



**PATIENT**

Kitty Chadwell

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

3.8 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Zippay

**INVOICE**

99394

**DATE**

4/19/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for having decreased appetite, lethargy, and drinking a lot for ~1week. Yesterday gave pt 120ml SQF, no eating or drinking today. Around noon had a seizure for ~5min per O, then after was having muscle twitching, around 5pm had another seizure lasting about 3min per O. O took to rDVM did bloodwork and had increase creat level and low temp, very low BG. Previous Health Concerns: Hypothyroidism Stage 2 renal failure Current Medications: Methimazole Transdermal Abnormal PE/Chem/CBC/UA Results: Temp: 96.1 F Rdmv CBC/Chem: BUN 48; CREA 3.1; GLU 43 BG 2hr post hospitalization with dextrose CRI: 171

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 was noted. Ureteral papillae were normal.

The left **kidney** revealed diffuse, hyperechoic cortical changes with hypoechoic, subcapsular halo. The left kidney measured 4.09 cm. The right kidney revealed a mixed, hypoechoic 3.0 cm mass that disrupted the renal pelvis at the cranial aspect of the corticomedullary junction. Minor subcapsular halo was also present. This is strongly suggestive for renal lymphoma. The right kidney measured 5.17 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

**Spleen**

The **spleen** revealed micronodular changes with slight scalloping contour. The spleen was relatively normal in size at 0.8 cm.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The epigastric lymph node was mildly enlarged and measured 0.5 cm.

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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Right renal mass.

**AGE**

15 years

Suspect bilateral renal lymphoma with possible splenic involvement.

**WEIGHT**

3.8 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the right and left kidneys would be ideal for further definition. IV fluid support and correction of azotemia is warranted in the meantime. The prognosis is guarded to poor. Blood flow was noted in the mass, which excluded the potential for renal abscess.

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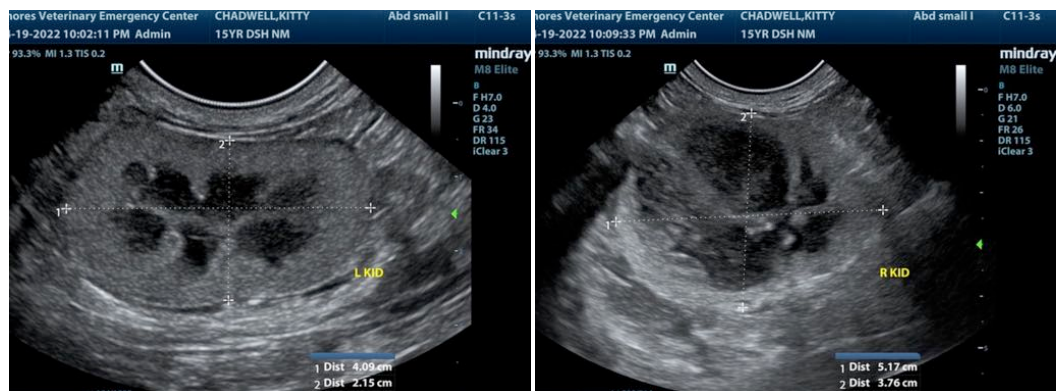
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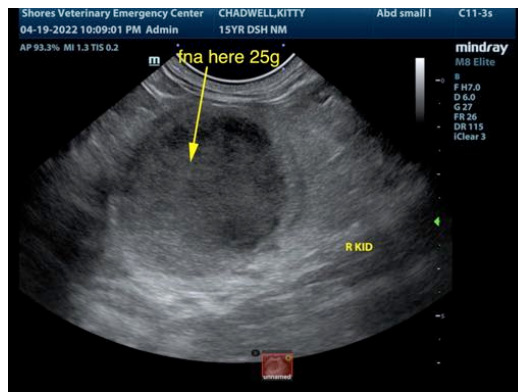
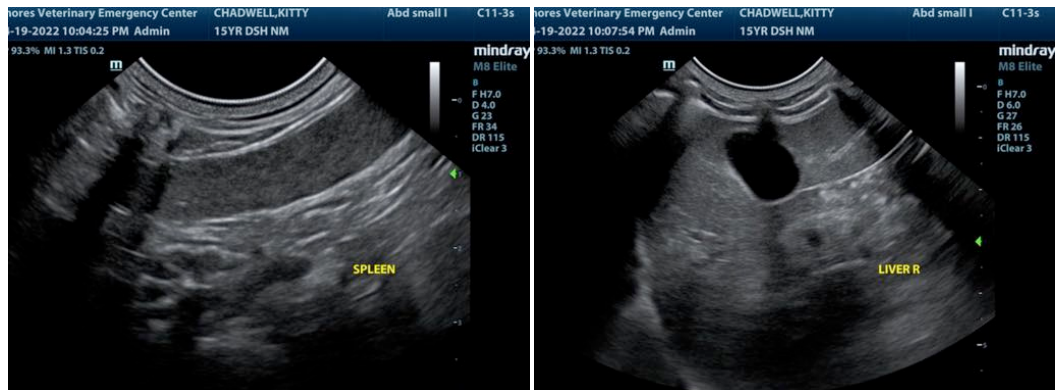
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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