



PATIENT	PRESENTING CLINICAL SIGNS
Fussy Robb	inappropriate eliminations Abnormal PE/Chem/CBC/UA Results: trace blood/wbc on urine, exam revealed severe left kidney
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	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.
DSH	
SEX	The right kidney is normal in size (3.83 cm) with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Margination is slightly irregular. Normal internal architecture is decreased. There is no pyelectasia noted and no mineral is observed.
Neutered Male	
AGE	The left kidney is significantly enlarged in size (6.34 cm) with increased cortical echogenicity and disruption of normal corticomedullary architecture caused by multifocal heterogeneous, primarily hypoechoic nodules, including an undifferentiated, hypoechoic structure breaking through the corticomedullary junction and through the cortex, attaching to a hypoechoic subcapsular rim "halo" around the kidney. The pericapsular area is enhanced by hyperechoic fat and mesentery. No mineral is observed.
14.2 Pounds	
WEIGHT	Adrenal Glands
14.2 Pounds	The right adrenal gland is normal in size (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is unable to be well visualized.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	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.
Chelsea Pastor	Liver
HOSPITAL NAME	Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
Fredon AH	
REFERRING VET	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.
Dr. Linda Grau	Gastrointestinal
INVOICE	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.
39725	
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.



PATIENT

Fussy Robb The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SPECIES

Pancreas

Feline

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.

BREED

Free Abdomen

DSH

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

SEX

There is no apparent 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.

14.2 Pounds

- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

WEIGHT

14.2 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

INTERPRETED BY

- A fine needle aspirate of the left kidney is recommended if patient's coagulation status is appropriate.
- A urine culture is recommended to rule out an occult urinary tract infection, given this patient's presenting complaint of inappropriate urination.

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

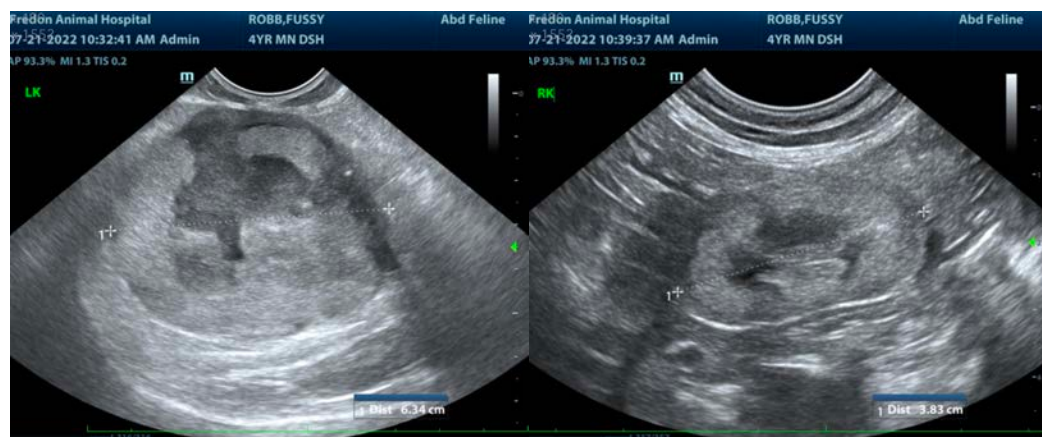
REFERRING VET

Dr. Linda Grau

INVOICE

39725

DATE





PATIENT

Fussy Robb

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14.2 Pounds

WEIGHT

14.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
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IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

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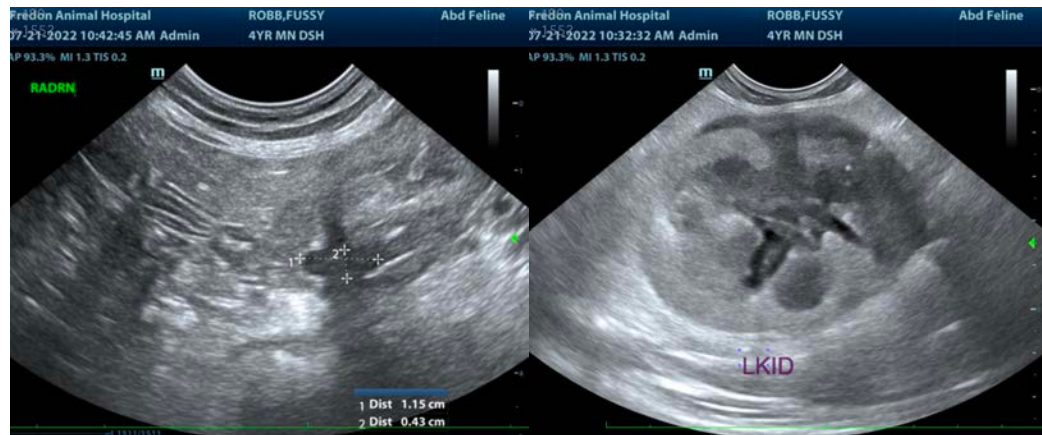
REFERRING VET

Dr. Linda Grau

INVOICE

39725

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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