



**PATIENT**

Pablo Dejarnett

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

MN

**AGE**

6 years

**WEIGHT**

9.3 lbs.

**PRESENTING CLINICAL SIGNS**

P presented to check stomach pain, wincing, biting when someone touches stomach per O. Probably dehydrated per O. On PE, P was dehydrated 5-7%, Mild pain response with palpation of cranial abdomen Kidneys palpate mildly enlarged, smooth, symmetric, non-painful Urinary bladder palpates small and non-painful

Abnormal PE/Chem/CBC/UA Results: CBC - mild lymphopenia 0.8, elevated granulocytes 15.2  
Chem12+lytes - ^BUN 34.5, ^glucose 148 fPL - strongly abnormal U/A - USG: 1.072, proteinuria 3+  
Current Medications Convenia, Cerenia, and Buprenorphine

**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.

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sara Hansen

Both kidneys were enlarged in size exhibiting asymmetrical renal margination. Generalized nonuniform hyperechoic cortex with evidence of mild cortical thickening was present with loss of corticomedullary border demarcation in both kidneys. Mild hydronephrosis was present in the right kidney. Scant pyelectasia was present in the left kidney. Both kidneys exhibited peripheral hypoechoic halo sign, which may indicate subcapsular fluid or potential mild retroperitoneal effusion. Potential, multifocal cortical infarcts was noted in the left kidney. Generalized increased right and left retroperitoneal echogenicity was noted. The left kidney measured 5.0 cm in length. The right kidney measured 4.8 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

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Dr. Crane

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**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 changes, neoplastic criteria, or benign parenchyma changes were not noted. The spleen measured 0.62 cm width at the level of the hilus.



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***Liver/ Gallbladder***

Pablo Dejarnett

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.

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***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.

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.

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

***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 were evident.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Bilateral renal lymphoma pattern, potential severe bilateral nonspecific nephritis with retroperitoneal inflammation i.e., interstitial nephritis, pyelonephritis
- Mild urinary bladder sediment - mild cellular debris / protein, crystalline debris, mucus, or lipid possible
- Sonographically unremarkable pancreas

**IMAGING PERFORMED BY**

Sara Hansen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Assuming normal clotting status, and using a 25-gauge needle, ultrasound-guided FNA of a left or right cortex for screening cytology is recommended with potential for oncology consult. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Potential for low-grade pancreatitis may be present and sonographically normal, yet no sonographic evidence of active pancreatitis was noted.

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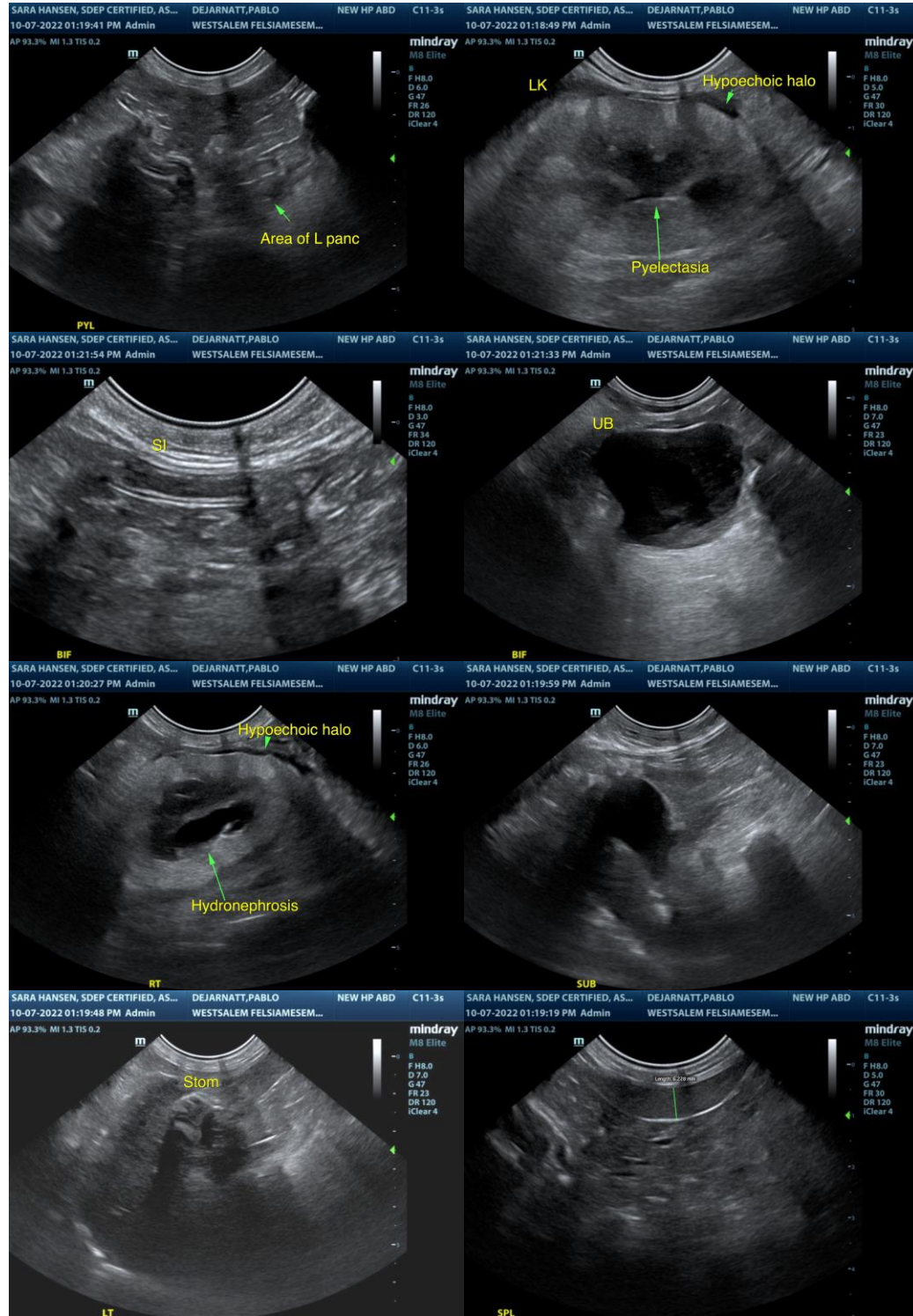
Dr. Crane

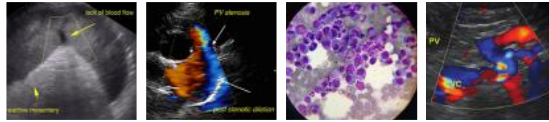
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
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