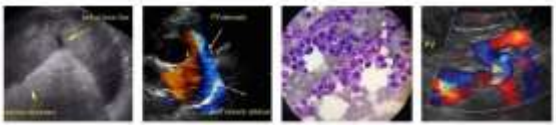


PATIENT

Duchess Gracey EMP PET

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

9 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

AH of Stoney Creek

REFERRING VET

Dr. Egbers

INVOICE

13051

DATE

1/13/22

PRESENTING CLINICAL SIGNS

increased frequency of vomiting, possible increased soft tissue density in cranial abd on rads currently on gabapentin
Abnormal PE/Chem/CBC/UA Results: SDMA 16 (0-14), all else WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mild dependent to nondependent particulate sediment was present, likely indicative of minor cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Subtle uniform increased cortex echogenicity was noted in both kidneys. Mild loss of corticomedullary symmetry and definition expected for the age of the patient was noted. No evidence of pyelectasia was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

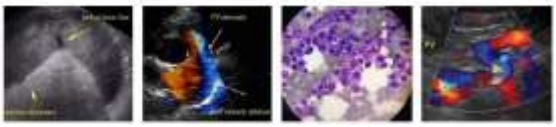
A well-demarcated ovoid appearing hypoechoic mass was present in the area of the left adrenal gland, measuring approximately 2.0 cm x 2.0 cm. The mass was present cranial to the left kidney and subjectively caudal to the stomach and medial to the spleen. The right adrenal gland was indistinctly visualized yet subjectively without overt pathology, measuring 0.4 cm in width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.85 cm diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.25 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The visualized pancreas exhibited normal contour, subtle heterogeneous yet isoechoic parenchyma compared to the adjacent omentum.

Free Abdomen

No evidence of peritoneal effusion was noted.

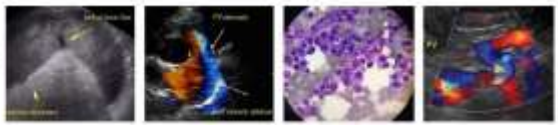
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild urinary bladder sediment
- Mild chronic renal changes
- Suspect left adrenal mass
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirmed the presence of a mass lesion within the cranial abdomen and primarily in the area of the left adrenal gland. Adrenal origin of the mass is suspected. Potential for nonadrenal origin such as left pancreatic limb origin or lymphatic origin cannot be definitively excluded. The mass did not appear to involve or originate from the spleen, left kidney, or gastrointestinal tract. Although no reported decreased potassium levels, serum aldosterone level may be considered, as well as screening blood pressure. Abdominal CT for further assessment, as well as assessment of surgical resectability, if surgical options are a potential in this case, could be considered. As-needed gastrointestinal support Is recommended. Three view chest radiographs are suggested to rule out concurrent thoracic pathology.



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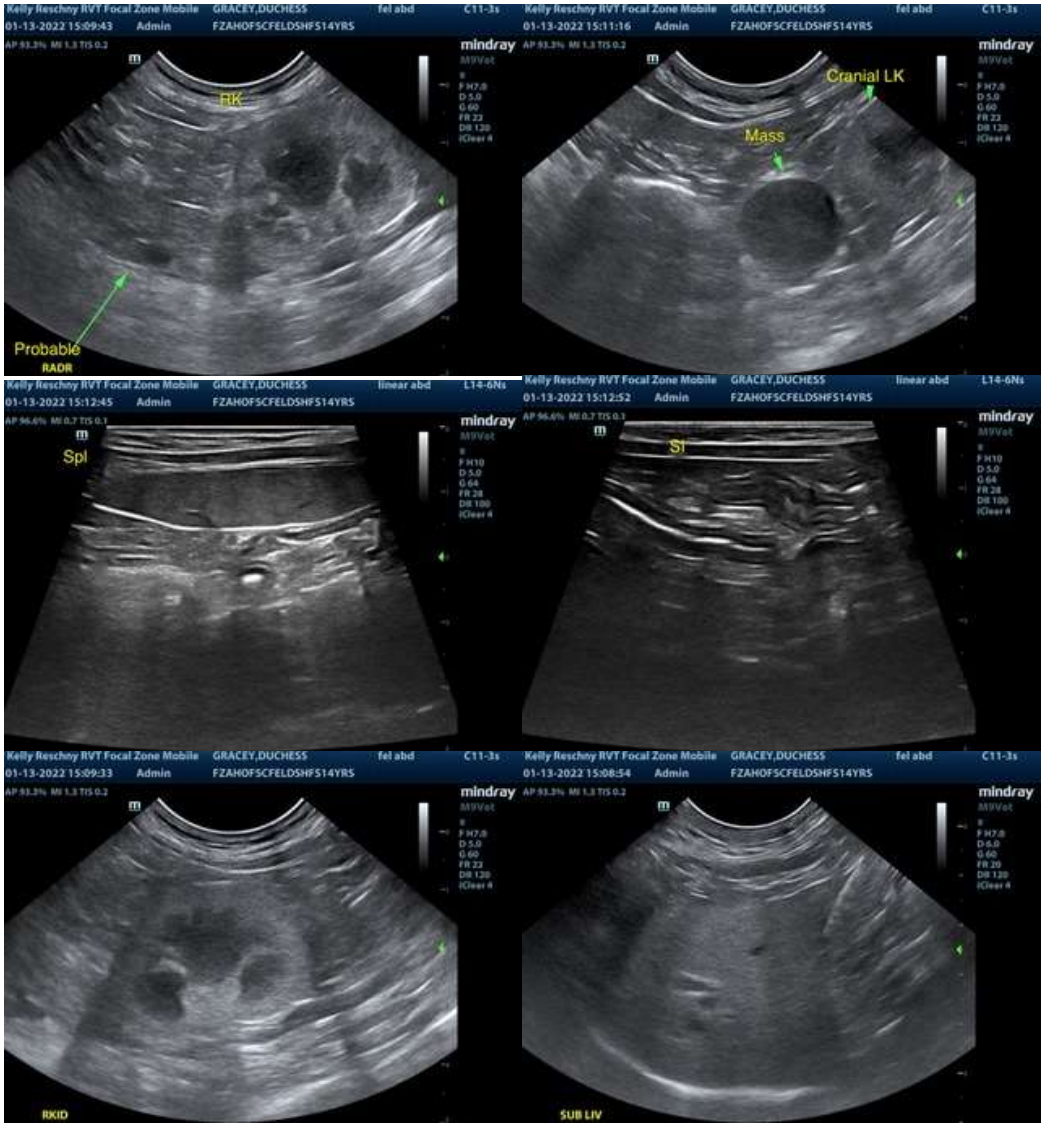

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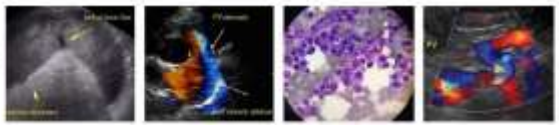

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289-808-2608 info@thefocalzone.com

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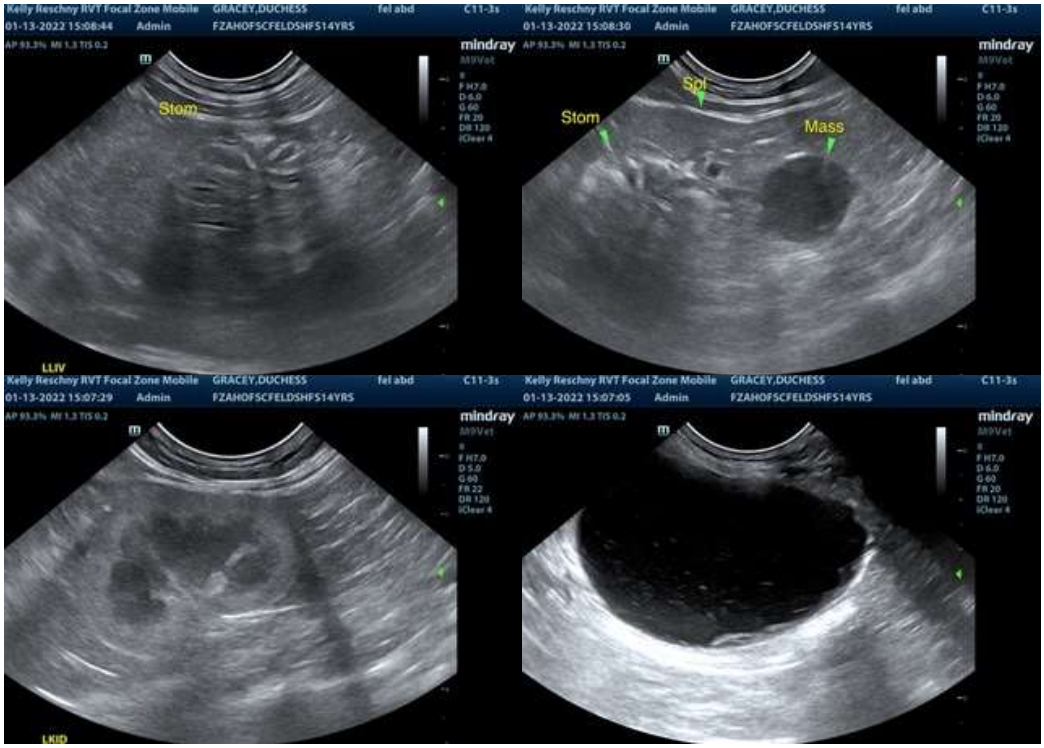

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com