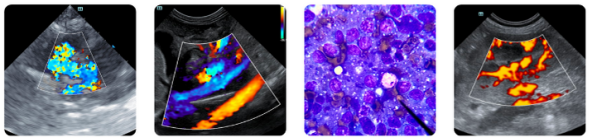


PATIENT

Socks Stratton

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 years

WEIGHT

11.8

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet Clinic

REFERRING VET

Dr. Reyes

INVOICE

11757

DATE

4/21/2026

PRESENTING CLINICAL SIGNS

Pet presented for second opinion and ultrasound due to enlarged kidneys, anorexia and lethargy. Pet is currently on Cerenia, Mirtazapine, Allura, Veraflox and Pet tinic. Owner is syringe feeding pet at this time.

Abnormal PE/Chem/CBC/UA Results: CBC WBC: 41.6 Neut: 33.8 Band: 4.1 Atypical Lymp and toxic neutrophils seen Last chemistry was done in March and had normal kidney and liver values. In house ua today SG: 1.018 2+ protein blood:3+ WBC: 8 suspect bacteria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

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. Trace pyelectasia and enhanced hyperechoic medullary fat is noted bilaterally.

Adrenal Glands

The adrenal glands are unable to be 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.

Liver

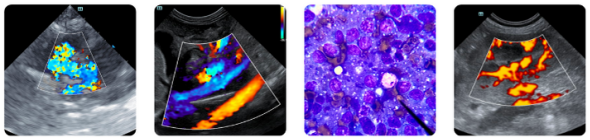
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The gastric wall is moderately thick in several views with hypoechoic appearance and loss of layering in the area, measuring 0.7 cm thick. The lumen of the stomach is mildly distended with fluid.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.



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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.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Renal lymphoma – This appearance is highly suggestive of renal lymphoma. Other malignant neoplasia, severe nephritis including pyelonephritis, and feline infectious peritonitis can at times mimic this presentation.

- Given the concurrent kidney changes the gastric wall thickening is similarly concerning for infiltrative neoplasia such as round cell neoplasia i.e. lymphoma. Having said that, a benign inflammatory process can't be ruled out without tissue sampling.

SECONDARY FINDINGS

- Mild gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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.

Fine needle aspirates of the kidneys and the thick gastric wall are recommended if patient's coagulation status is appropriate.

In the meantime, a recheck full general metabolic health screen for further assessment of the kidneys may be indicated, including urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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

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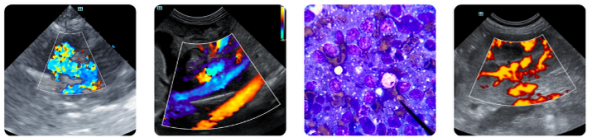

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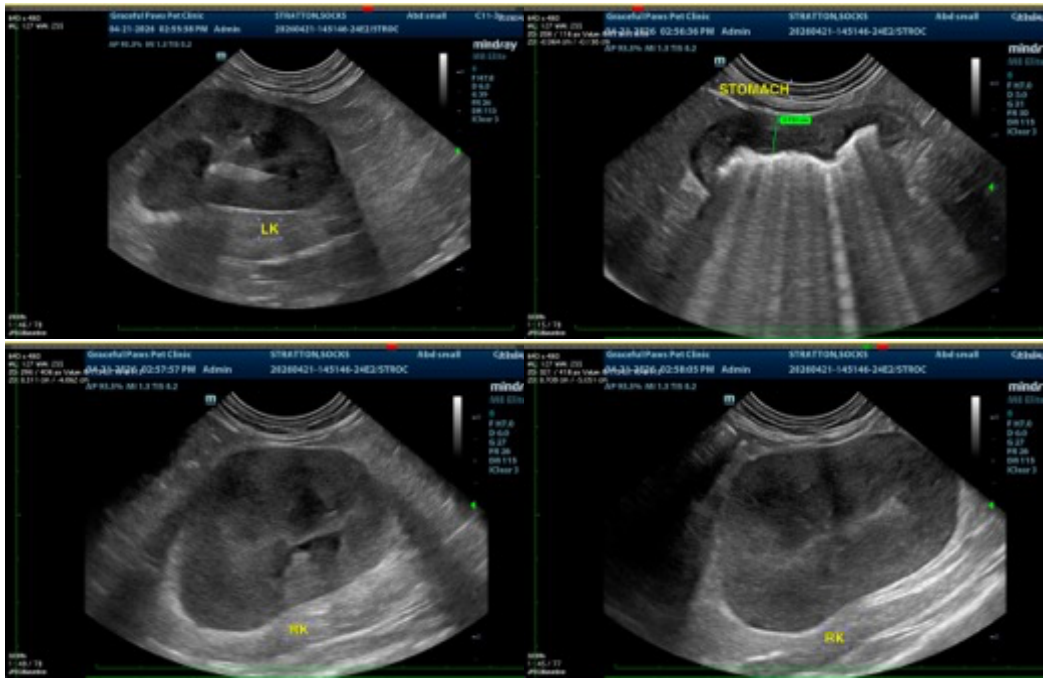

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com