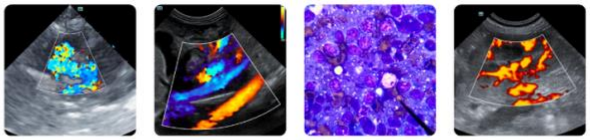


PATIENT

Tuna Reed

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

3.73 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Brandywine Valley Veterinary Hospital

REFERRING VET

Dr. Gail Rockwood DVM

INVOICE

12823

DATE

12/23/25

PRESENTING CLINICAL SIGNS

AUS to further evaluate left renomegaly on palpation on 12/19/25 routine PE/Vax visit. Reported normal litterbox habits. O noted occasional V+/Regurg after eating too fast.

Abnormal PE/Chem/CBC/UA Results: Diagnostics 12/20/25: - CBC: Hct 47.3 %, Retics 104 H, normocytic, normochromic, plts 308-n, remainder NSF - Chem: SDMA 10-n, Cr 1.4, BUN 34-n, Alb 3/5-n, normal LES, SK 60 L, remainder NSF - T4: 2.7- 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 minor nondependent particulate urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

A solitary visualized mildly prominent medial iliac lymph node was present. This lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node measured 1.3 cm x 0.30 cm.

Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The right kidney measured 3.5 cm in length.

The left kidney was asymmetrically enlarged in size. Mixed echogenic parenchyma echogenicity with loss of corticomedullary architecture. A small mid lateral thinly walled cystic lesion was present measuring 0.55 cm in diameter. Minor subcapsular to perinephric free fluid was noted suggestive of mild hypoechoic halo sign. The left kidney measured approximately 6.0 cm in length.

Adrenal Glands

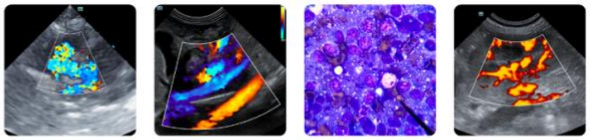
The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.36 cm width. The right adrenal gland measured 0.33 cm width.

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 0.63 cm width level of the mid spleen.

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 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. Small intestine wall measured 0.20 cm wall width. Ileocolic wall measured 0.30 cm wall width.

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 was evident.

Free Abdomen

Small intermittent colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Left renomegaly with loss of renal architecture and minor perinephric/subcapsular effusion.
- Normal right kidney.
- Minor urine sediment.
- Minor colic and medial iliac lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the left kidney meets neoplastic criteria with considerations including lymphoma, carcinoma or other. Significant left kidney nephritis is thought less likely. Assuming normal clotting status and using a 25-gauge needle, left kidney FNA cytology of ill-defined lateral cortex is warranted for further clarification. If not pathology on three view chest radiographs, left kidney nephrectomy could be considered with serial sonographic monitoring of the colic and medial iliac lymph nodes for evidence of progression.

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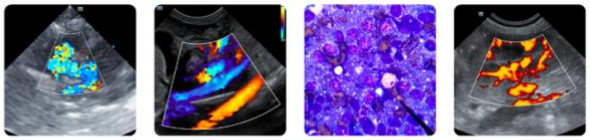

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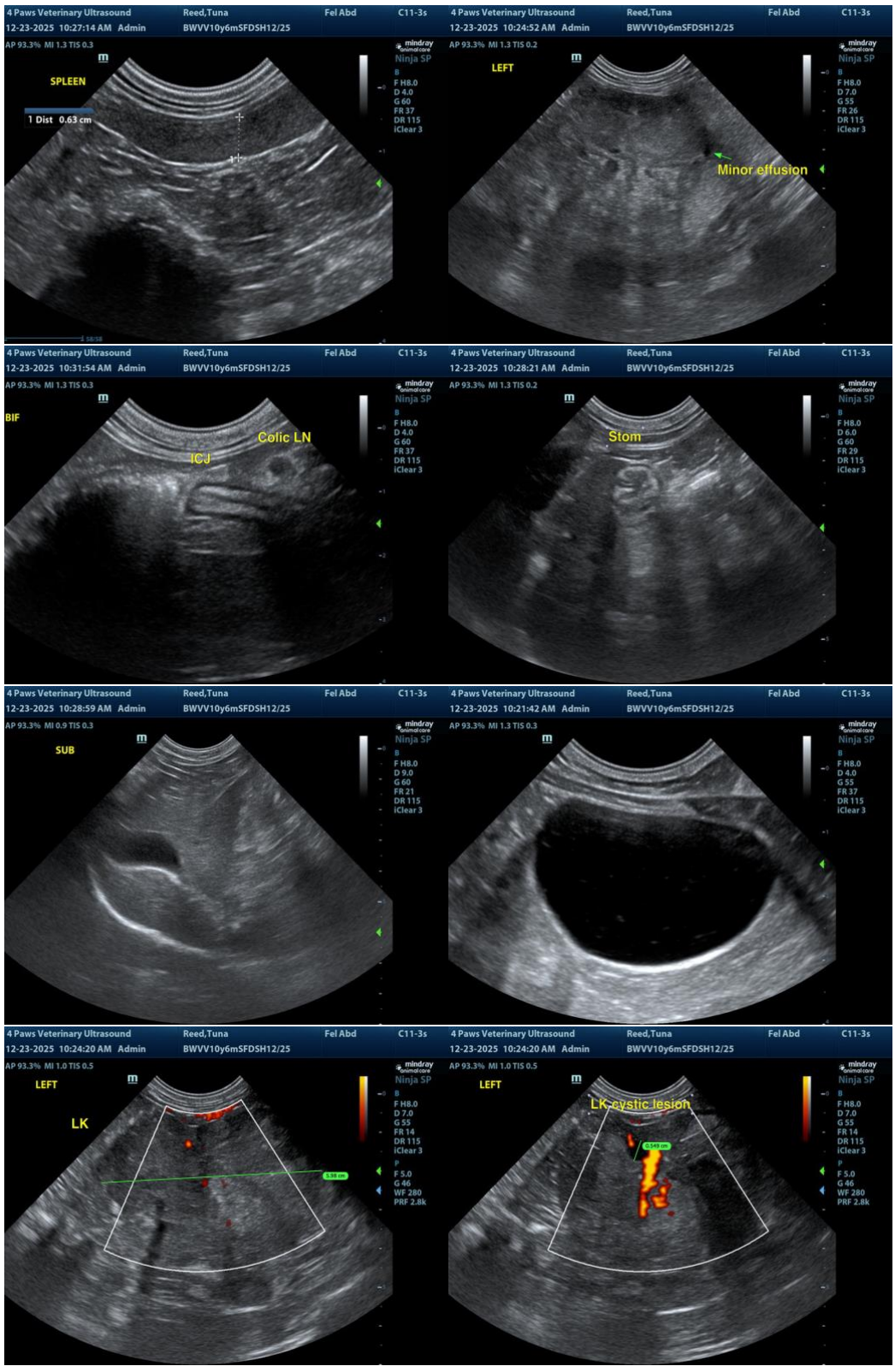

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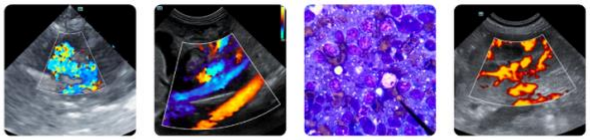

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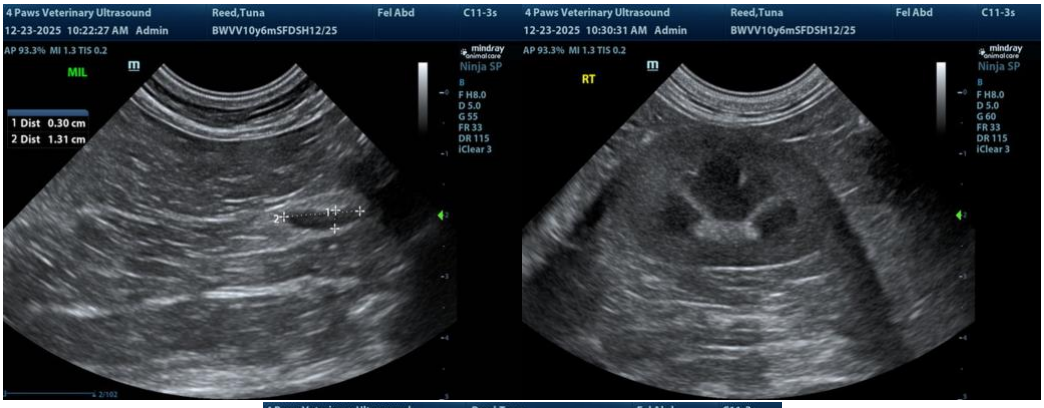

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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