



PATIENT	PRESENTING CLINICAL SIGNS
Rowan Langsdale	Decreased appetite 1 day. Vomited 2x. Drinking A LOT of water. Lethargic, laying "flat out".
SPECIES	Abnormal PE/Chem/CBC/UA Results: Blood work pending. Painful abdomen. Bilateral enlarged kidneys. Pinpoint renal nephrolith.
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Spayed Female	
AGE	Kidneys are significantly enlarged in size 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. The left kidney measures 6.3 cm. The right kidney measures 6.0 cm.
4 Years 7 Months	
WEIGHT	Adrenal Glands
13.6 Pounds	The adrenal glands are unable to be well visualized in these images.
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	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	Liver
Dr. Brittany Scott	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	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.
Ho-Ho-Kus Vet Hospital	
REFERRING VET	Gastrointestinal
Dr. Kelly Gannon	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
INVOICE	
46123	
DATE	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.
3/23/23	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.



PATIENT

Rowan Langsdale

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years 7 Months

WEIGHT

13.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Brittany Scott

HOSPITAL NAME

Ho-Ho-Kus Vet
Hospital

REFERRING VET

Dr. Kelly Gannon

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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.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

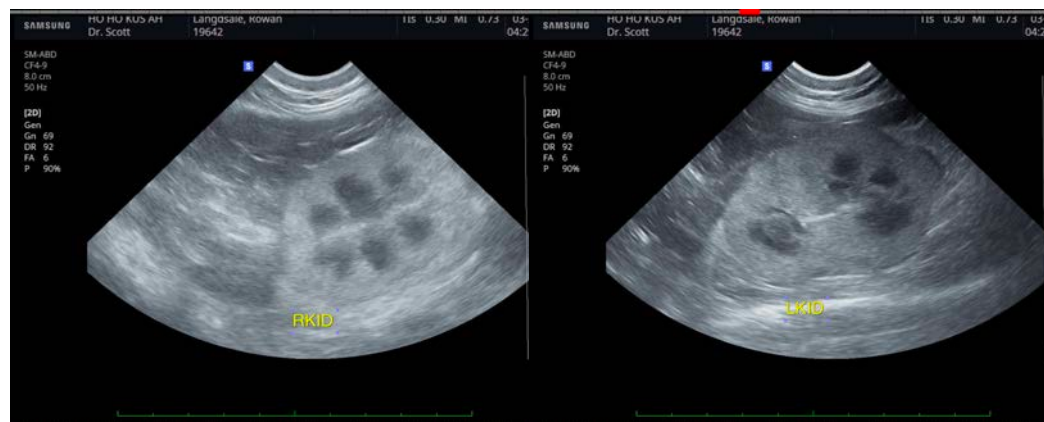
ULTRASONOGRAPHIC FINDINGS

- **Renal lymphoma** – This appearance is highly suggestive of renal lymphoma. Other malignant neoplasia, severe nephritis and feline infectious peritonitis can at times mimic this presentation, so further diagnostics are necessary.
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a general metabolic health screen is recommended, beginning with a CBC/Chem panel, electrolytes, a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Pending the above results, fine needle aspirates of the kidneys could be considered if patient's coagulation status is appropriate.





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DSH

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INTERPRETED BY

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IMAGING PERFORMED BY

Dr. Brittany Scott

HOSPITAL NAME

Ho-Ho-Kus Vet
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REFERRING VET

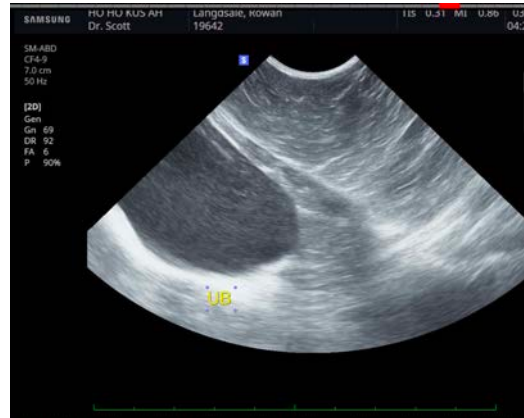
Dr. Kelly Gannon

INVOICE

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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