

**DATE PRESENTING CLINICAL SIGNS**

8/14/23 History: Vomiting and anorexia. Enlarged bilateral kidneys.

**PATIENT**

Ajax Schoppert

Current Medications: Dexamethasone IV 1cc BID, Baytril 1cc IV SID, LRS 15cc/hr.

Lab Results: Creat 4.5, BUN 107.

Radiographs: Bilateral enlarged kidneys.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Feline

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**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**AGE**

9/1/18

**WEIGHT**

13.2 Pounds

Kidneys are significantly enlarged in size (Left kidney 5.54 cm, Right kidney 5.61 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. Pyelectasia is noted bilaterally, measuring 0.51 cm in the transverse view in the left kidney, and 0.2 cm in the sagittal view in the right kidney.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

The areas of the adrenal glands are examined without evident adrenal gland pathology.

**HOSPITAL NAME**

Chadwell AH

**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.

**REFERRING VET**

Dr. Gold

**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.

**INVOICE**

23937

Gallbladder is non-distended in size. A mildly edematous "halo sign" appearance to the wall is noted. 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.

The visible small intestines are diffusely 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. In the mid abdomen, there is an approximately 4.3 cm long section of small bowel with concentric thick wall, measuring between 0.7 and 1.0 cm thick with loss of mural detail.

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

### ***Pancreas***

The pancreas is prominent in appearance and edematous with some enhanced hyperechoic mesenteric fat surrounding it, as well as trace free fluid.

### ***Free Abdomen***

There is trace free fluid noted in these images. There is no apparent lymphadenopathy.

## **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.
- Small bowel, presumably jejunal mass is concerning for infiltrative neoplasia, such as lymphoma, especially given the concurrent kidney pathology.
- Concurrent acute pancreatitis can't be definitively ruled out.
- Urinary bladder debris

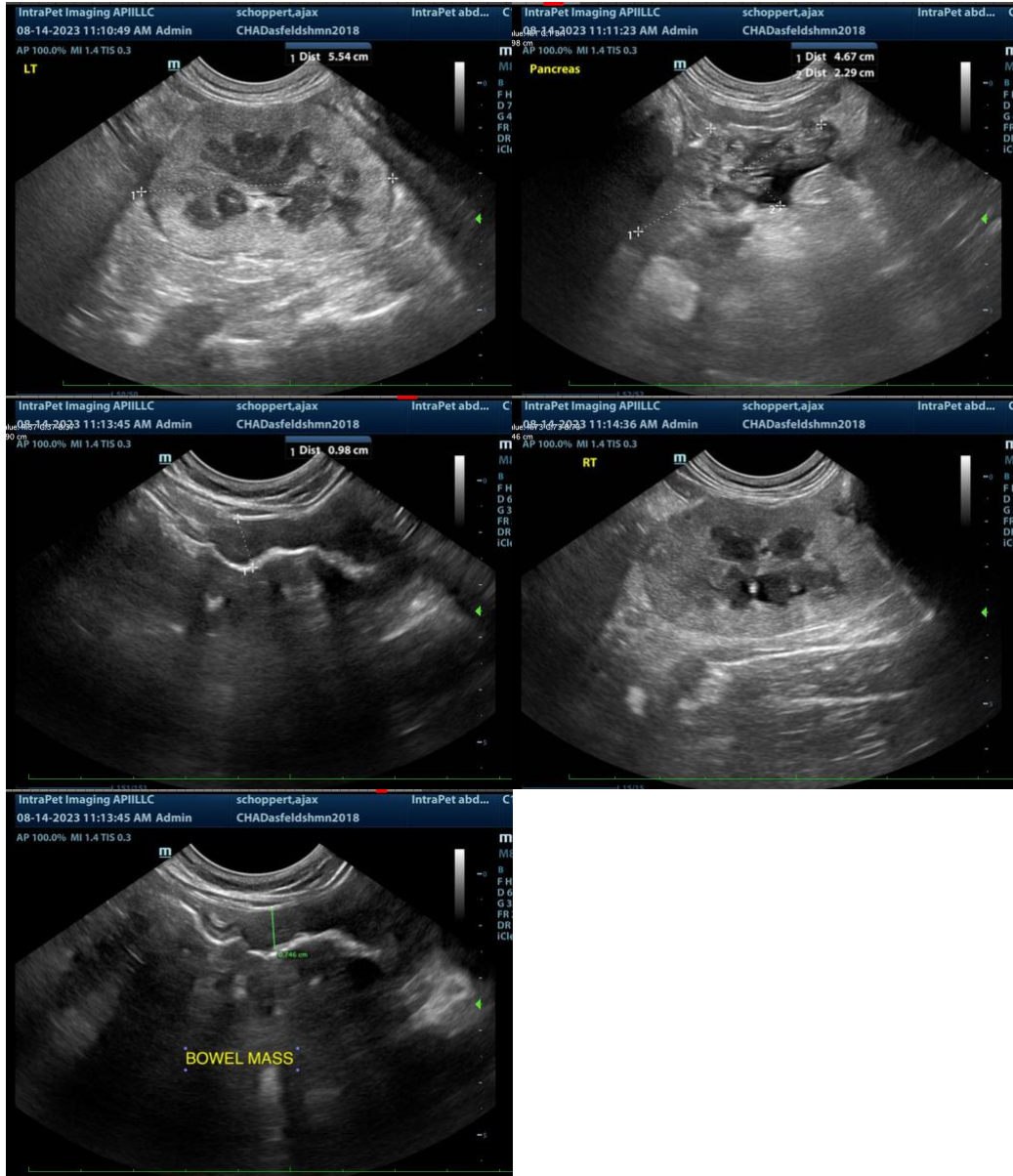
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fine needle aspirates of the bowel mass, as well as the kidneys are recommended if patients coagulation status is appropriate.

If not recently evaluated, 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.

Further recommendations are dependent on cytology results but consultation with a veterinary oncologist is likely warranted.

In the meantime, supportive/symptomatic medical management of possible concurrent pancreatitis/clinical signs is recommended.



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.

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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