



**PATIENT PRESENTING CLINICAL SIGNS**

July Silvenis Weight loss.  
Medication: Gabapentin, B4

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The urinary bladder was non-distended containing primary anechoic urine with minor hyperechoic nondependent sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

**SEX**

FS

The left kidney was 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 5.4 cm in length.

**AGE**

2010

Normal renal size with asymmetrical margination were present in 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 loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Lateral right kidney cyst vs. nodule with potential for emerging peritoneal effusion was noted. The right kidney measured 4.4 cm in length.

**WEIGHT**

10.1

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was not definitively visualized.

**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 inflammation, neoplastic criteria, or benign parenchyma changes were not noted. The spleen measured 0.87 cm width at the level of the hilus.

**IMAGING PERFORMED BY**  
Rebekah Jakum, CVT  
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**HOSPITAL NAME**

Cherryville AH

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. An indistinct, subtly expansive, nonhomogeneous nodule was noted mid ventral liver measuring 1.5 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with minor, non-dependent, echogenic gallbladder debris, suspect secondary to fasting. No evidence of post hepatic stasis was noted. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Miller

**INVOICE**

16058

**DATE**

2/7/23



**PATIENT**

July Silvenis

**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.

**SPECIES**

Feline

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.

**BREED**

DSH

**Pancreas**

The left pancreas was normal in size with minor capsule asymmetry and mildly hypoechoic parenchyma compared to adjacent nonreactive omentum.

**SEX**

FS

**Free Abdomen**

**AGE**

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Mildly prominent, symmetrical, uniform hypoechoic, medial iliac lymph nodes with subtle evidence of perilymphatic hyperechoic omentum were noted. A normal width: length ratio was maintained (<0.5). An example of lymph node size was 1.5 cm diameter. No omental masses or evidence of peritoneal effusion were noted.

**WEIGHT**

10.1

Transdiaphragmatic view of the caudal thorax revealed an ill-defined, hypoechoic, caudal, likely pulmonary lesion, with evidence of air entrapment measuring 2.6 cm in diameter.

**ULTRASONOGRAPHIC FINDINGS**

- Left kidney renal lymphoma pattern, right kidney loss of corticomedullary border differentiation with lateral cyst vs. nodule, potential for emerging right retroperitoneal effusion
- Indistinct mildly expansive to nonhomogeneous liver nodule
- Possible low-grade pancreatitis
- Overtly normal gastrointestinal tract
- Mildly prominent to hypoechoic medial iliac lymphadenopathy
- Ill-defined caudal thoracic likely pulmonary mass lesion

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Primary concern for multicentric neoplastic criteria involving the left kidney, potential emerging right kidney, liver, as well as the caudal thorax.

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FNA cytology of the left renal cortex, liver nodule, as well as suspected caudal thoracic pulmonary mass lesion, could be considered for further assessment and potential oncology consult.

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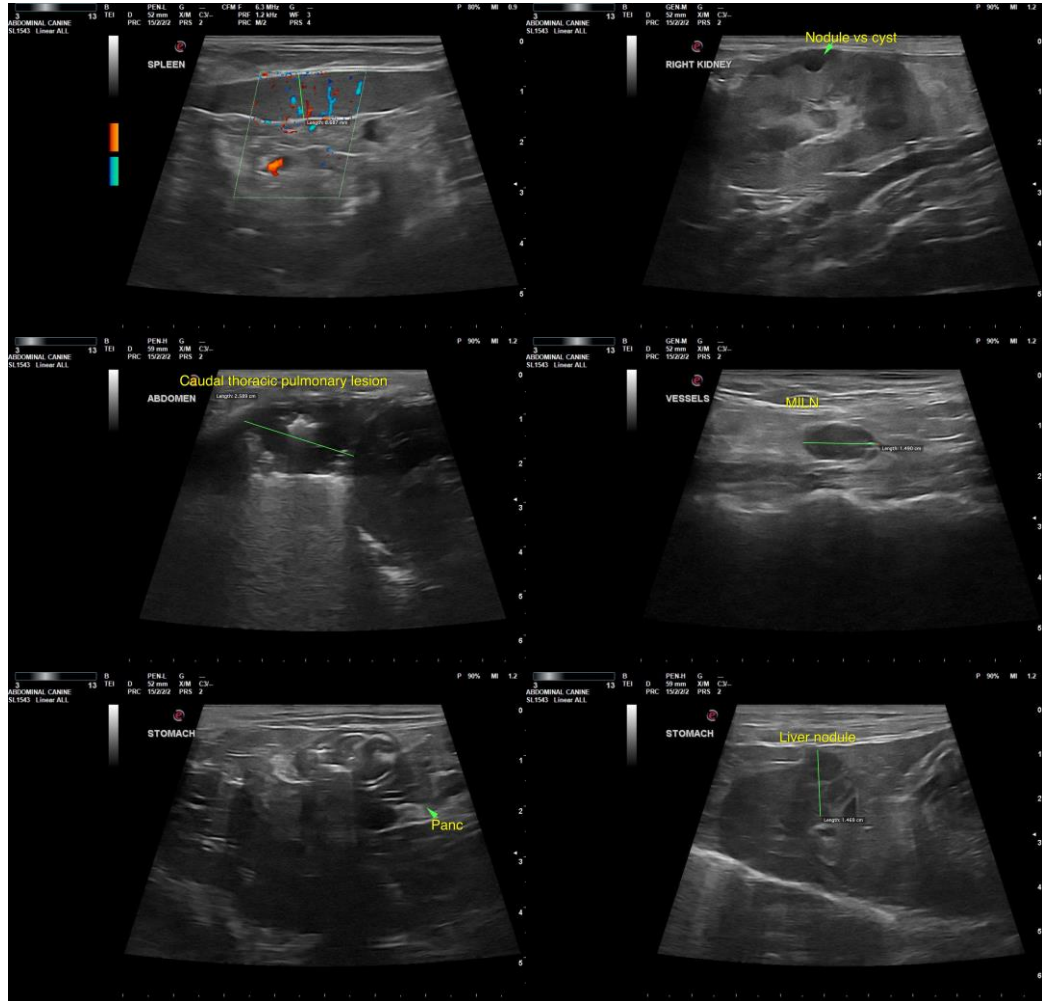
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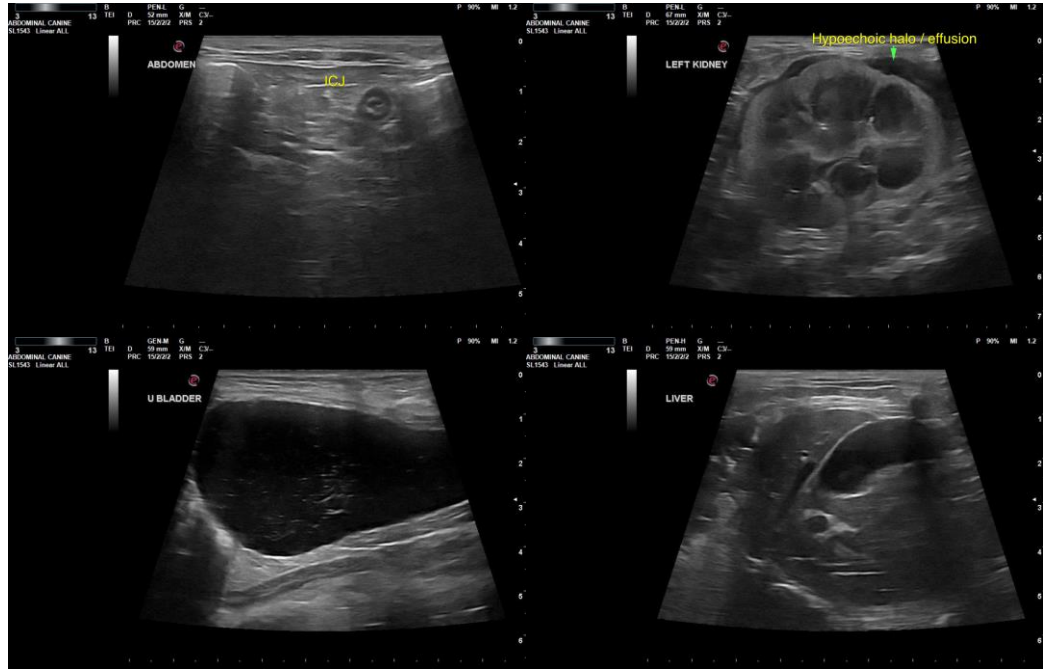
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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