGB = 9.3 g/dL (L) 9.8 - 16.2, RDW = 30.7 % (H) 15.0 - 27.0, MONOS = 0.75 K/uL (H) 0.05 - 0.67, ALB = 2.2 g/dL (L) 2.3 - 3.9, ALKP = 248 U/L (H) 14 - 111, ALT = 741 U/L (H) 12 - 130, GGT = 16 U/L (H) 0 - 4, GLOB = 5.2 g/dL (H) 2.8 - 5.1, SDMA = 20 ug/dL (H) 0 - 14 Anemia without reticulocytosis

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is generally of normal thickness and has a smooth mucosal surface. There is one focal area in the dorsal aspect of the urinary bladder where there is a bleb of abnormal tissue measuring 0.56 cm x 0.20 cm. Findings are most consistent with a small mass effect. The area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear free of any mass lesions or calculi.

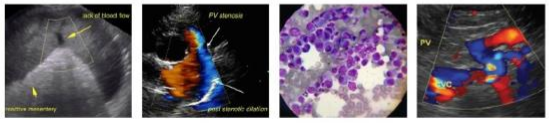
The left kidney is normal in size (2.98 cm) with irregular shape. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a large, hypoechoic mass effect arising from the left kidney. This lesion measures 2.93 cm x 3.74 cm. It is hypoechoic, irregular, and surrounded by severely hyperechoic mesentery and a small amount of free abdominal fluid. There is no obvious evidence of pyelectasia, nephroliths, infarcts, or hydroureter.

The right kidney is normal in size (4.76 cm) with irregular shape (likely due to previous infarcts). Overall echogenicity is slightly hyperechoic with poor 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, or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.38 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 0.48 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.





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### *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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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. 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 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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*

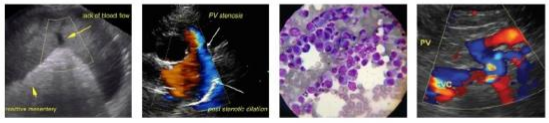
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### *Free Abdomen*

There is scant free fluid surrounding the left kidney. There is no significant lymphadenopathy. The omentum is focally severely hyperechoic around the left renal mass.

## ULTRASONOGRAPHIC FINDINGS

- Large, hypoechoic, inflamed mass effect arising from the left kidney – There is large concern for a neoplastic mass lesions (round cell neoplasia, carcinoma, etc.).





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- Focal irregularity to the urinary bladder wall – This could be consistent with either a polyp or a mass lesion. Recommend urinalysis and culture. With the left renal mass, there is concern that this could represent a metastatic lesions.
- Mildly heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect arising from the left kidney. This mass lesion is solid and is severely inflamed, surrounded by hyperechoic mesentery and fluid. Additionally, there is a small amount of abnormal tissue within the urinary bladder. This could represent a focal polyp, etc., but there is concern about this possibly being a metastatic lesion.

Options moving forward include referral to a veterinary surgeon for exploratory surgery, likely nephrectomy, and biopsy of the bladder lesion (provided 3-view thoracic radiographs are normal), or, you could consider a contrast CT scan to better evaluate the area and get better resolution on the possibility of distant metastasis. Based on the appearance of this lesion, it is likely very uncomfortable, and this cat should benefit from its removal, provided renal function is adequate.

Prior to surgical removal, you could consider a fine needle aspirate. If this is consistent with round cell neoplasia, then you could consider choemtherapeutic options, but it is somewhat atypical for lymphoma to affect just one kidney (but not impossible).

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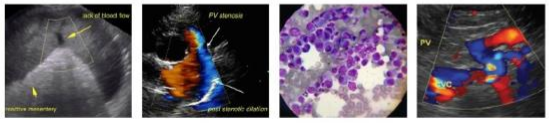

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pawsonography@gmail.com 530-786-8340

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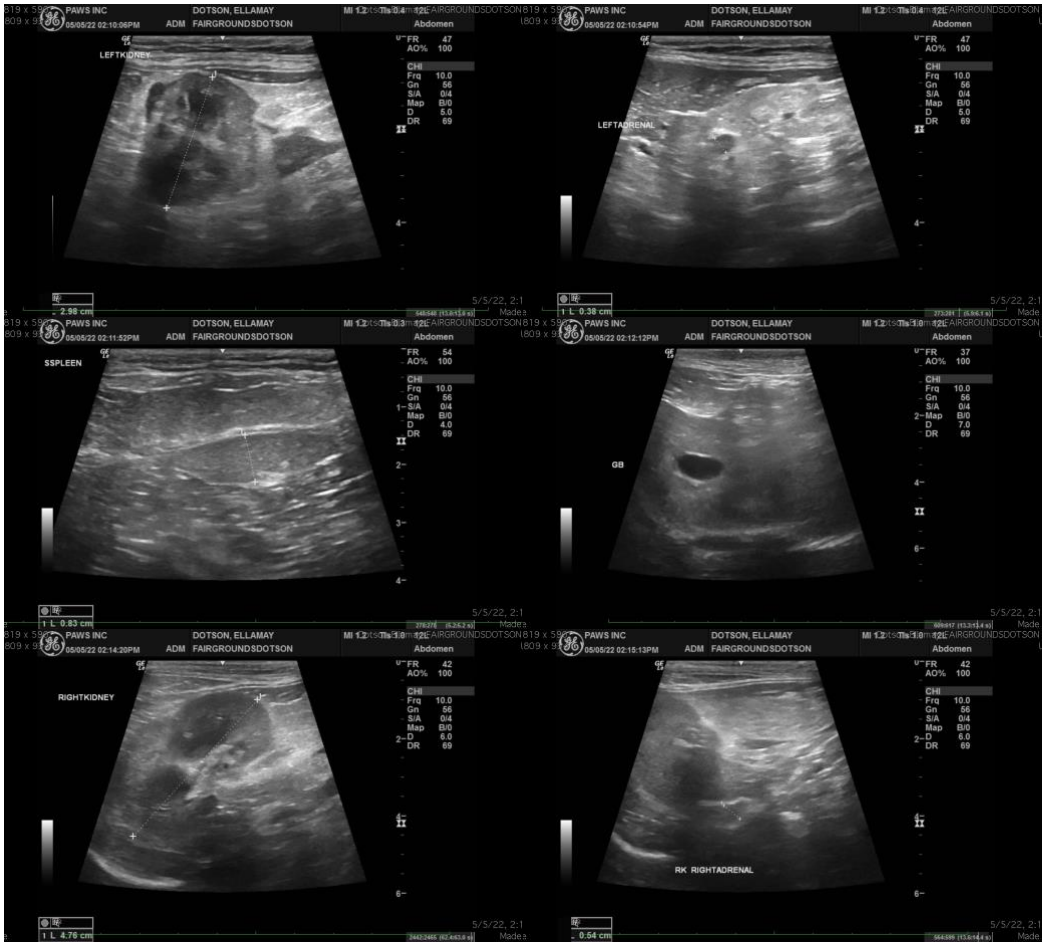


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com