



PATIENT

Kemba Renzulli

PRESENTING CLINICAL SIGNS

Weight loss and decrease in appetite 1 month duration.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Elevated SDMA, UA: Proteinuria, hematuria, SG 10.36
Palpably enlarged left kidney

BREED

DSH

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with primarily anechoic contents as well as some suspended echogenic debris and mineral/sand debris as well as tiny cystoliths. No masses are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

12 Years

Kidneys are normal in size but bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Non-obstructive nephroliths are noted bilaterally. The right kidney measures 4.3 cm. The left kidney measures 4.9 cm, but is surrounded by an irregular heterogeneous hypoechoic mass, appearing to arise primarily from the caudal pole of the left kidney. The mass is presumably attached to the left kidney based on reported physical exam finding. Based on these images, there are two abnormal appearing kidneys, one of them is associated with the mass, but right versus left cannot be definitively determined based on these images.

WEIGHT

7.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The adrenal glands are not able to be fully visualized in these images.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Dr. Louise Mandeville

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

BetterVet

REFERRING VET

Dr. Louise Mandeville

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

INVOICE

44567

DATE

1/26/23

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly fluid distended with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SPECIES

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Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

DSH

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

SEX

Neutered Male

Sublumbar lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

AGE

12 Years

PRIMARY FINDINGS

- **Heterogeneous left kidney mass** – most concerning for infiltrative malignant neoplasia. A benign lesion such as an abscess or granuloma is considered far less likely.
- **Aggressive sublumbar lymph nodes** – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

WEIGHT

7.4 Pounds

SECONDARY FINDINGS

- Bilateral non-obstructive nephroliths and small urinary bladder cystic calculi

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

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Fine needle aspirates of the kidney mass as well as the enlarged caudal abdominal/sublumbar lymph node are recommended if patient's coagulation status is appropriate.

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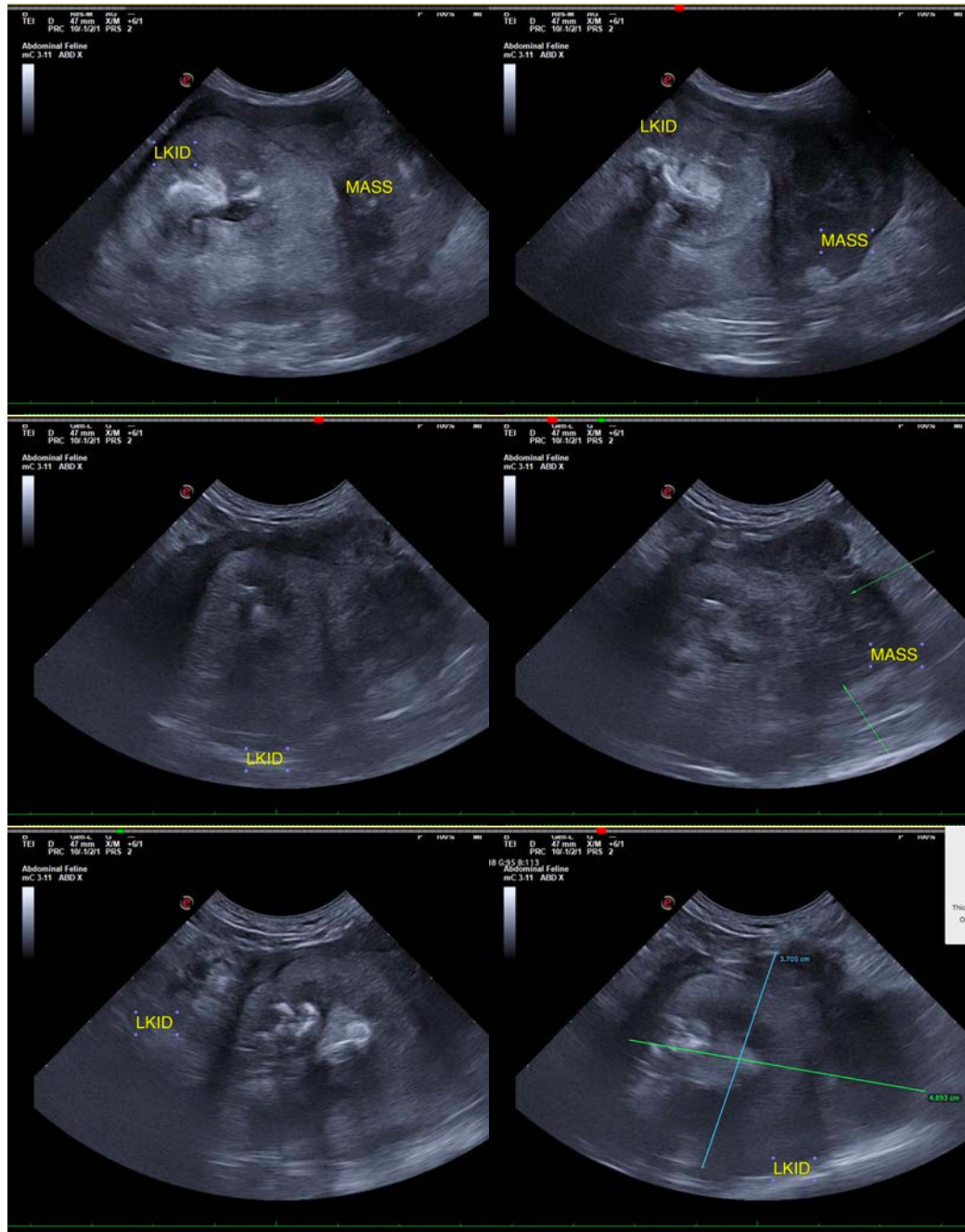
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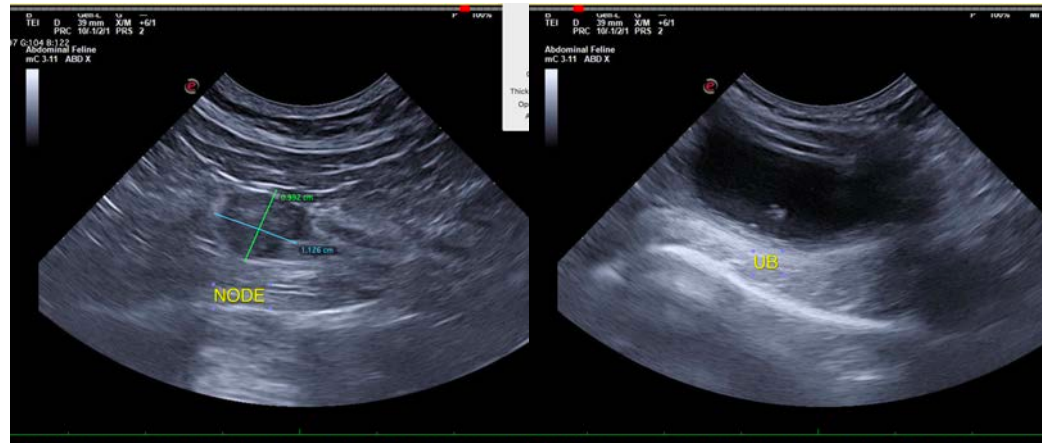
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com