



PATIENT

Lance McDermid

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

4.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Courtney
Woodside

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Rudie

INVOICE

24906

DATE

8/24/21

PRESENTING CLINICAL SIGNS

Presented for decreased vision. Weight loss and unilateral renomegaly found on exam. Owner ok'd ultrasound but only if done without sedation.

Abnormal PE/Chem/CBC/UA Results: Left unilateral renomegaly; both kidneys firm, left has mildly irregular surface (lumpy, bumpy). BCS 3-4/9. Left eye: miotic pupil, intact PLR, absent palpebral reflex. FIV + Full chem, cbc, ua pending

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 were noted. Ureteral papillae were normal. The iliac trifurcation was unremarkable.

The **left kidney** was severely enlarged at 5.9 cm with significant disrupted architecture and cortical nodules. The **right kidney** was also enlarged with subcapsular halo. Disrupted corticomedullary definition noted in both kidneys. The right kidney measured 6.6 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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

Gastrointestinal

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

- Bilateral renomegaly with infiltrative pattern, cortical nodules and subcapsular halo – strongly suggestive for renal lymphoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of either renal cortex recommended for definitive diagnosis. 3-view chest radiographs warranted. Dry form FIP is a minor potential. Prognosis is guarded to poor depending upon cytology results.

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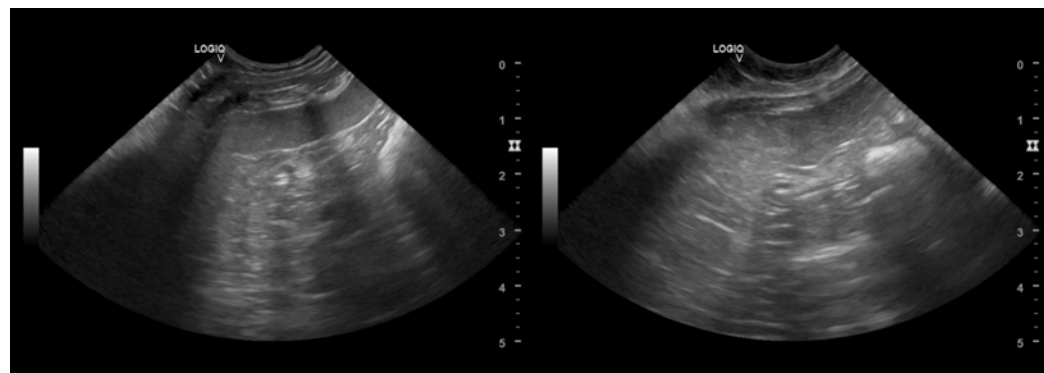
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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