



PATIENT

Xena Hiller

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

13 Years 6 Months

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

22900

DATE

6/12/23

PRESENTING CLINICAL SIGNS

History: anorexia, weight loss, large irregular right on abdomen palpitation, hematuria, borderline iris stage 2 renal no medication

Abnormal PE/Chem/CBC/UA Results: creat - 1.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Left kidney is relatively normal in size and shape, measuring 3.4 cm long. It has smooth peripheral margination. There is a normal cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts, however, there is a very small amount of hypo/anechoic subcapsular fluid suspected.

Right kidney is large in size (4.54 cm) with marked loss of normal architecture, characterized by a large heterogenous, primarily hypoechoic nodule/mass, involving most of the caudal pole of the kidney. There is also a hypoechoic subcapsular rim, involving most of the right kidney.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

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

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 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.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.



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Pancreas

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The observed pancreas 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.

SPECIES

Free Abdomen

Feline

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

BREED

ULTRASONOGRAPHIC FINDINGS

DMH

- A right kidney mass, which is concerning for infiltrative neoplasia with lymphoma being a top differential given the bilateral subcapsular rim or "halo". Having said that, a hematoma, abscess, or even complicated cyst can't be definitively ruled out, although considered less likely, without further information.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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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A fine needle aspirate of the right kidney mass is recommended if patients coagulation status is appropriate.

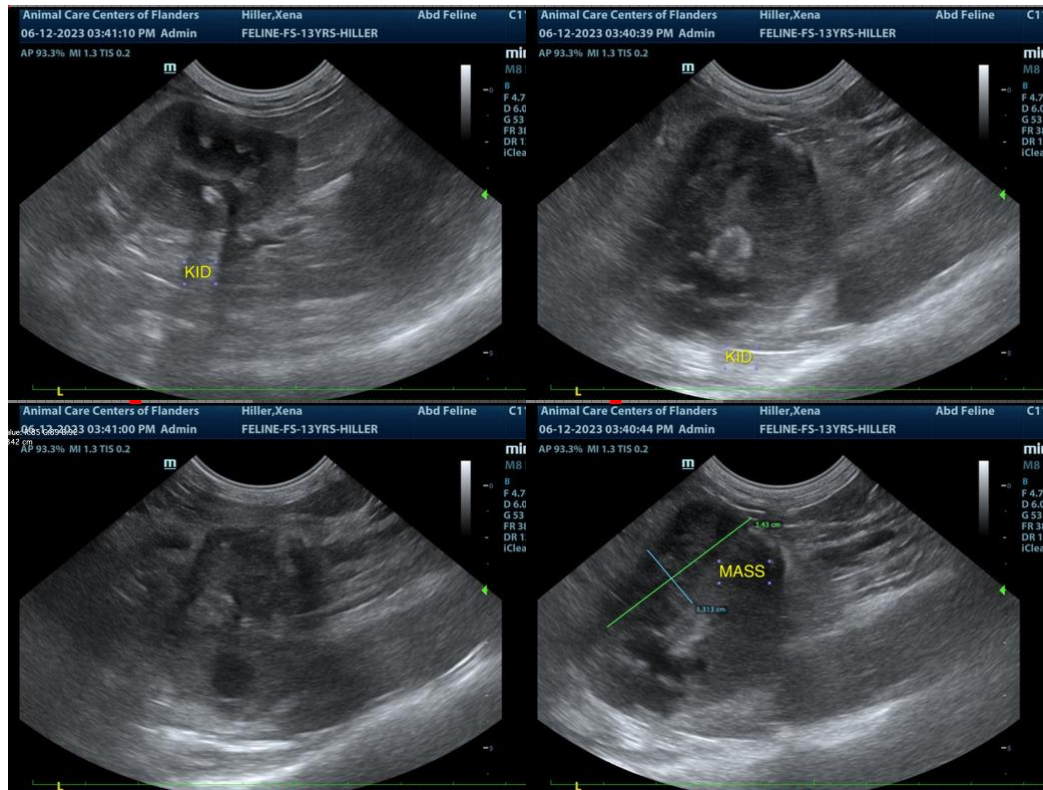
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**The right vs left, that I describe, are believed to be accurate, however, right vs left cannot be definitively guaranteed based on image label contradictions.

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

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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.

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info@sonopath.com

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