

PATIENT PRESENTING CLINICAL SIGNS

- PATIENT** Remy Kass
- Per Remy's abdominal ultrasound report: "The left kidney is hyperechoic and has pyelectasia and significantly distorted structure. It appears to be confluent with a poorly defined and heterogenous mass lesion, at least 2.2 x 3 cm. This mass is medial to the kidney the definitive origin of this mass is undetermined and may represent a primary renal mass that is expanding vs a mass from"
- SPECIES** Feline
- Primary vet discussed ultrasound findings with O. Let her know Dr. Kantriqitz has found a severely abnormal L kidney, which he suspects is cancer. He also reports the R kidney has aging changes.
- BREED** DSH
- Dr. K recommends bloodwork to check kidney values, then either a CT scan with Biopsy, or app stim and Prednisone for palliative care. O would like to pursue CT scan and biopsy to get a definitive diagnosis.
 - Current Medications: Gabapentin, Elura, Kidney diet

SEX COMPUTED TOMOGRAPHY OF THE ABDOMEN

Male Neutered A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

AGE 7.5Y The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The caudal pole of the right kidney presents a concave depression of the renal surface.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

Originating from the left kidney, an ill-defined, irregular shaped, uniform soft tissue attenuating and peripherally accentuated, irregular contrast enhancing mass is seen; measuring approximately 4.3 x 2.9 x 5.2 cm. The mass is extending medially up to the aorta and renal segment of the caudal vena cava – partially encompassing the aorta from the left and the caudal vena cava dorsally. In the renal segment of the caudal vena cava an intraluminal filling defect is seen, occupying approximately 80% of the cross-sectional area of the caudal vena cava at the same level.

HOSPITAL NAME

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Center

The right adrenal gland is within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and heterogeneous contrast enhancement – the latter is considered as a sequela to the arterial contrast phase.

REFERRING VET

Dr. Grace Kelly

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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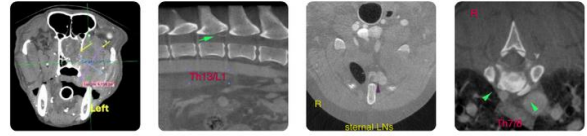
The left medial iliac lymph node is prominent and presents increased contrast enhancement.

The right anal sac presents focal strong contrast thickening of the wall.

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE
3-17-26

- Local invasive growing left renal mass
- Secondary tumor thrombus in the renal segment of the caudal vena cava



Diagnostic Imaging

Veterinary CT, Ultrasound & Telectology Services
veterinarian referral only

- PATIENT**
- Lymphadenopathy left medial iliac lymph node – highly suggestive for metastatic spread
 - Right sided chronic renal infarction

Remy Kass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES Feline
The CT findings are supporting the ultrasound diagnosis of primary neoplastic transformation of the left kidney – such as renal cell carcinoma or hemangiosarcoma. The left renal mass presents local invasive growth, and surgical management is considered not feasible. FNA sampling of the renal mass may be considered for specification.

BREED DSH
The focal nodular thickening of the wall of the right anal sac may present incidental normal anatomy, anyway early stage of apocrine gland anal sac adenocarcinoma is a potential.

DSH

SEX

Male Neutered

AGE

7.5Y

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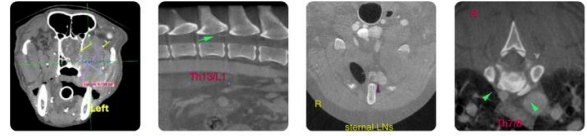
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SonoPath.com | info@sonopath.com | 1 (800) 838-4268
141 Main St, Andover, NJ 07821

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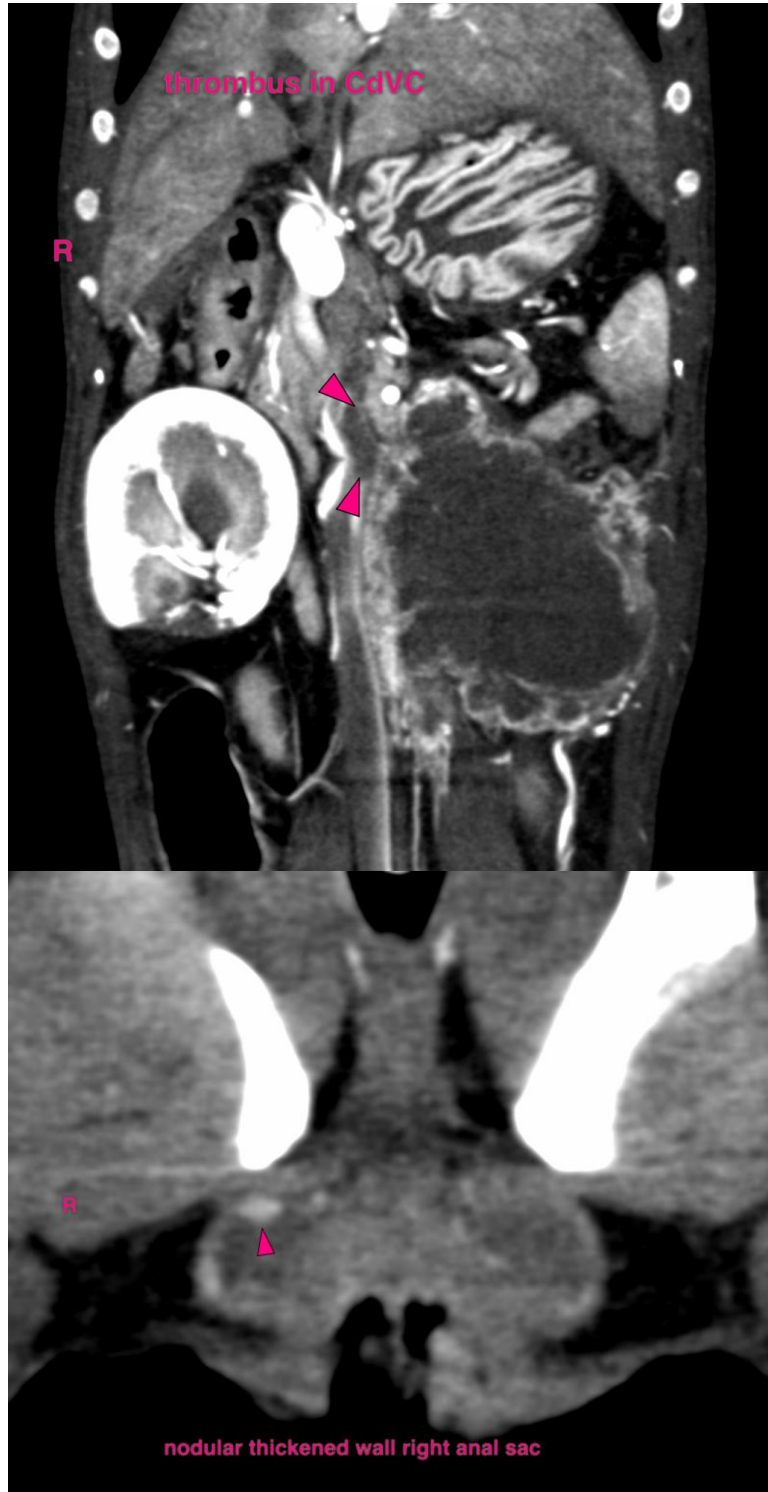
Dr. Grace Kelly

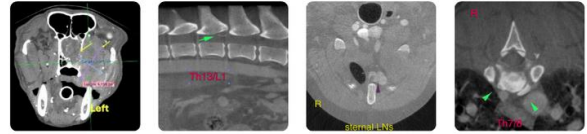
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PATIENT

Remy Kass

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.

SPECIES

Feline

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com

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