



PATIENT PRESENTING CLINICAL SIGNS

Lynx Falkner Diabetic, recently stopped eating, palpable abdominal mass.
 Medication: Entyce

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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 was noted.

DSH

SEX The area of the aortic trifurcation was free of pathology.

MN

AGE The left kidney was normal in size measuring 4.2 cm in length. The right kidney was enlarged in size measuring 5.4 cm in length. Both kidneys exhibited maintained a 1:3 cortex/medullary ratio with mild enhanced corticomedullary border demarcation owing to mild uniform increased cortex echogenicity. Both kidneys exhibited subtle to mild hypoechoic halo sign, which may indicate mild subcapsular fluid accumulation or mild retroperitoneal free fluid.

2006

WEIGHT Adrenal Glands

8.3 No overt pathology was noted in the area of the left or right adrenal glands.

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 0.57 cm width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Mill Pond VC

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 containing primarily anechoic content with mild, echogenic, nonorganized gallbladder debris, likely secondary to fasting. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Thayer

Gastrointestinal

Regional moderate to severe gastric wall thickening and loss of gastric wall layer detail were present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. Abnormal gastric wall width measured up to 1.3 cm.

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PATIENT

Lynx Falkner

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.

SPECIES

Pancreas

Feline

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.

BREED

DSH

Free Abdomen

SEX

MN

Regional nonuniform to nodular perigastric omentum was present.

AGE

2006

ULTRASONOGRAPHIC FINDINGS

- Gastric mural mass - consistent with infiltrative round cell neoplasia, primarily concern for lymphoma
- Bilateral nephropathy exhibiting right kidney renomegaly and bilateral subtle to mild hypoechoic halo sign - suggestive of emerging renal lymphoma criteria

WEIGHT

8.3

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the gastric and bilateral renal presentation is consistent with multicentric neoplastic criteria with primary concern for multicentric gastric and renal lymphoma vs. other round cell neoplasia.

INTERPRETED BY

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

Assuming normal clotting status, gastric wall, and renal cortex FNA cytology, using a 25-gauge needle, is warranted for further assessment and potential for oncology consult for chemotherapeutic intervention. Three-view chest radiographs are recommended. An unfavorable long-term prognosis is likely indicated.

IMAGING

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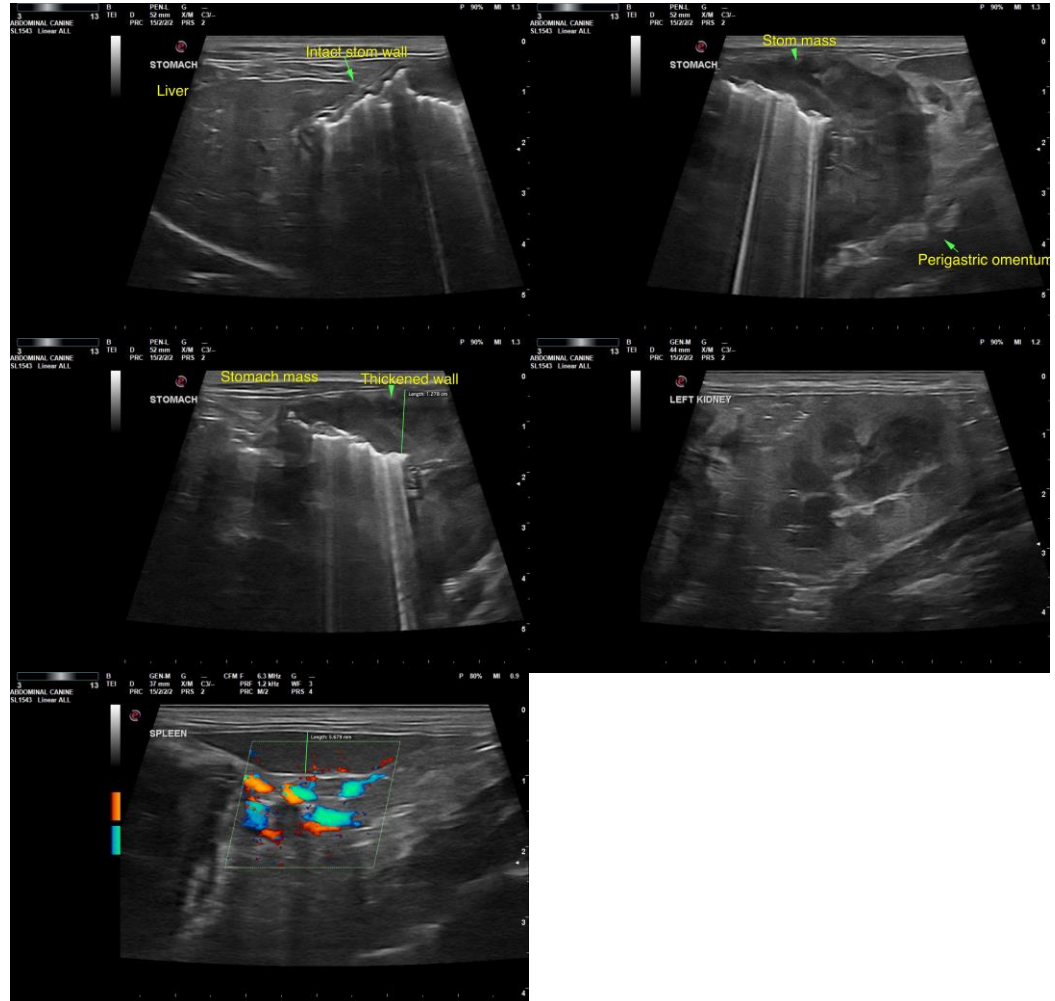
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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