



PATIENT

Tucker Wujciski

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 years

WEIGHT

12.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Makem

INVOICE

45037

DATE

6/28/23

PRESENTING CLINICAL SIGNS

History: Hx: 3 yo MN DSH 12.5# Not sedated Currently Hospitalized on IVF. Presented 2 days ago for lethargy, anorexia, pu/pd and vomiting. Severe renomegaly with pain on palpation appreciated on exam. Rads confirmed enlarged kidneys. Bloodwork - HCT 33%, WBC 21,000 (H), Neutrophils 16.95 k/uL (H), bands suspected, Lymphocytes 2.44 k/uL, Monocytes 1.57 k/uL (H). Creat 13.1 (H), BUN > 130 (H), Phos > 16.1 (H), Glob 5.8 (H). USG 1.016, proteinuria 100 mg/dL, mild inc WBC/RBC with casts. BP - 140, 142, 140 with doppler. No known toxin exposure. Hospitalized on IVF diuresis, IV abx therapy, gastroprotectants, pain meds. Is eating and was starting on phos binders. Still producing urine. No urine culture. Bloodwork after 48 hours of IVF diuresis -- PCV/TS 27% and 8.4 Creat 11.5 (H) BUN > 130 (H) Phos 14 (H).

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** was severely enlarged and measured 7.3 cm with pyelectasia and loss of corticomedullary definition and structure. The contour was expansive with pericapsular inflammation and subcapsular halo. The right kidney revealed similar changes to the left and measured 6.25 cm with severe, distorted architecture. This is strongly consistent with renal lymphoma. FIP is also a potential. A slight amount of free fluid was noted around both kidneys.

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. The right adrenal gland measured 1.28 x 0.4 cm. The left adrenal gland measured 0.9 x 0.4 cm.

Spleen

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 was noted.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The upper **gastrointestinal tract** revealed early infiltrative intestinal pattern. Wall thickness measured up to 0.5 cm with loss of mural detail in a section of jejunum in the cranial abdomen. The stomach was unremarkable.

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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.

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ULTRASONOGRAPHIC FINDINGS

Renal and early small intestinal lymphoma pattern. Potential for FIP. Severe pyelonephritis is technically possible, yet unlikely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cortical, 25-gauge FNA of either kidney should prove diagnostic after coagulation panel. Chest radiographs are recommended to assess for metastatic disease. Immediate chemotherapeutic intervention is likely necessary.

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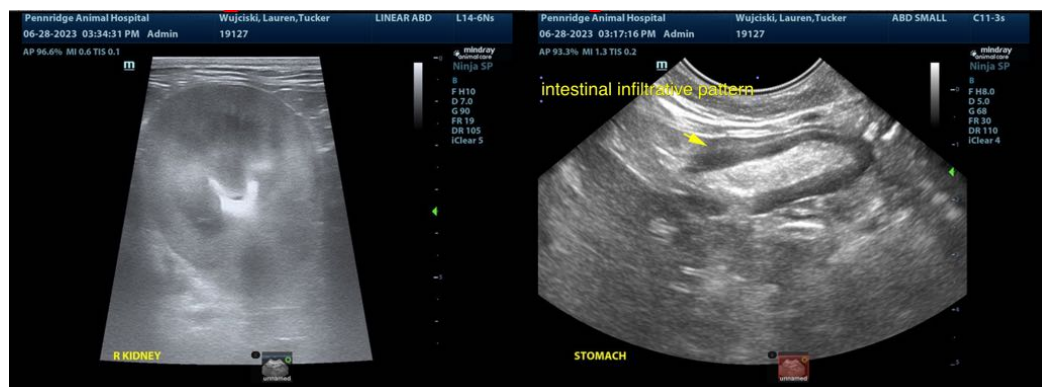
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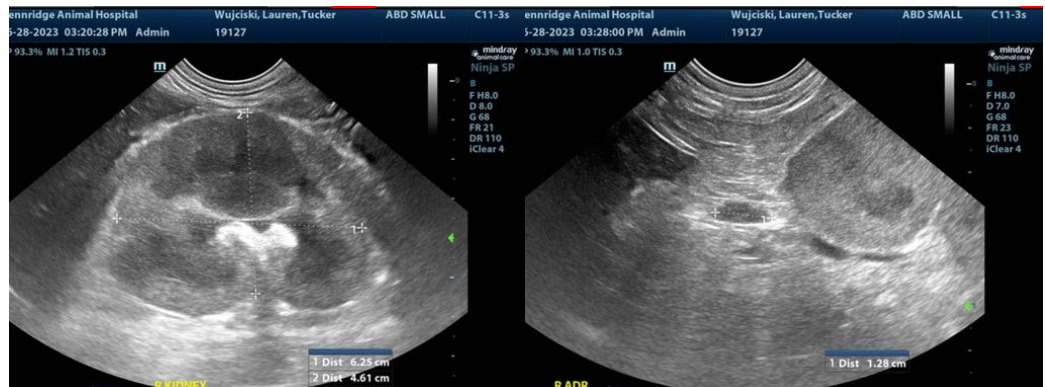
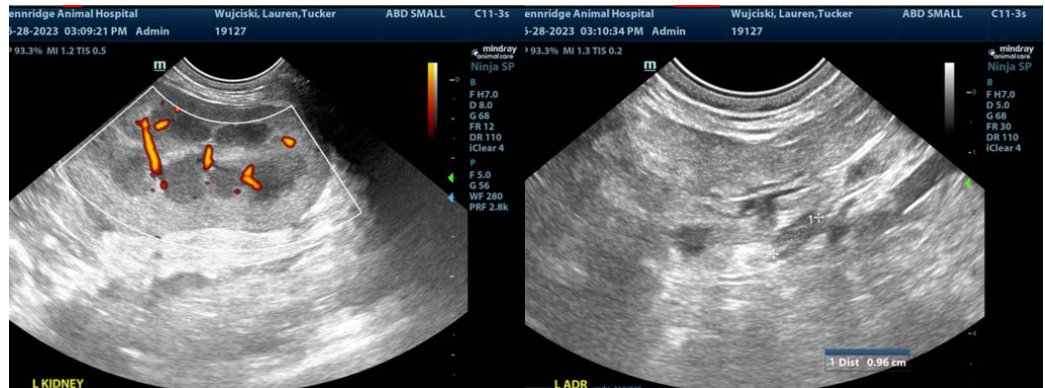
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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