



**PATIENT**

Bubba Jacob

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

9.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Karen Fowler, DVM

**HOSPITAL NAME**

Portland VWC

**REFERRING VET**

Karen Fowler, DVM

**INVOICE**

16704

**DATE**

8/3/22

**PRESENTING CLINICAL SIGNS**

History: P presents for 1 week of decreased appetite earlier this week has some nausea as well. usually on c/d diet, o started feeding other foods to try to get to eat and p started having diarrhea as well. now is only eating high value treats, will not eat his food. indoor only. no known toxin exposure. urinating normally, no reported PU/PD

Abnormal PE/Chem/CBC/UA Results: USG 1.024 (full UA and culture collected today) IDEXX SDMA 76.0 - 14 µg/dL Creatinine 5.9 0.8 - 2.4 mg/dL BUN 88 16 - 36 mg/dL BUN: Creatinine Ratio 15 Phosphorus 8.2 3.1 - 7.5 mg/dL Calcium 10.5 7.8 - 11.3 mg/dL Sodium 165 150 - 165 mmol/L Potassium 3.2 3.5 - 5.8 mmol/L about 8% dehydrated

**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 **kidneys** revealed moderate disrupted architecture, diffuse hyperechogenicity, loss of corticomedullary definition and renomegaly. The right kidney measured 5.9 cm. The left kidney measured 5.2 cm. Slight pyelectasia was noted in the left kidney. Slight subcapsular halo noted in the right kidney.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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** revealed a hypoechoic mass in the right cranial liver. Coarse architecture was noted elsewhere in the liver. The gallbladder was deviated.

**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**



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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.

## SPECIES

Feline

## ULTRASONOGRAPHIC FINDINGS

- Bilateral renomegaly
- Right cranial liver mass

## BREED

DSH

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong suspicion for renal +/- hepatic round cell neoplasia. Coagulation panel with 25-gauge FNA of either kidney, preferably the cranial pole of the right kidney (if accessible), as well as the right sided liver mass would be appropriate. Prognosis is extremely guarded. Aggressive pyelonephritis is possible yet less likely given the patient history. Attempt at medical stabilization of the kidneys is warranted while cytology is pending.

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## REFERRING VET

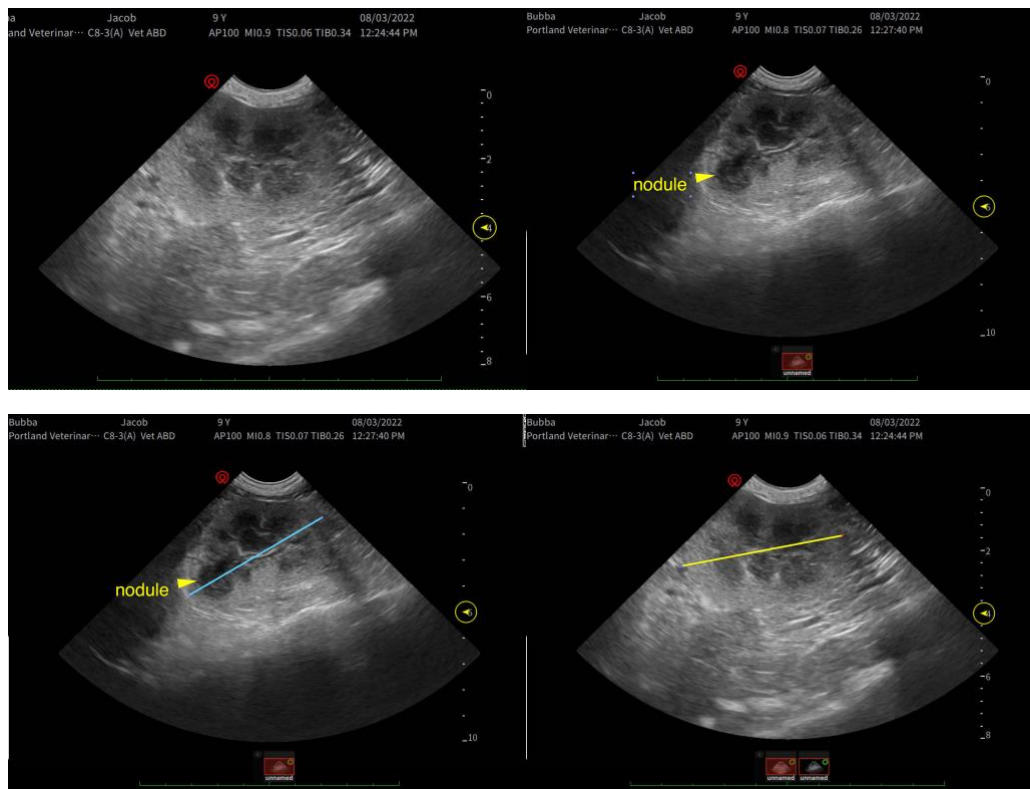
Karen Fowler, DVM

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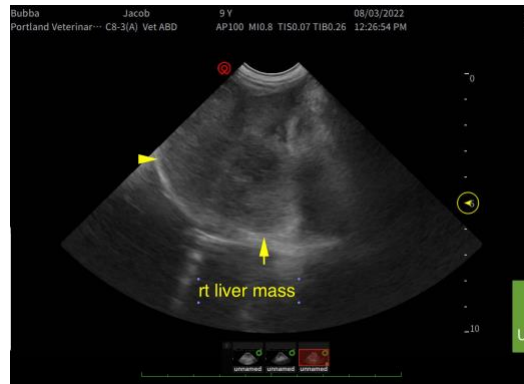
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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