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Vision from within

November 2016

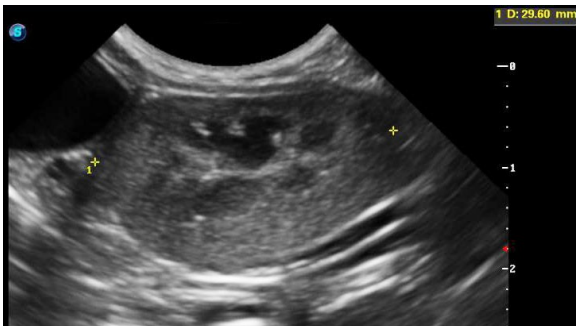
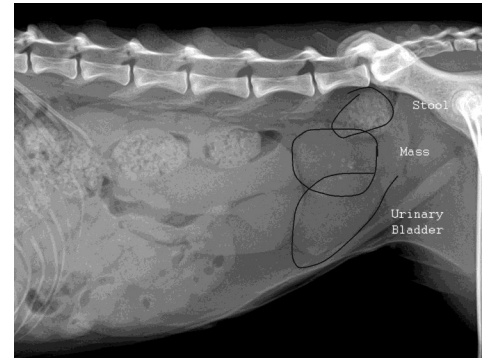
# Visions Newsletter

## Client's concern over a "bulge" in the abdomen reveals something unique.

Welcome to the inaugural issue of Visions. This is the first in an ongoing series of publications intended to highlight interesting cases and illuminate the benefits of ultrasound in daily practice.

In my 22 years of practice and 21 years of ultrasound experience, the adage you won't find anything if you never look continues to ring true. Lilly is a 10 year old intact female domestic shorthaired cat who presented for a "bulge" on her side. According to the owner it had been present for a "couple of years".

Physical examination revealed a suspected caudal abdominal mass. A single survey



lateral radiograph suggested a mineralized mass lesion located dorsal to the urinary bladder and ventral to the colon. Lilly was also mildly constipated. A space occupying mass was seen in the mid and dorsal abdomen. A reference lab CBC and chem were unremarkable. The cat was referred for abdominal ultrasound

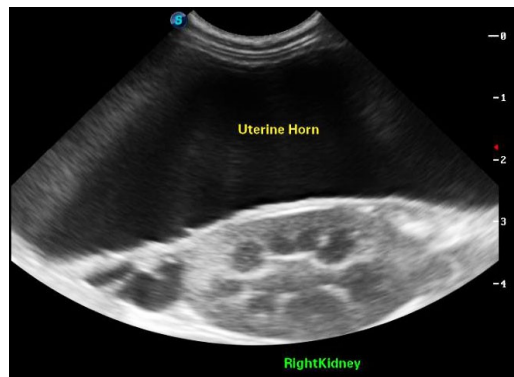
The most obvious abnormality upon initial examination was a large fluid filled structure. All non-urogenital organ systems were identified and deemed normal. The urinary bladder was unremarkable and was devoid of

polypoid lesions, debris or calculi. The right kidney was normal for her age. The left kidney was not identified adjacent to the spleen. At this point, common rule-outs would include hydronephrosis/hydroureter.

Completion of the exam identified the left kidney to be ectopically located left of the neck of the urinary bladder at the pelvic inlet. The left ureter was not dilated and no association with the fluid filled struc-

ture could be made. The fluid filled structure was consistent in location with the uterus. The wall was thin, nonreactive and contained anechoic fluid suggesting a noninfectious process.

The left kidney demonstrated more age related change than the right. The normal labs and asymptomatic presentation and chronic nature of the "bulge" suggest a chronic process. An excretory urogram would have been an ideal next step, but further diagnostics were declined.



### Key points:

\*Always perform a thorough, systematic and complete scan.

\*Refrain from premature clinical interpretation.

\*Use ultrasound to help identify underlying conditions and guide further diagnostics prior to surgical intervention.