

PATIENT

Khafre Rosario

PRESENTING CLINICAL SIGNS

History: Diarrhea, ADR, bilateral palpable kidney enlargement

Medication: Fortiflora

SPECIES

Feline

BUN 105, Creatinine 10.2, SDMA 75, Phosphorus 12.4, FeLV positive

WBC 22.3 with neutrophilia and monocytosis

BREED

Savannah

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Male

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

AGE

1 year

The area of the aortic trifurcation was free of pathology.

WEIGHT

11.6 Pounds

The kidneys were enlarged with moderately hyperechoic renal cortex and medulla echogenicity. A hypoechoic halo was present at the periphery of the cortex. Mild dilation of the renal diverticuli was present. The left kidney measured 6.2 cm in length. The right kidney measured 7.0 cm in length

Adrenal Glands

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

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 0.75 cm width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Easton AH

Liver/ Gallbladder

REFERRING VET

Dr. Nankman

The liver was normal in size and contour with primarily normal hepatic parenchyma echogenicity exhibiting mild coarse echotexture. Nonspecific, nonhomogeneously echogenic intraparenchymal nodule measuring 0.20 cm width was present in the mid liver parenchyma. 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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PATIENT *Gastrointestinal*

Khafre Rosario The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid was present. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

SPECIES

Feline The small intestine exhibited segmental moderate hypoechoic mural hypertrophy with loss of discernable wall layering, measuring approximately 5.0 cm in length with wall width up to 0.82 cm. Suspect mild associated ileus with the segmental intestinal thickening. The remainder of the intestinal tract was overtly normal.

BREED

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

SEX

Male 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.

AGE

1 year

Pancreas

Free Abdomen

Regional peri Intestinal mesenteric lymph nodes were present primarily adjacent to the segmental intestinal mural thickening. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of lymph node size was 1.4 cm x 1.0 cm. Associated regional peri intestinal reactive mesentery was present. No overt free fluid was noted.

WEIGHT

11.6 Pounds

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral renal lymphoma pattern
- Intestinal mural mass with associated peri intestinal lymphadenopathy and reactive mesentery
- Nonspecific liver nodule
- Mild hypomotile stomach

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Nankman

Unfortunately, the presentation of the kidneys in addition to the intestinal mural mass and strongly suspicious hepatic nodule are consistent with multicentric neoplasia, specifically multicentric lymphoma. FIP may be considered an alternative yet less likely differential.

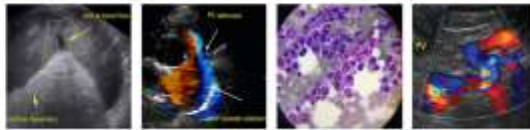
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Pending cytology for further clarification with potential for oncology consultation Is recommended.

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PATIENT

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SPECIES

Feline

BREED

Savannah

SEX

Male

AGE

1 year

WEIGHT

11.6 Pounds

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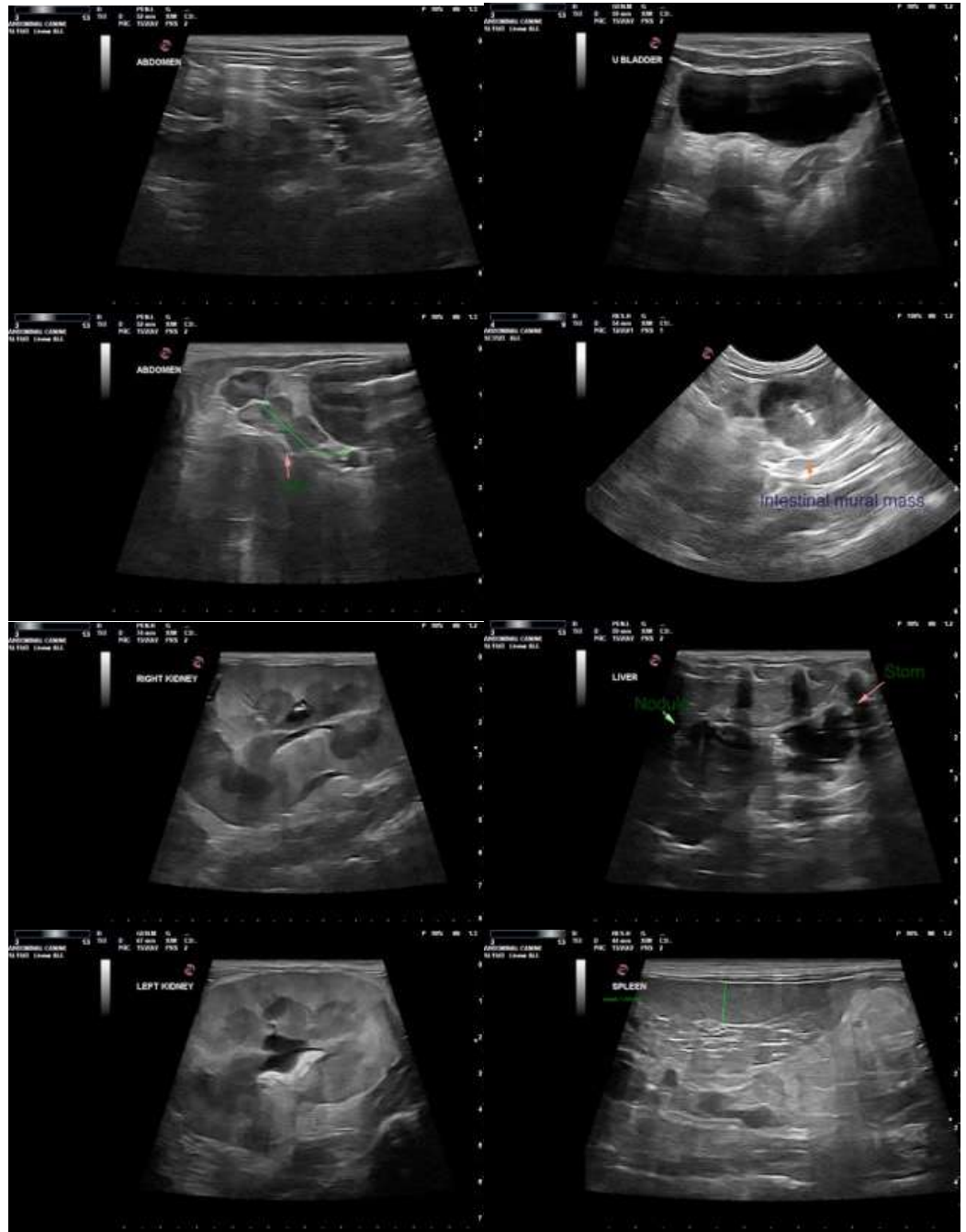
Dr. Nankman

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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