

**DATE PRESENTING CLINICAL SIGNS**

7/20/23

Presented today for 2 weeks history of inappropriate urination and weight loss. Pt still eating but seems more lethargic. In house u/s - both kidneys enlarged with change to medullary cavity and expanded capsule.

**PATIENT**

Charles Weckesser

Current Medications: gabapentin for sedation.  
Lab Results: Pending.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

The urinary bladder is moderately 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.

**AGE**

8/1/10

Kidneys are significantly enlarged in size with increased cortical echogenicity and disruption of normal corticomedullary architecture caused by multifocal heterogeneous (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 measured 6.11 cm. The right kidney measured 6.58 cm. The subcapsular rim around the left kidney appears to extend into an amorphous heterogeneous mass from the caudal pole of the left kidney that is adjacent to and may incorporate the jejunal bowel mass described below.

**WEIGHT**

10.5 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

The adrenal glands are unable to be well 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.

**HOSPITAL NAME**

Everhart Vet Hospital

**REFERRING VET**

Dr. Menefee

**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. An approximately 1.0 cm, discrete hyperechoic nodule is noted in the mid caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.

**INVOICE**

44223

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Diffusely, 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). Focally in the mid abdomen adjacent to the left kidney there is a loop of jejunum with a concentrically thick, hypoechoic, heterogeneous bowel wall measuring 0.58 cm thick with loss of 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### ***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.

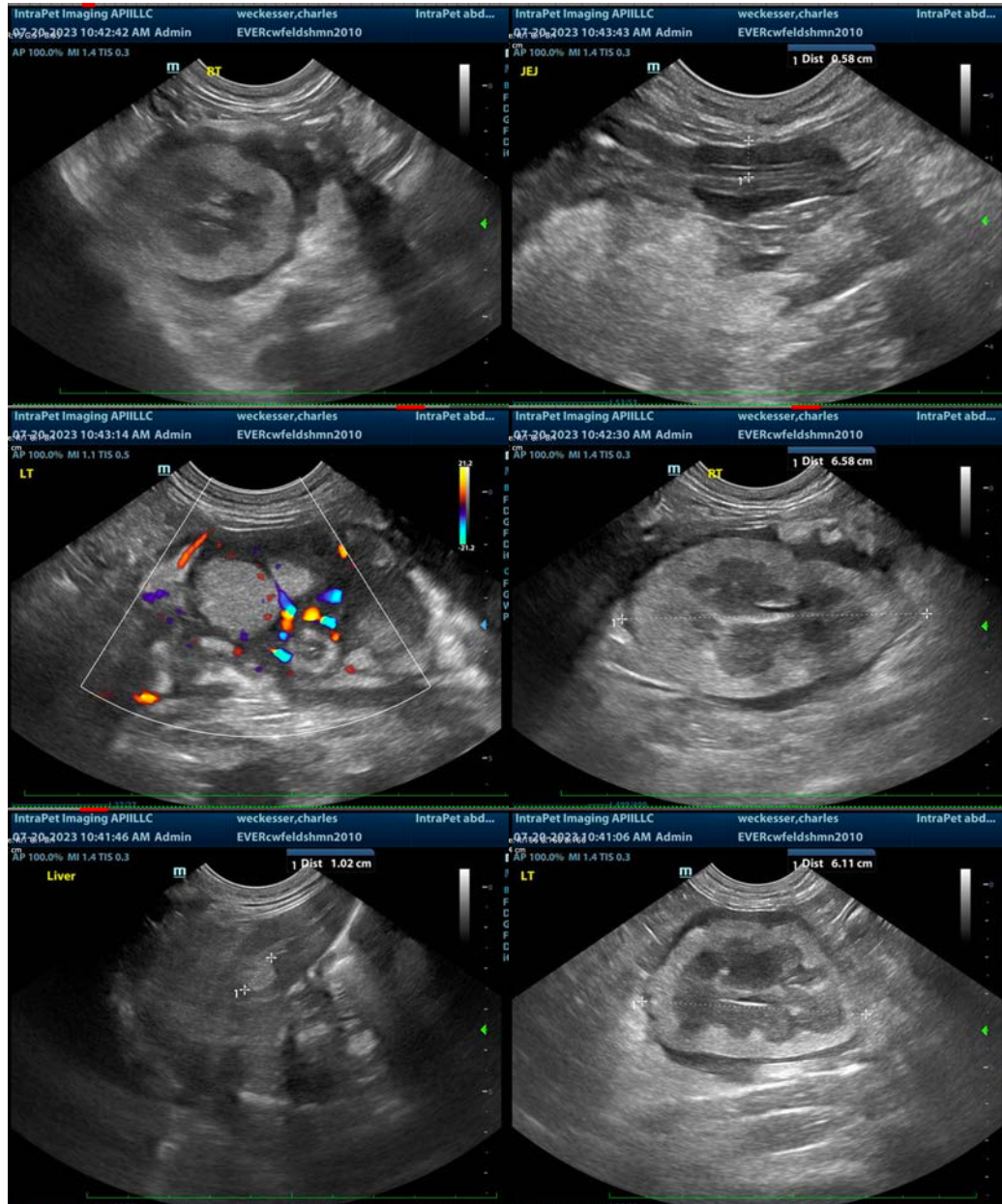
## **ULTRASONOGRAPHIC FINDINGS**

- **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, but it's less common.
- **Jejunal bowel mass** – Concerning for infiltrative neoplasia such as lymphoma, especially given concurrent adjacent pathology. A benign inflammatory condition is possible but considered much less likely.
- **Liver nodule**- Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, myelolipoma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

As is reportedly already pending, a general metabolic health screen is recommended to include 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 ration is recommended.

Fine needle aspirates of the kidneys +/- the bowel mass could be considered if patient's coagulation status is appropriate.



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