



**PATIENT PRESENTING CLINICAL SIGNS**

Morris Conway Intermittent Inappetence, vomiting, weight loss and soft stool. Losing hair. Generalized pruritus, thin skin, and ulcerated lesions.  
Abnormal PE/Chem/CBC/UA Results: CKD - iris stage 2

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

DSH

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**SEX**

Neutered Male

An undifferentiated **left kidney** mass was noted in this patient. The mass measured approximately 4.0 cm. The left kidney measured approximately 5.5 cm. Complete disruption of architecture noted. The **right kidney** presented similar changes with irregular contour and disrupted architecture.

**AGE**

15 Years

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

**WEIGHT**

10.5

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Liver**

The **liver** presented swollen irregular contour and revealed multifocal nodular changes, deviating the gallbladder. The gallbladder was slightly echogenic.

**IMAGING PERFORMED BY**

Jill Rumachik

**Gastrointestinal**

**HOSPITAL NAME**

Mazomanie AH

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

**REFERRING VET**

Dr. John Dally

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**INVOICE**

26777

**DATE**

10/29/21

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral renal lymphoma pattern with probable hepatic involvement



**PATIENT**

Morris Conway

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the kidneys warranted for confirmation.

**SPECIES**

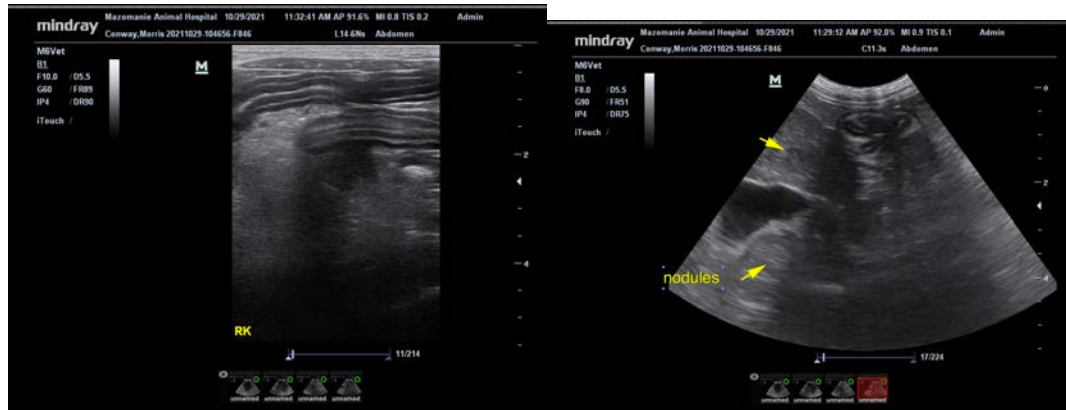
Feline

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**HOSPITAL NAME**

Mazomanie AH



**REFERRING VET**

Dr. John Dally

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.

**INVOICE**

26777

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.

**DATE**

10/29/21

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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