



PATIENT

Frito Banrey

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years 1 Month

WEIGHT

10.88 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside Animal
Hospital

REFERRING VET

Dr. Lehman

INVOICE

74935

DATE

5/5/26

PRESENTING CLINICAL SIGNS

Concern for abnormal looking kidneys on in house US. URI, heart murmur, stomatitis, drooling, decreased appetite. Current Meds: Mirataz PRN, Gaba (Torb for scan)

Abnormal PE/Chem/CBC/UA Results: Globulin 5.8; Luekocytosis

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 (left 7.11 cm, right 6.28 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 adrenal glands are mildly bilaterally uniformly "plump" and egg-shaped (especially on the left side) and hypoechoic in echogenicity. Left measures 0.80 cm. Right measures 0.60 cm. This could be a benign age related change, or in a young cat could be associated with chronic stress or disease secondary to the suspected concurrent underlying disease, although infiltrative disease affecting the adrenal glands or underlying adrenal disease such as hyperadrenocorticism versus other can't be ruled out.

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.



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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.

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Pancreas

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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.

Feline

BREED

Free Abdomen

DSH

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

SEX

There is no apparent pathologic lymphadenopathy noted in these images.

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

- 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, but it's less common.

4 Years 1 Month

WEIGHT

- Mild bilateral adrenomegaly.

10.88 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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.

Beth Johnson, DVM
DACVIM

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

IMAGING PERFORMED BY

A blood pressure is recommended if not recently evaluated.

Shari Reffi, CVT

Further diagnostic and treatment recommendations, including potentially further investigation of the mild adrenomegaly, if indicated, etc., are dependent on results of above.

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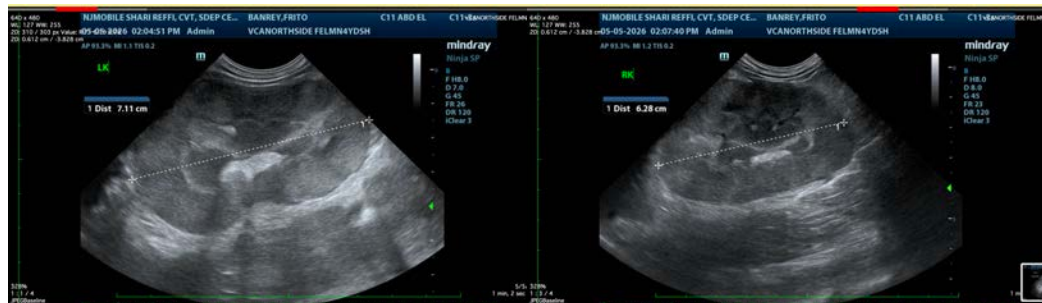
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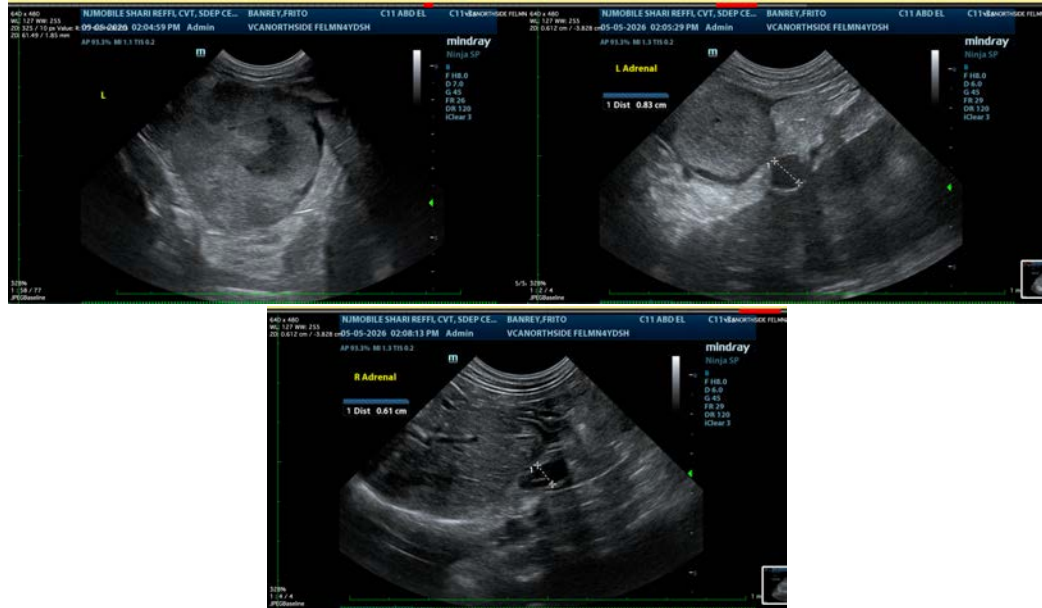
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
 info@sonopath.com