



PATIENT

Taz Caserta

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 years

WEIGHT

21.8 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Tam Mengine, DVM,
DABVP

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Tam Mengine, DVM,
DABVP

INVOICE

12876

DATE

12/21/21

PRESENTING CLINICAL SIGNS

Patient was diagnosed with hyperaldosteronism in 2019, treated with spironolactone and K+ supplement. Patient was not hypertensive or azotemic at that time, but at annual exam this year, patient had BUN 38, creat 2.9, isosthenuric urine with quiet sediment (K+ normal). Sys pressure was 210.

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. Anechoic urine was present in the lumen with no uroliths or sediment. 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. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the left kidney. Evidence of left and right retroperitoneal exhibited by increased retroperitoneal echogenicity and mild free fluid was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was not overtly visualized. A moderately sized to large, primarily hypoechoic to subtle nonhomogeneous mass in the area of the right adrenal gland was present. The mass exhibited symmetrical margination, measuring 4.2 cm x 3.0 cm.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.83 cm width.

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

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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.

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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 duodenum wall width measured 0.29 cm. The jejunum wall width measured 0.27 cm.

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

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen

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A video with mass labeled "Mass 2" suspected to be alternative view of the right adrenal gland mass, as both the definitive right adrenal mass and the mass labeled "Mass 2" were of similar size. No overt evidence of lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right adrenal mass- consistent with patient's history of previously diagnosed hyperaldosteronism
- Bilateral mild chronic renal changes with mild left kidney pyelectasia - potential for nonspecific nephritis given evidence of mild retroperitoneal inflammation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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If persistent evidence of hypertension, Amlodipine may be Indicated.

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The potential for multifocal adrenal and/or unspecified omental masses vs. lymphadenopathy is considered unlikely. However, ideally, abdominal CT for further clarification of the right adrenal mass +/- assessment of surgical resectability is recommended if possible.

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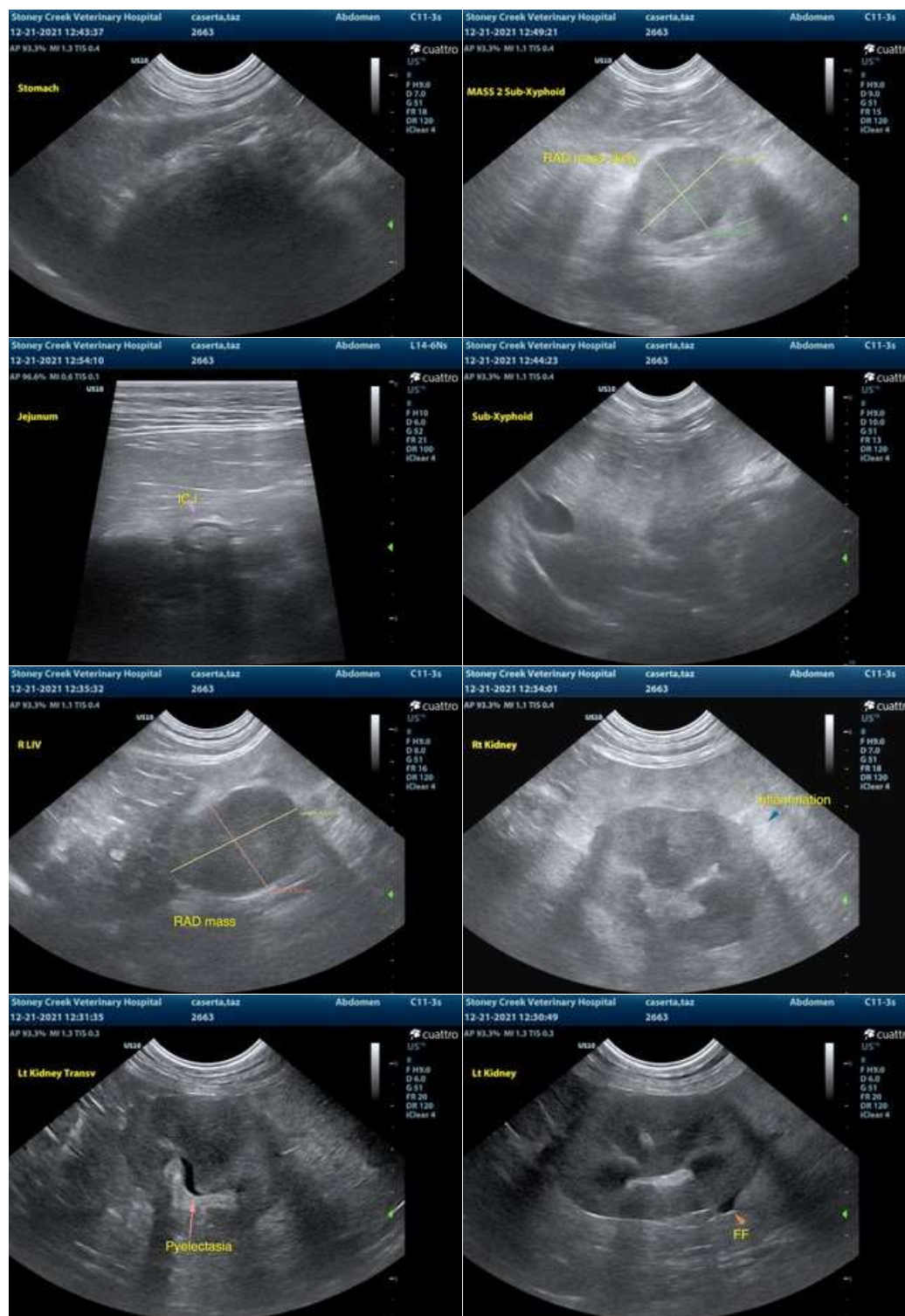
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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