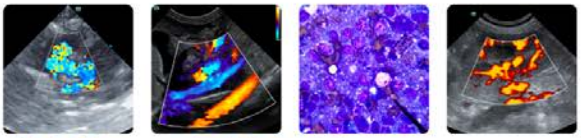


PATIENT

Magee Orso

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 Years

WEIGHT

9.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Hamburg Veterinary Clinic

REFERRING VET

Hamburg Veterinary Clinic

INVOICE

73014

DATE

2/17/26

PRESENTING CLINICAL SIGNS

Hx of UTI- tx w/ ABX. Structural assessment of bladder/ kidneys/ etc. Current meds: Convenia

Abnormal PE/Chem/CBC/UA Results: Creat 2.9, Bun 35 E coli + on culutre USG 1.016

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses or inflammatory changes are observed. At least one small mineral density is noted settled along the dependent wall, measuring 0.35 cm in diameter, with no definitive shadow and no evidence of obstruction. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are significantly enlarged in size (left 4.36 cm, right 5.29 cm) with increased cortical echogenicity and disruption of normal corticomedullary architecture caused by multifocal heterogenous (primarily hypoechoic) nodules. A hypoechoic subcapsular rim “halo” is present. The pericapsular area is enhanced by hyperechoic fat and mesentery. No mineral is observed.

Adrenal Glands

The right adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.32 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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.

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.

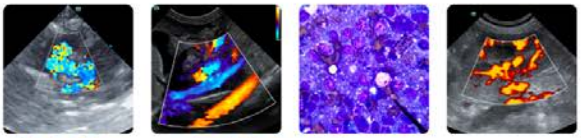
The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty 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. 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.

At the level of the Ileocecocolic junction, in the early ascending colon is an approximately 1.5 cm long x 0.75 cm thick, hypoechoic wall density/mass.



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Pancreas

See other.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

In the left cranial abdomen, medial to the spleen, in the area of the left limb of the pancreas is an approximately 1.8 cm long x 1.1 cm hypoechoic density that could represent a prominent pancreas or even pancreatic nodule, although lymph node in the area can't be ruled out.

ULTRASONOGRAPHIC FINDINGS

- Renal lymphoma – This appearance is highly suggestive of renal lymphoma. Other malignant neoplasia, severe nephritis, feline infectious peritonitis, or even severe pyelonephritis can at times mimic this presentation and can't be ruled out without additional information.
- The suspected wall thickening/mass at the Ileocecocolic junction could similarly represent infiltrative round cell neoplasia such as lymphoma, although a benign inflammatory process is also possible.
- The left cranial abdominal density (possible pancreatic nodule versus lymph node) is also concerning for infiltrative round cell neoplasia such as lymphoma, given the concurrent pathology, although a benign inflammatory process including chronic low-grade smoldering pancreatitis, nodular hyperplasia, etc. can't be ruled out.
- Small, non-shadowing urinary bladder cystolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

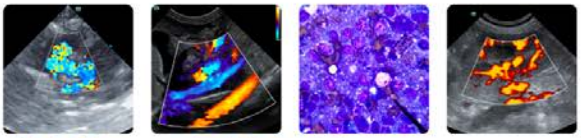
Given patient's reported workup so far, a urine culture is recommended if not already evaluated.

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.

Fine needle aspirates of the kidneys (especially the right kidney), the Ileocecocolic junction thickening/mass if it can safely be reached, as well as the density in the left cranial abdomen/lymph node/pancreas are recommended if patient's coagulation status is appropriate. If sampling of one area to begin with is elected, I would choose the right kidney.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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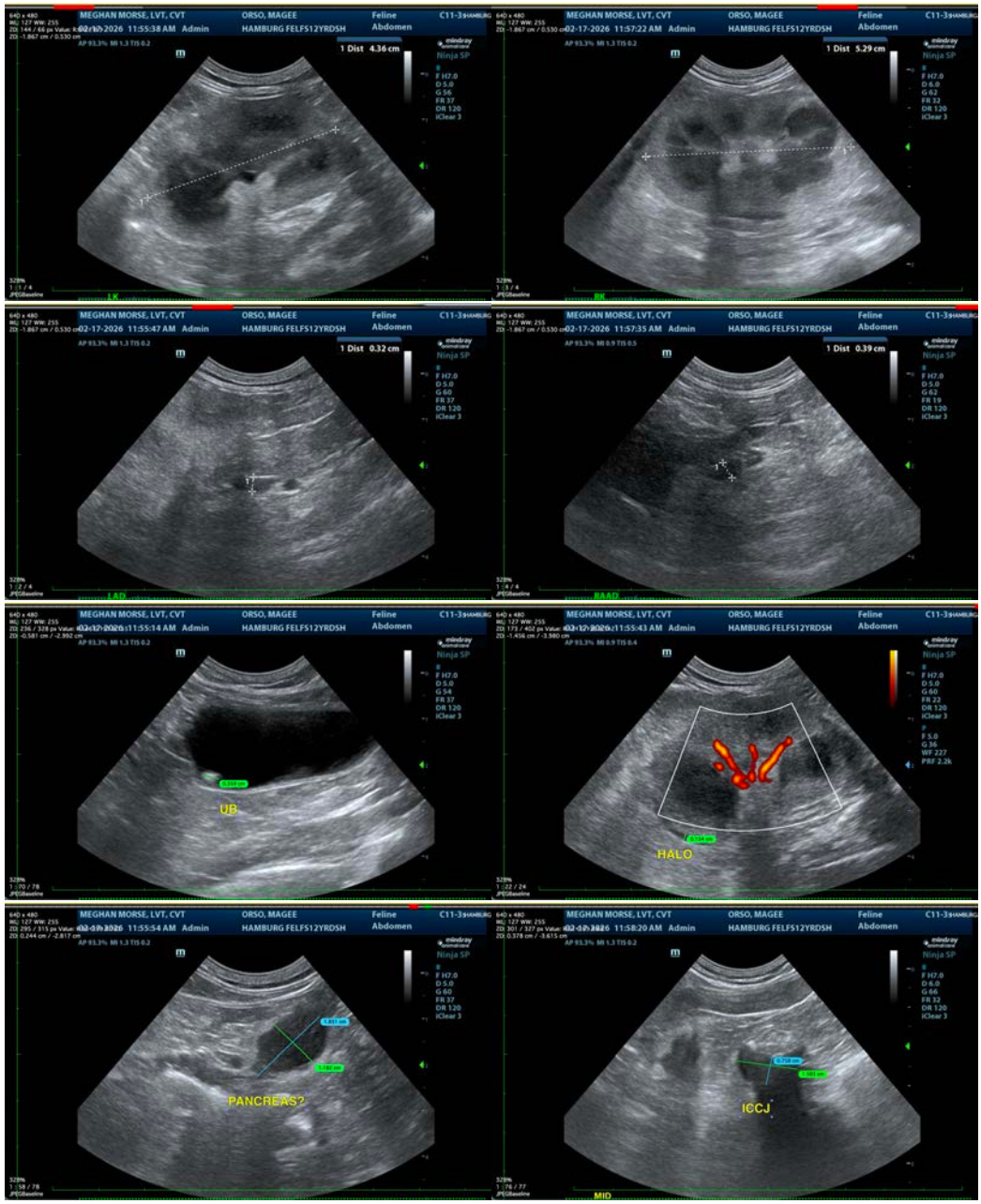

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com