

PATIENT	PRESENTING CLINICAL SIGNS
Surge Reser	Cat is indoor/outdoor, UTD on vax, intermittent vomiting, noticed cat was thinner feeling, but had not lost weight.
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC/Chem and FNA of left kidney are pending still. Found large mass on left cranial abdomen, consistent with left kidney, chest films normal
Feline	
BREED	
DSH	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
MN	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 minor dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
AGE	No evidence of medial Iliac or sublumbar lymphadenopathy/masses.
8.5 yo	The left kidney was asymmetrically enlarged, exhibiting intact cortex with loss of medullary architecture and variable medullary echogenicity. Pinpoint to focal left kidney mineralization was noted. Mild left retroperitoneal nonuniform hyperechoic tissue and mild volume left retroperitoneal effusion were present. The left kidney measured 5.4 cm in length.
WEIGHT	Mild enlarged renal size with asymmetrical margination was present the right 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 indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The right kidney measured 4.8 cm in length.
10#	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not definitively visualized.
IMAGING PERFORMED BY	Spleen
Mark Reser	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.
HOSPITAL NAME	Liver/ Gallbladder
Harvest Hills VH	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.
REFERRING VET	
Mark Reser	
INVOICE	
10376	
DATE	
11/19/25	



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DVM, DABVP
(Canine and Feline)

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, nonshadowing ingesta without signs of 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 significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was noted.

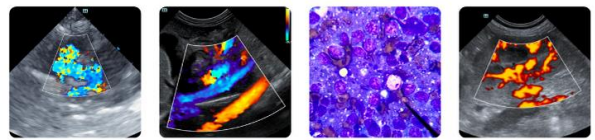
ULTRASONOGRAPHIC FINDINGS

- Left kidney mass with concurrent left retroperitonitis / effusion
- Mild right renomegaly exhibiting intact architecture and nonspecific thickened cortex
- Mild urinary bladder lumen mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney mass is almost certainly consistent with neoplastic criteria, i.e., lymphoma, carcinoma, or other. Potential left retroperitoneal seeding is of concern. Given intact right kidney architecture, concurrent right kidney neoplastic criteria was not overtly met, with suspect nonspecific chronic changes. Correlation with left kidney cytology and urinary workup is recommended.

There is no obvious evidence of hepatosplenic neoplastic or metastatic criteria. Assuming no evidence of pathology on three-view chest radiographs and pending cytology, an oncology or surgical consultation may be considered.



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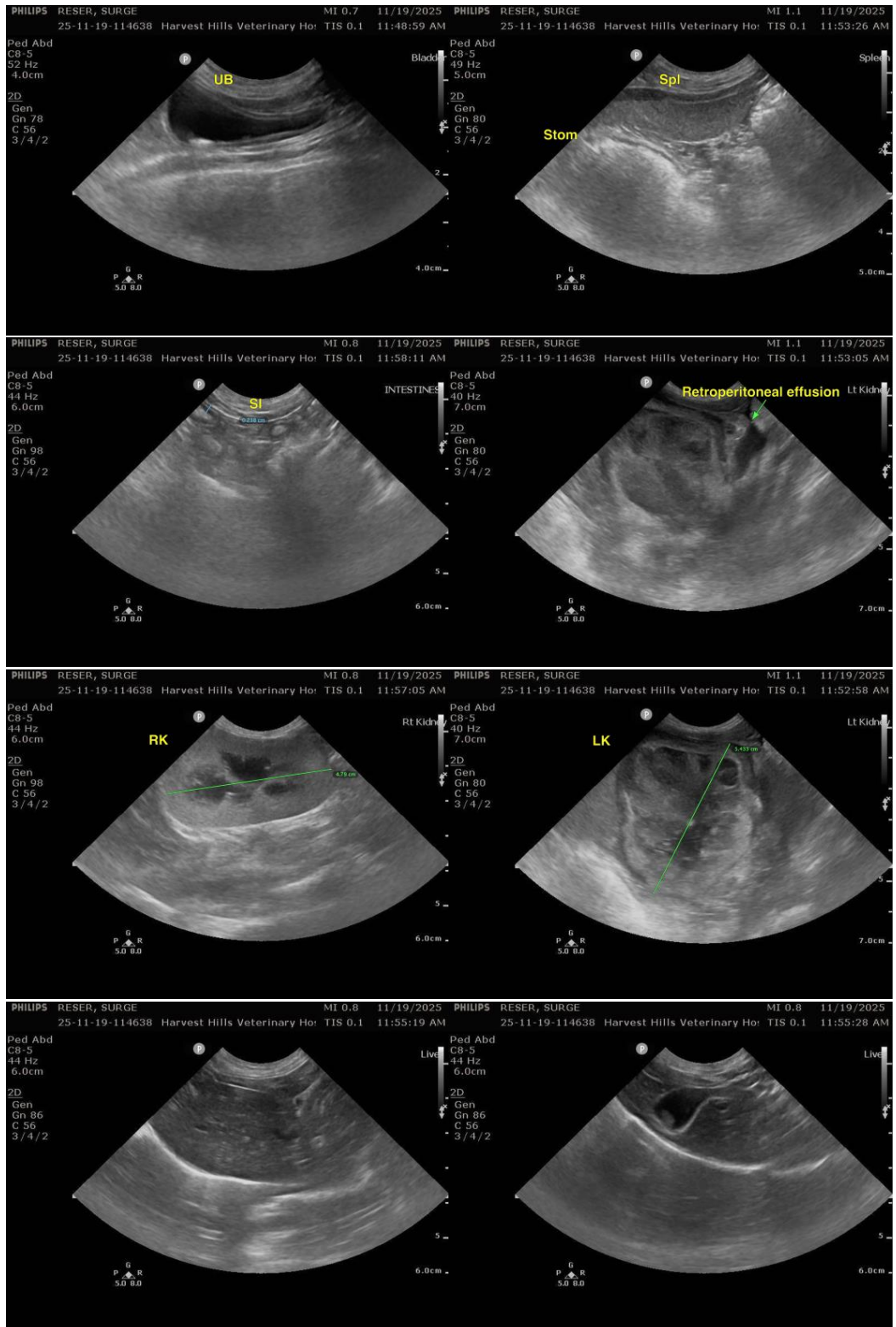
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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