



**PATIENT**

Gomez Doncoes

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

19 years

**WEIGHT**

10.3 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Companion Vet of  
Wayne

**REFERRING VET**

Dr. Ben Spitz

**INVOICE**

13277

**DATE**

2/9/22

**PRESENTING CLINICAL SIGNS**

ADR - poor appetite - weight loss. Was 13.6 lbs 11/21 to 11 lbs 2/22. Large kidneys. Current meds: methimazole/mirtazapine.

Abnormal PE/Chem/CBC/UA Results: 1/4/2022 - BUN 25, creat. 1.6, PSL 29, T4 0.8. U/A: WBC 2-3/hpf, RBC 2-3 hpf, pH 6.5, 2+ protein, USG 1.024. HCT 40%.

**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 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.

The area of the aortic trifurcation was free of pathology.

The bilateral kidneys exhibited enlarged size with mild asymmetrical margination. Both kidneys exhibited primarily uniform increased cortex echogenicity with mild increased medullary echogenicity. Subtle evidence of associated left and right retroperitoneal Inflammation and potential for scant retroperitoneal free fluid to very subtle hypoechoic halo sign. Both kidneys exhibited mild pyelectasia. The left kidney measured 6.5 cm in length. The right kidney measured 6.75 cm in length.

**Adrenal Glands**

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

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.69 cm width.

**Liver/ Gallbladder**

The liver exhibited potential for mild generalized enlargement with normal 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**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.



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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.

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

### *Pancreas*

## BREED

DSH

The left limb of the pancreas exhibited normal size and contour with mild hypoechoic parenchyma compared to the adjacent omentum.

### *Free Abdomen*

## SEX

MN

No overt lymphadenopathy or peritoneal effusion was present.

## AGE

19 years

## ULTRASONOGRAPHIC FINDINGS

- Bilateral moderate to severe renomegaly exhibiting increased corticomedullary echogenicity and mild pyelectasia
- Mild hypoechoic left pancreas - nonspecific, patient variant with potential for concurrent low-grade inflammation
- Nonhomogeneous liver
- Overtly normal gastrointestinal tract

## WEIGHT

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the bilateral kidneys are most consistent with bilateral renal neoplasia, specifically renal lymphoma. The potential for bilateral nonspecific nephritis may be considered an alternative differential diagnosis. Technically, FIP is also a possibility yet considered unlikely.

## IMAGING PERFORMED BY

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Assuming normal clotting status, ultrasound guided FNA of the renal cortex could be considered for screening cytology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three view chest radiographs could be considered to rule out occult thoracic pathology as a contributing factor to the weight loss and poor appetite. Continued as-needed gastrointestinal supportive care is recommended.

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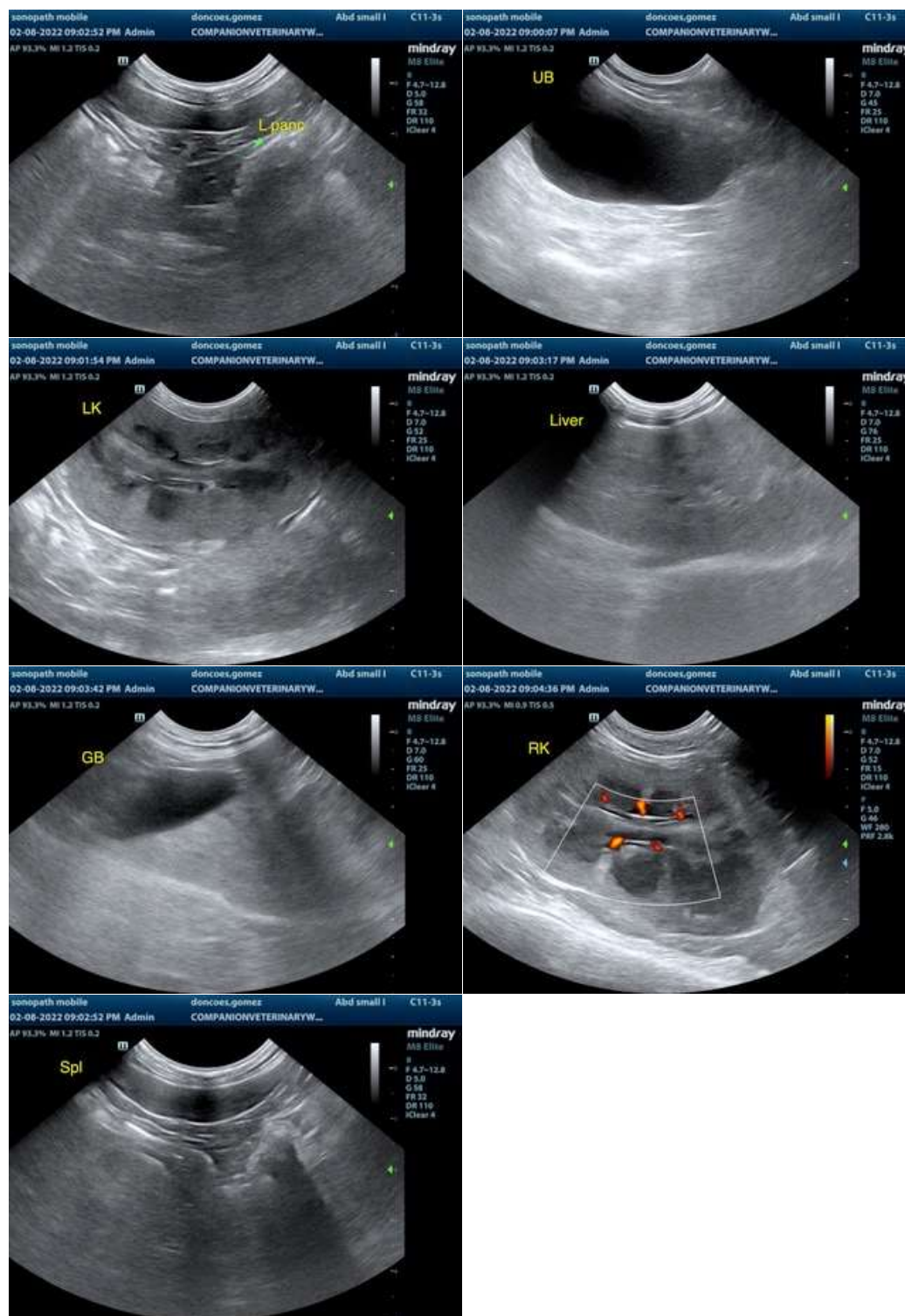
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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**info@SonoPath.com**

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