

PATIENT

Moo Killian

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

2 Years

WEIGHT

7.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

49729

DATE

1-21-22

PRESENTING CLINICAL SIGNS

Reason for Visit: CHECK EYE History: P IS A 2YR OLD F/S DSH PRESENTING TODAY FOR CHECK EYE. L EYE PUPIL CONSTRICTED O CONCERNED R EYE PUPIL DILATED TO COMPENSATE FOR L EYE. THIRD EYELID PRESENT ON L EYE NO RUBBING, NO DISCHARGE. VISION DOES NOT APPEAR AFFECTED. O FIRST NOTICED YESTERDAY. ALSO DECREASED APPETITE O STATES P PICKY EATER ANYWAY O FEELS LOST WEIGHT OVER PAST WEEK. O HAS HAD P SINCE KITTEN. P HAS BROKEN TIP OF TAIL NOTHING ELSE IN HX. ALSO P HAS CHIN ACNE. NO OTHER PROBLEMS/CONCERNS. C/S/V/D: VOMITED 3 DAYS AGO O STATES P GETS INTO DOG FOOD SOMETIMES DOESN'T CHEW

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Not examined EENT: Clear OD and AU. OS: miosis, keratic precipitates, vascularization, ~2mm "fleshy" lesion at dorsal aspect of iris. No nasal discharge. Oral cavity: Not examined Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Not examined Lymph Nodes: Not examined Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR, aggressive!!! Hydration: N

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

The kidneys were enlarged with moderately hyperechoic renal cortex and medulla echogenicity. A hypoechoic halo was present at the periphery of the cortex. Mild dilation of the renal diverticuli was present. The left kidney measured 6.3 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands although not definitively visualized owing to regional periadrenal omental artifact.

Spleen

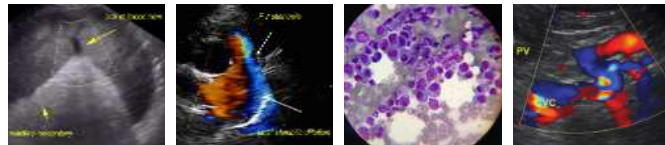
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.67 cm width.

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.

Gastrointestinal

The gastric walls were sonographically unremarkable. The lumen of the stomach contained mild retained nonshadowing ingesta/chyme without signs of obstruction or foreign material.



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The small intestine exhibited solitary to potential multiple intestinal mural masses exhibiting hypoechoic mural hypertrophy and loss of discernible wall layering with likely associated mild paralytic ileus. An example of an intestinal mural mass measured 3.0-4.0 cm in length with wall width measuring 0.75 cm.

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

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Pancreas

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 was evident.

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Free Abdomen

Mild evidence of peri-intestinal reactive mesentery was noted.

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At least one associated peri-intestinal lymph node measuring 0.8 cm width was present.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral renal neoplasia.
- Concurrent intestinal mural mass to potential masses with associated peri-intestinal focal to intermittent lymphadenopathy.

WEIGHT

7.9 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study is consistent with multicentric neoplasia with multicentric renal and intestinal lymphoma considered the top differential diagnosis versus other round cell neoplastic etiologies. Ultrasound guided FNA of the kidney cortex as well as the mural mass, assuming normal clotting status, could be considered for further clarification and potential for oncology consult.

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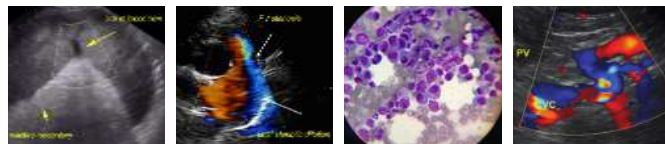
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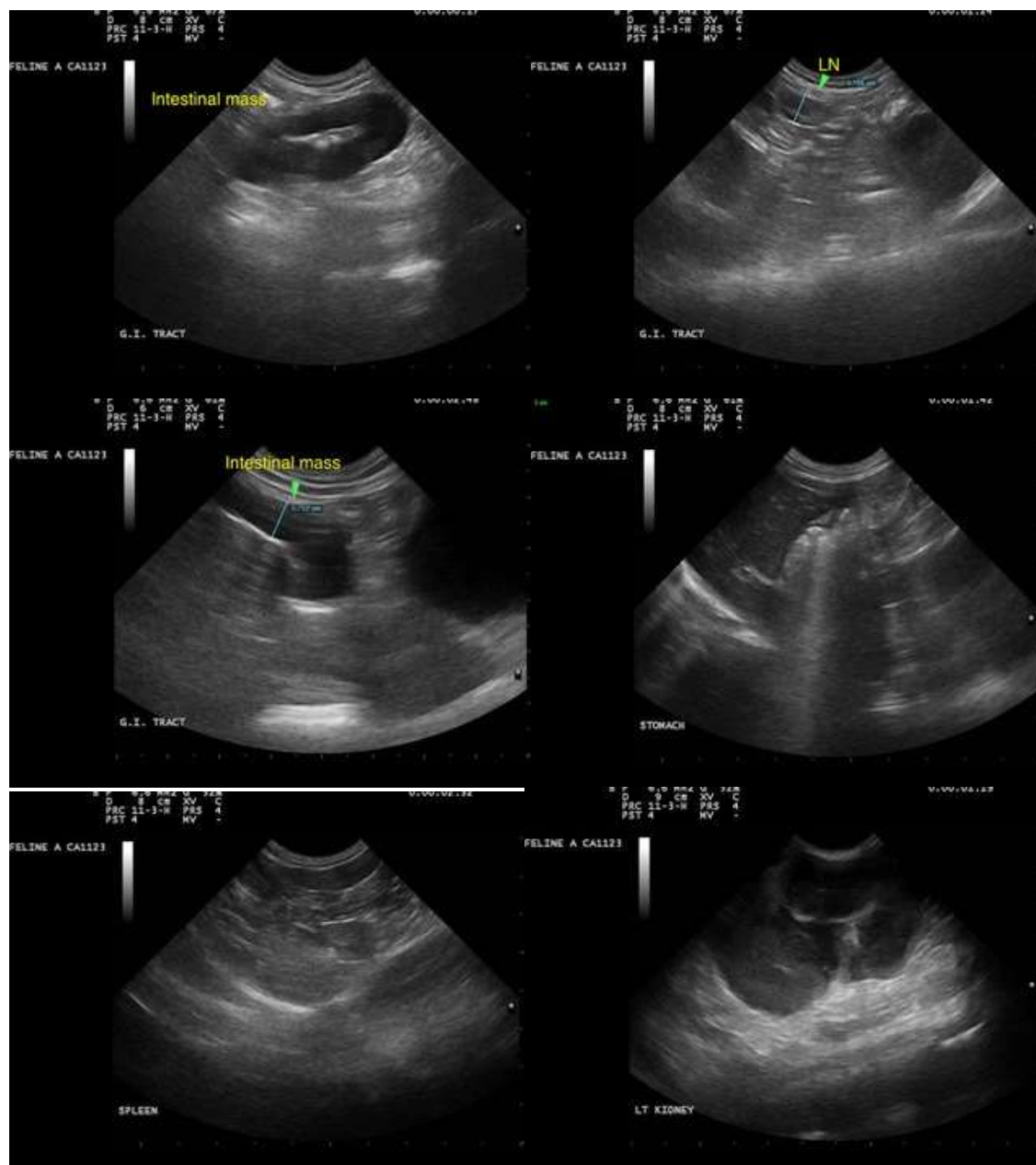
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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