



PATIENT

Jasper Gossen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

4.35 kg

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Downtown AH

REFERRING VET

Dr. Ahn

INVOICE

68297

DATE

11/4/25

PRESENTING CLINICAL SIGNS

History: Diarrhea and inappetence since end of October. Has been on Metronidazole, Fortiflora, was dewormed with Nexgard Combo. Gave Gabapentin today for US.
 Abnormal PE/Chem/CBC/UA Results: BW Nov 3, 25 showed elevated WBC count and high neutrophils

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. A mild amount of suspended echogenic debris. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The right kidney is normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasia is present. The capsule is uniform without significant irregularities noted. The right kidney measured 3.3 cm in length.

The cranial pole of the left kidney has a large, hypoechoic, irregular mass effect that extends cranially into the midabdomen. There is a moderate to severe degree of hyperechoic mesentery and omental adhesions with evidence for peritonitis and a scant volume of free peritoneal effusion. There are other images that do not include the left kidney, but another mass lesion. This may be another view of the primary renal mass; however, a second mass effect in the mid to right abdomen cannot be definitively excluded. The left kidney measured 3.49 cm in length.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measured 0.84 cm at the hilus.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls with contains anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is



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documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

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Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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Pancreas

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The visible sections of the pancreas was hypoechoic with irregular margins and diffuse hyperechoic mesentery and omental fat. There are several hypoechoic, irregular mesenteric lymph nodes throughout the midabdomen and a scant volume of free peritoneal effusion.

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Free Abdomen

There is no evidence of abdominal lymphadenopathy. No free fluid was noted. There are no overt mass effects noted.

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ULTRASONOGRAPHIC FINDINGS

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The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.

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The large mass effect at the cranial pole of the left kidney is most consistent with infiltrative neoplastic disease, renal carcinoma or round cell neoplasia such as lymphoma are considered most likely although hemangiosarcoma should also be considered as a differential. There is a possible second mass effect in the midabdomen. However, this may also represent another view of the large left renal mass.

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The changes in the pancreas may represent active inflammation or a secondary pancreatitis due to the left renal mass. However, this may also simply represent edema and peritonitis secondary to the mass effect.

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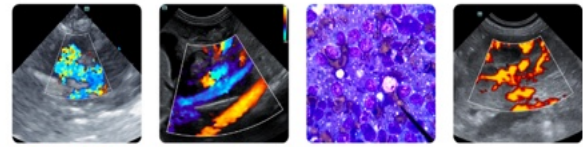
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Fine needle aspirates of the left renal mass with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.



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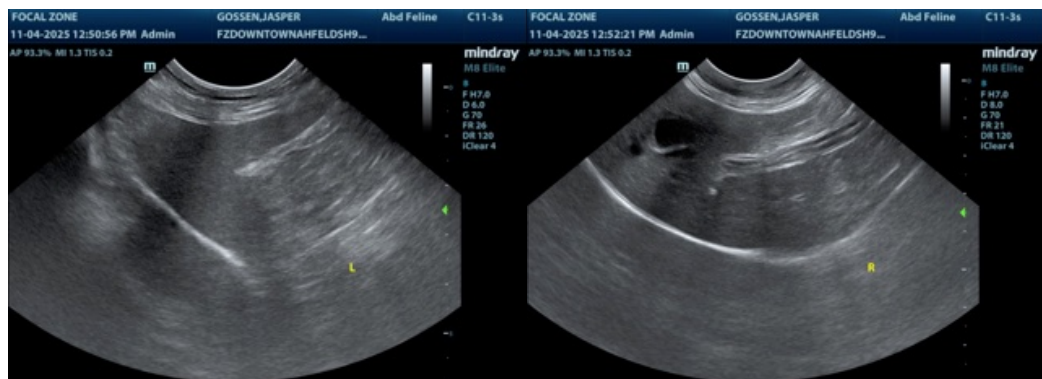
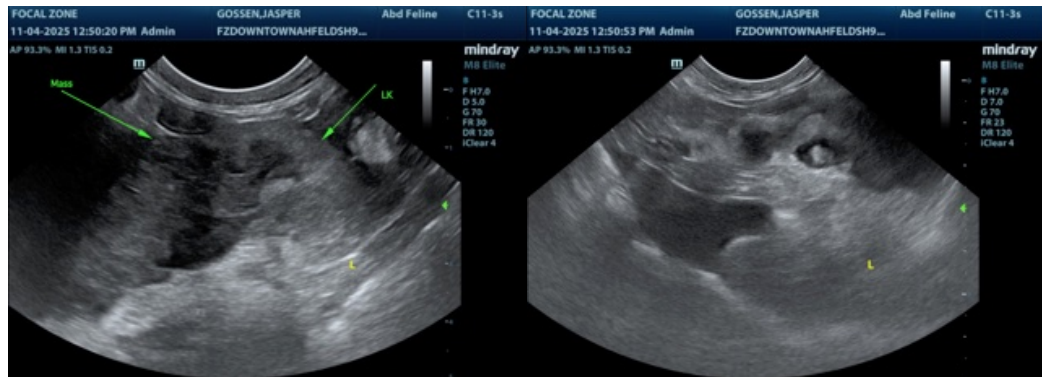
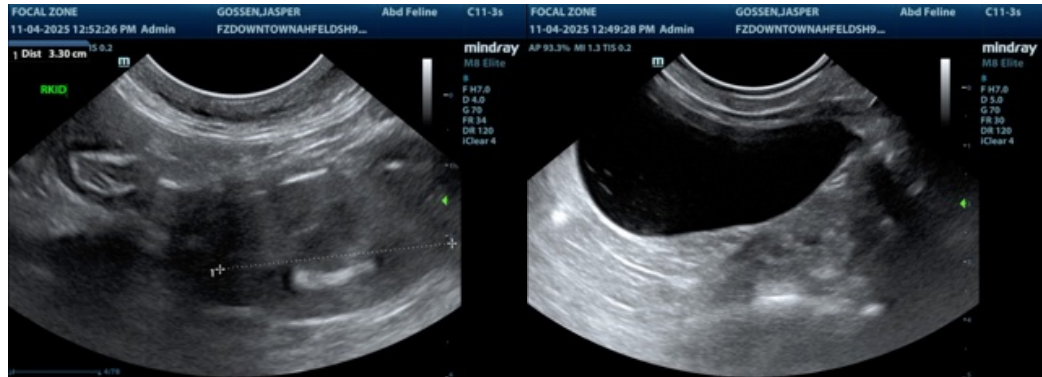
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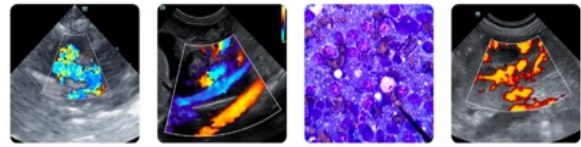
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Consider an abdominal CT with angiography for further localization of the mass effect as well as for potential surgical planning.





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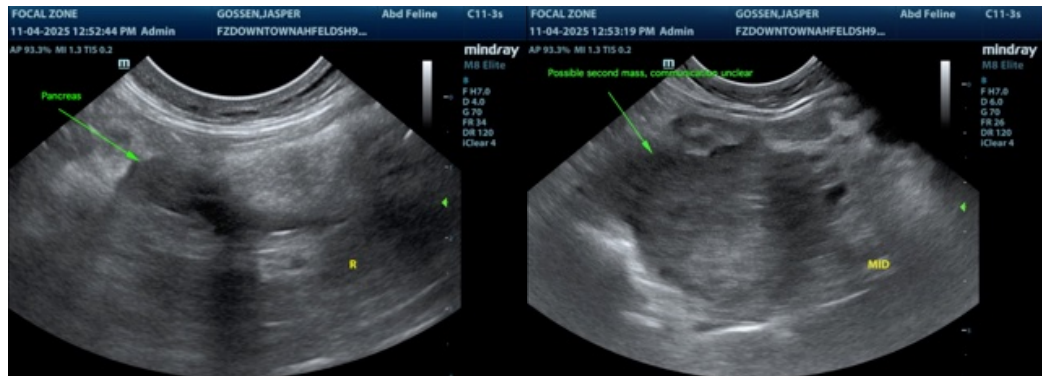
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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