



## PATIENT

Tigger Kachur

## SPECIES

Feline

## BREED

DLH

## SEX

Neutered Male

## AGE

9Y, 7M

## WEIGHT

6.14kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Colborne

## HOSPITAL NAME

Riverside Small  
Animal Hospital

## REFERRING VET

Dr. Colborne

## INVOICE

74869

## DATE

5-5-26

## PRESENTING CLINICAL SIGNS

Diagnosed w/ DM, hypertension, feline allergic bronchitis , overweight , heart disease.

Current BP in clinic: 172/110 (135) HR160

Current medications:

amlodipine 2.5 mg 1/2 tab po SID

fluticasone 125 mcg/ bid

Senvelgo 7kg dose SID

Hypertension and hypokalemia rec to do an abdominal ultrasound (especially if persistent hypokalemia) to check for an adrenal tumor and hyperaldosteronism

Rx: potassium citrate 2 mEq po sid recheck K+ level in 3 weeks - see attached labwork results. K+ decreased from 3.4 to 3.1mmol/L

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

The area of the residual prostate appeared normal and free of pathology .

No evidence of pathology in the area of the aortic trifurcation.

Both kidneys presented mildly enlarged in size with asymmetrical margination. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. Mild pyelectasia was present in both kidneys. The left kidney measured 4.8 cm in length. The right kidney measured 5.0 cm in length.

### *Adrenal Glands*

A large, primarily spherical, homogeneous mass is present in the area of the left adrenal gland cranial to craniomedial to the left kidney and adjacent to the caudal spleen measuring approximately 3.0 cm in diameter.

The right adrenal gland was overtly normal to mildly subnormal in size with symmetrical contour and homogeneous parenchyma. Subjectively measuring 0.20 cm width.

### *Spleen*

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.8 cm width at the level of the mid spleen. 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.

### *Liver/ Gallbladder*

The liver presented subjectively mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform



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with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and mild gravity dependent to nondependent congealed nonorganized debris. Mild visualized proximal to mid common bile duct dilation without evidence of post hepatic obstruction was present.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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 small intestinal wall measured 0.25 cm.

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

### *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 was evident.

### *Free Abdomen*

No visualized significant omental lymphadenopathy.

Minor lateral abdomen to perisplenic effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Mass area of the left adrenal gland – highly suggestive of adrenal origin and suspicious of Conn's syndrome.
- Sonographically normal to mild subnormal right adrenal gland.
- Chronic renal changes exhibiting mild bilateral renomegaly and pyelectasia.
- Sonographically normal spleen/pancreas.
- Subjectively mild hepatomegaly.
- Gallbladder debris with nonobstructive common bile duct dilation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hyperaldosteronism is highly suspected in conjunction with hypertension and hypokalemia with probable left adrenal mass. Non-adrenal mass origin i.e., lymph node, nonobvious splenic origin, given adjacent splenic location, thought less likely. Serum aldosterone level for correlation is recommended.

Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology could be considered given short half life of hepatic enzymes in cats to assess for concurrent or occult disease such as inflammation or occult neoplasia given mild gallbladder debris and possible mild cholangitis.



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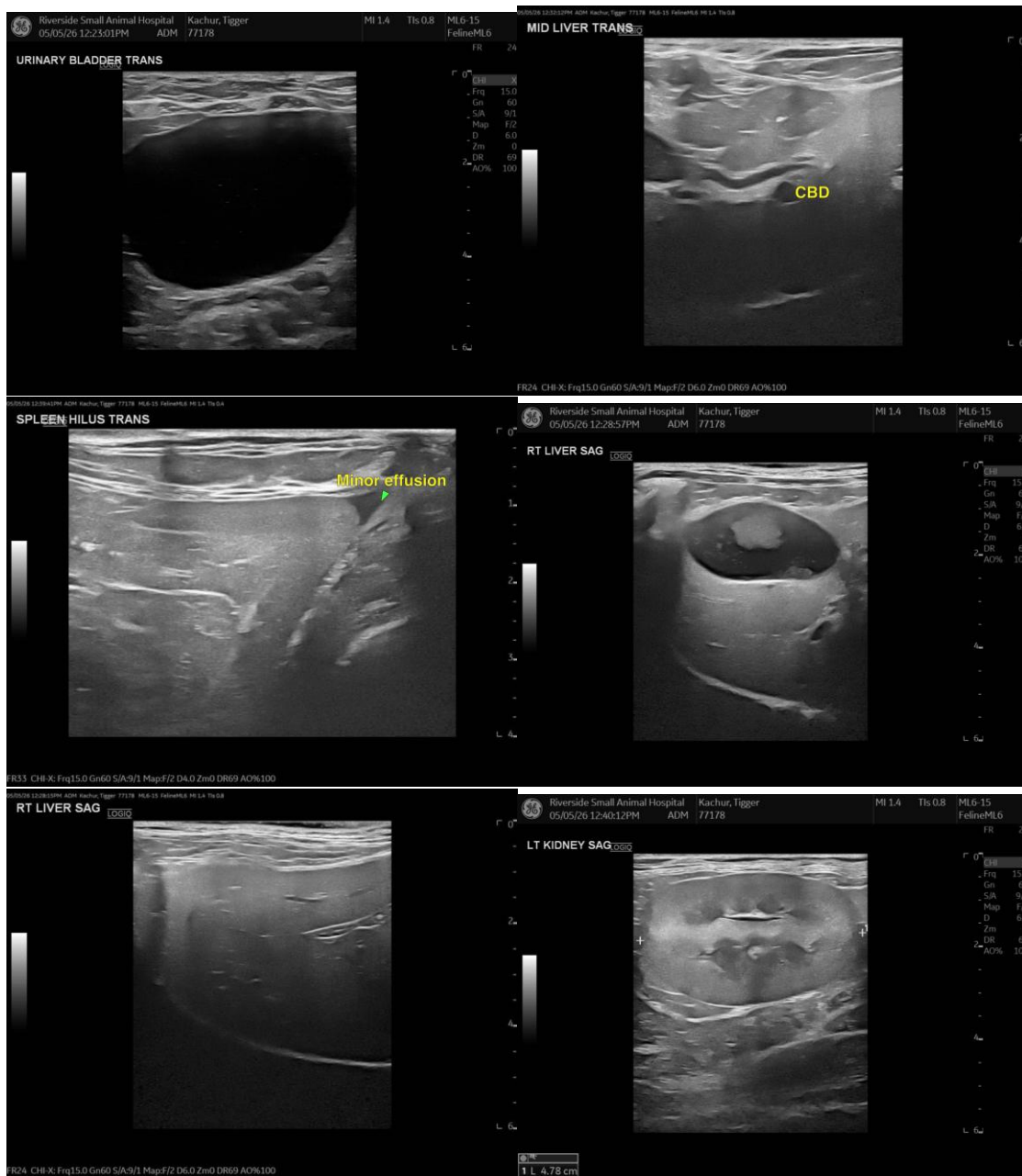
Dr. Colborne

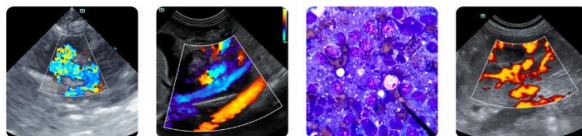
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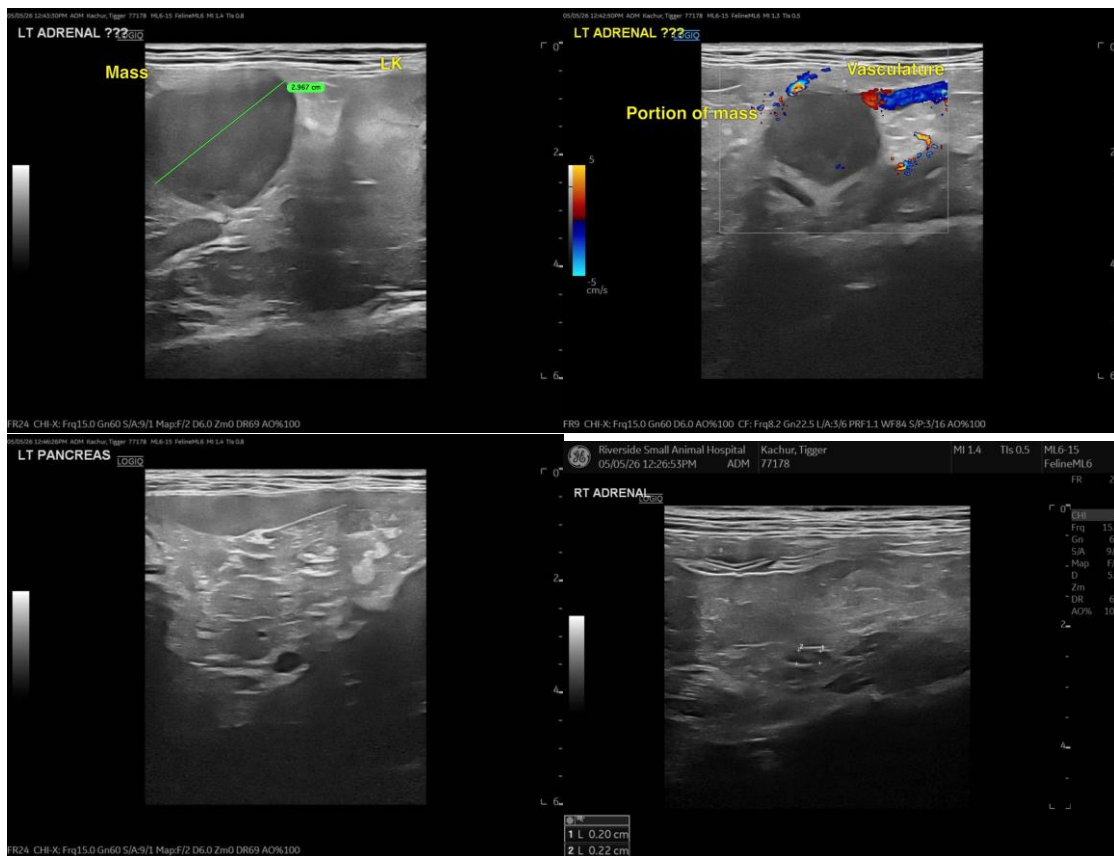
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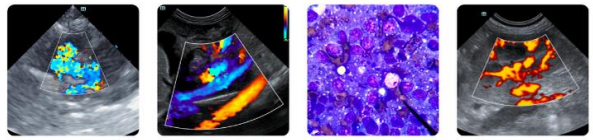
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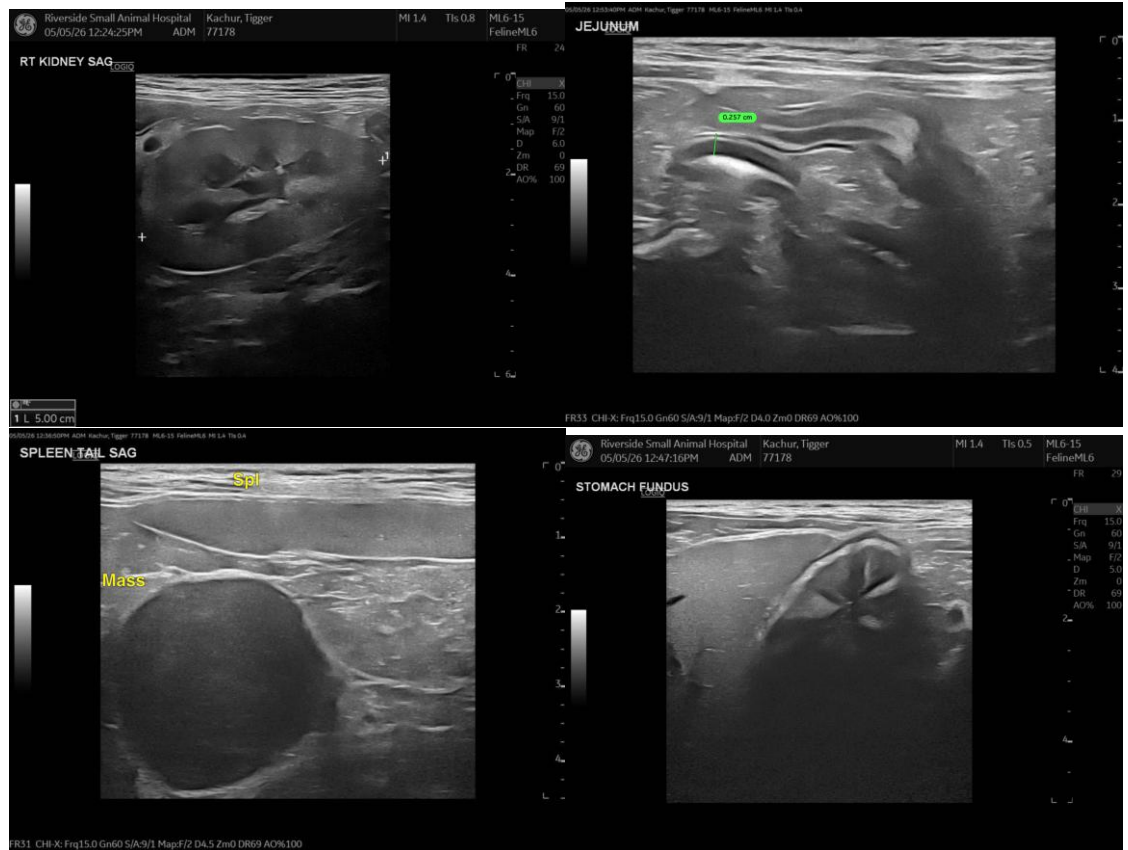
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)