

PATIENT

Tommy Nankivell

PRESENTING CLINICAL SIGNS

History: Weight loss, large, irregular kidneys

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

BREED

Domestic Shorthair

SEX

Neutered Male

The area of the aortic trifurcation was free of pathology.

AGE

5 years

Both kidneys exhibited moderate to severe enlargement and asymmetrical margination with mixed echogenic parenchyma exhibiting generalized loss of discernable corticomedullary architecture. The renal changes were more prominent in the left kidney. Evidence of concurrent retroperitoneal inflammation and potential for scant effusion was present. The left kidney measured 6.5 cm in length. The right kidney measured 5.4 cm in length.

WEIGHT

10.8 Pounds

Adrenal Glands

The left and right adrenal glands were not overtly visualized owing to increased peri-adrenal artifact and the presence of bilateral renomegaly.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.8 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Carlisle Small Animal
 VC

REFERRING VET

Dr. Plumpton

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

INVOICE

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

DATE

1.14.2022

Normal visible colon wall layers were present with apparent formed feces in lumen.



PATIENT *Pancreas*

Tommy Nankivell

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy, peritoneal effusion, or omental masses were present.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SEX

- Bilateral infiltrative renomegaly - more prominent in the left kidney
- Mild particulate urinary bladder sediment - likely mild cellular or crystalline debris

Neutered Male

AGE

5 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renomegaly with loss of discernable corticomedullary architecture was consistent with bilateral renal neoplasia with lymphoma, carcinoma, hemangiosarcoma, or other possible. Assuming normal clotting status, ultrasound-guided FNA of the left or right kidney could be considered for screening cytology and potential for oncology consultation. However, an unfavorable prognosis is unfortunately indicated. No overt evidence of major organ or omental metastasis was noted. Three view chest radiographs could be considered.

WEIGHT

10.8 Pounds

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HOSPITAL NAME

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PATIENT

Tommy Nankivell

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Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

5 years

WEIGHT

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VC

REFERRING VET

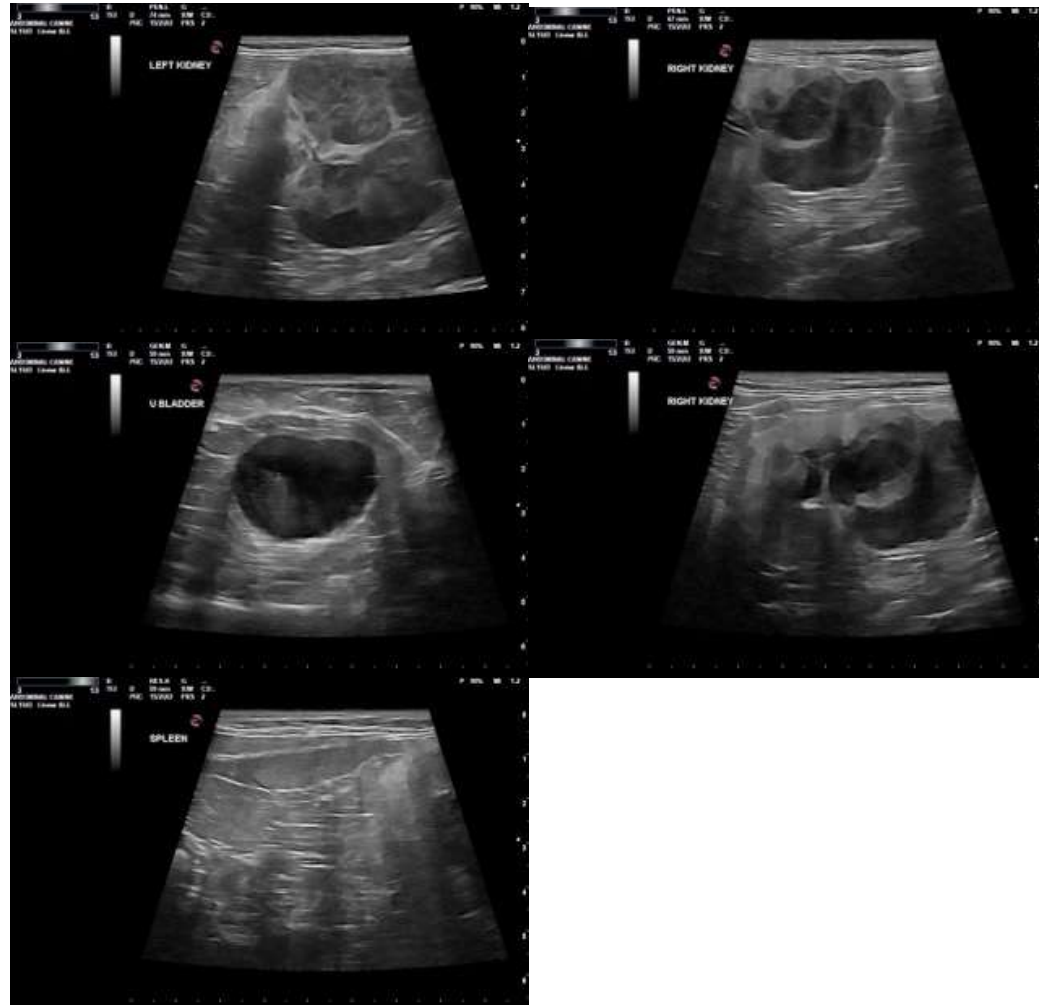
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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