

PATIENT PRESENTING CLINICAL SIGNS

Dax Willis Concern for abdominal mass, likely neoplasia process. Discussed further diagnostics (bloodwork, ultrasound, possible sampling) and possible treatments, including surgery, chemotherapy and owner is very interested in doing anything possible.

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: Significant elevation in renal values and some changes in urine. Elevated Ca and lymphopenia raise concern for neoplasia Results: HCT 34%, lymphopenia slightly toxic neutrophils, marked heinz bodies SDMA = 68, Crea 4.3, BUN 123, Phosp 12.7, Ca 14.1 Cl 113 ALt 26, ALP 10 t4 is wnl at 1.5 PT = 9.4, PTT 15.9 Urinalysis: spgr 1.014, ph = 6, 2+ protein, 6-10 wbc, 6-10 rbc, 3+ epi cells, 2+ CaOX crystals

BREED

DLH

SEX

Neutered Male

AGE

8 Years

WEIGHT

11.3 Pounds

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. Non-dependent particulate sediment was present, which may indicate mild cellular debris/protein, crystalline debris, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in the left kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Pinpoint areas of medullary mineral noted. Potential for mild compensatory hypertrophy associated with the left kidney, given the right kidney pathology. The left kidney measured 4.9 cm.

A large, asymmetrical, irregular, mixed echogenic mass was present in the area of the right kidney, measuring approximately 8.0 cm x 6.0 cm. Suspect mild concurrent right retroperitonitis, although no overt evidence of concurrent right retroperitoneal free fluid.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm.

The right adrenal gland was not definitively visualized owing to regional right kidney pathology.

Spleen

The spleen was normal to mildly subnormal in size with maintained symmetrical capsule contour. Generalized splenic parenchyma heterogeneity noted with subtle hyperechoic nodules, likely consistent with benign nodular changes i.e., myelolipomas. No overt evidence of splenic neoplastic criteria.

Liver

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

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside AC

REFERRING VET

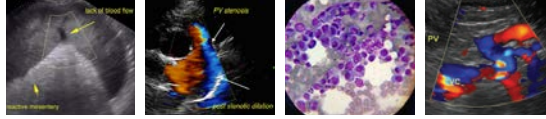
Dr. Cox

INVOICE

42090

DATE

10/13/22



PATIENT 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.

Dax Willis

Gastrointestinal

SPECIES

Feline

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta/chyme without signs of ileus, obstruction or foreign material.

BREED

DLH

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, specifically no evidence of upper intestinal obstruction in the area of the right kidney mass.

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

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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.

WEIGHT

11.3 Pounds

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, mixed echogenic right kidney mass – sonographically consistent with neoplastic criteria.
- Left kidney chronic interstitial nephrosis renal pattern with pinpoint medullary mineral, suspect mild compensatory left kidney hypertrophy.
- Mild heterogeneous spleen with probable subtle benign nodular changes – likely consistent with subtle splenic myelolipomas, no evidence of splenic neoplastic criteria.
- Mild urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending right kidney mass cytology with potential for oncology consult is recommended. 3-view chest radiographs suggested if not yet done. Referral for oncology or surgical consult may be considered. Abdominal CT likely ideal for further clarification of the right kidney mass. Assessment of surgical options as well as assessment for potential non-sonographically evident metastatic disease.

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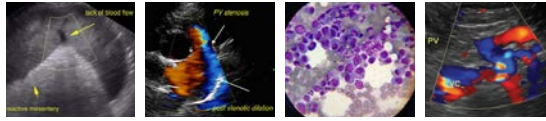
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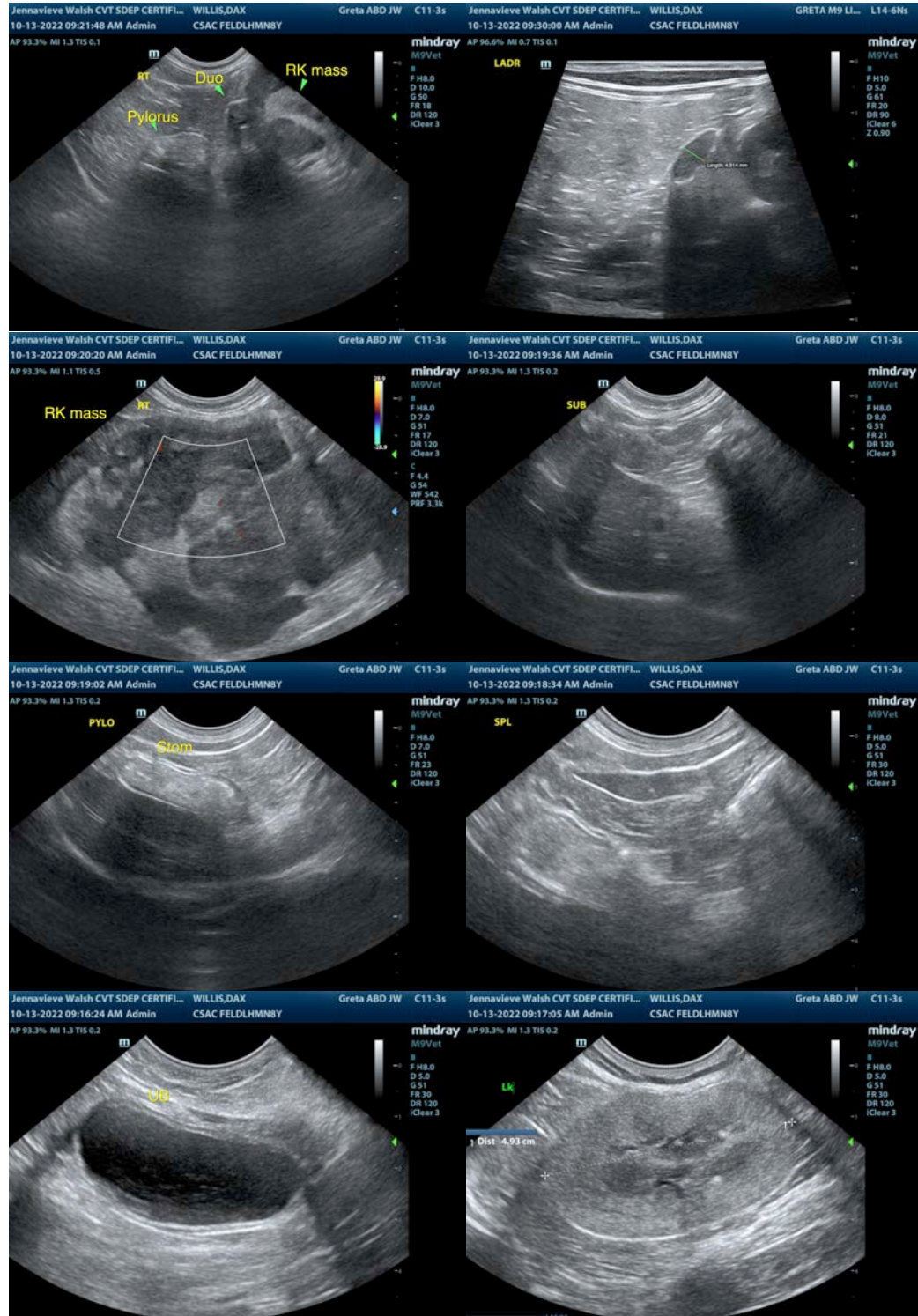
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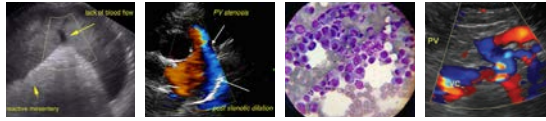
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com