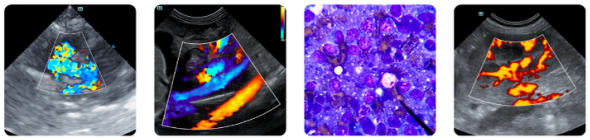


PATIENT

Gracie Dowes

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

13y

WEIGHT

9.98

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne, CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Claire Timbas

INVOICE

13328

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History:

- Gracie's appetite has been on/off for the past few weeks. O was only feeding her dry food (Purina One) which she was not interested in, so she switched brands and also bought her some wet food which she was eating but not as much as normal. She acts hungry when the bowl comes out but does not usually finish it (she eats about 1/4 cup wet total throughout the day, has not wanted the dry at all the past 2 days). O thinks she has lost some weight. Vomits on occasion, usually if she eats too fast or a hairball. No c/s/d. O thinks she may be drinking and urinating a little more than usual. She has been quieter and does not want to cuddle with O as much. Indoor only.

Abnormal PE/Chem/CBC/UA Results: IDEXX SDMA 82 creatinine 2.9 BUN 53 Neutrophils 11.43 Monocytes 1.15 Platelets 109 Gastroenterology: 7cm x 5cm smooth right mid-caudal abdominal mass palpated on exam Cardiac/Circulatory: grade 2/6 sternal murmur.

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 were noted.

The area of the aortic trifurcation was free of pathology.

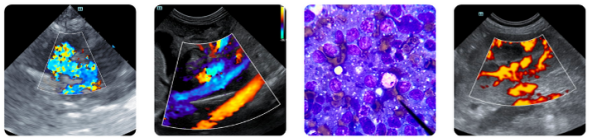
The left kidney was markedly enlarged in size with asymmetrical capsule contour. Generalized non-homogeneous hypoechoic parenchyma with loss of corticomedullary architecture and differentiation. Mild pyelectasia was present. Subtle perinephric hypoechoic halo which may suggest sub capsular or perinephric effusion. Left kidney measured 8.0 cm in length. Normal renal size with asymmetrical margination was 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 to moderate loss of corticomedullary distinction was also present. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Several to multiple, variably sized yet non-capsule deforming, well-defined, symmetrical, non-homogeneous, hyperechoic nodules were present with an example measuring 0.5 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



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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.

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 visualized segments of the small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild lumen gas.

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

Multiple, mildly enlarged, hypoechoic to swollen mesenteric root lymph nodes were present. 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 measurement was 1.9 cm x 1.7 cm. No overt peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Left kidney mass
- Concurrent hypoechoic to swollen mesenteric lymphadenopathy
- Intact right kidney with chronic renal changes
- Hyperechoic splenic nodules – suggestive of benign criteria, i.e. myelolipomas, potential emerging splenic neoplasia or metastasis possible
- Overtly normal visualized gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, multicentric neoplasia criteria is met with multicentric lymphoma involving the left kidney and the lymph nodes suspected. Assuming normal clotting status, left kidney inaccessible lymph node FNA cytology using 25-gauge needle warranted with oncology consult. Correlation with urinalysis and 3-view chest radiographs is recommended.

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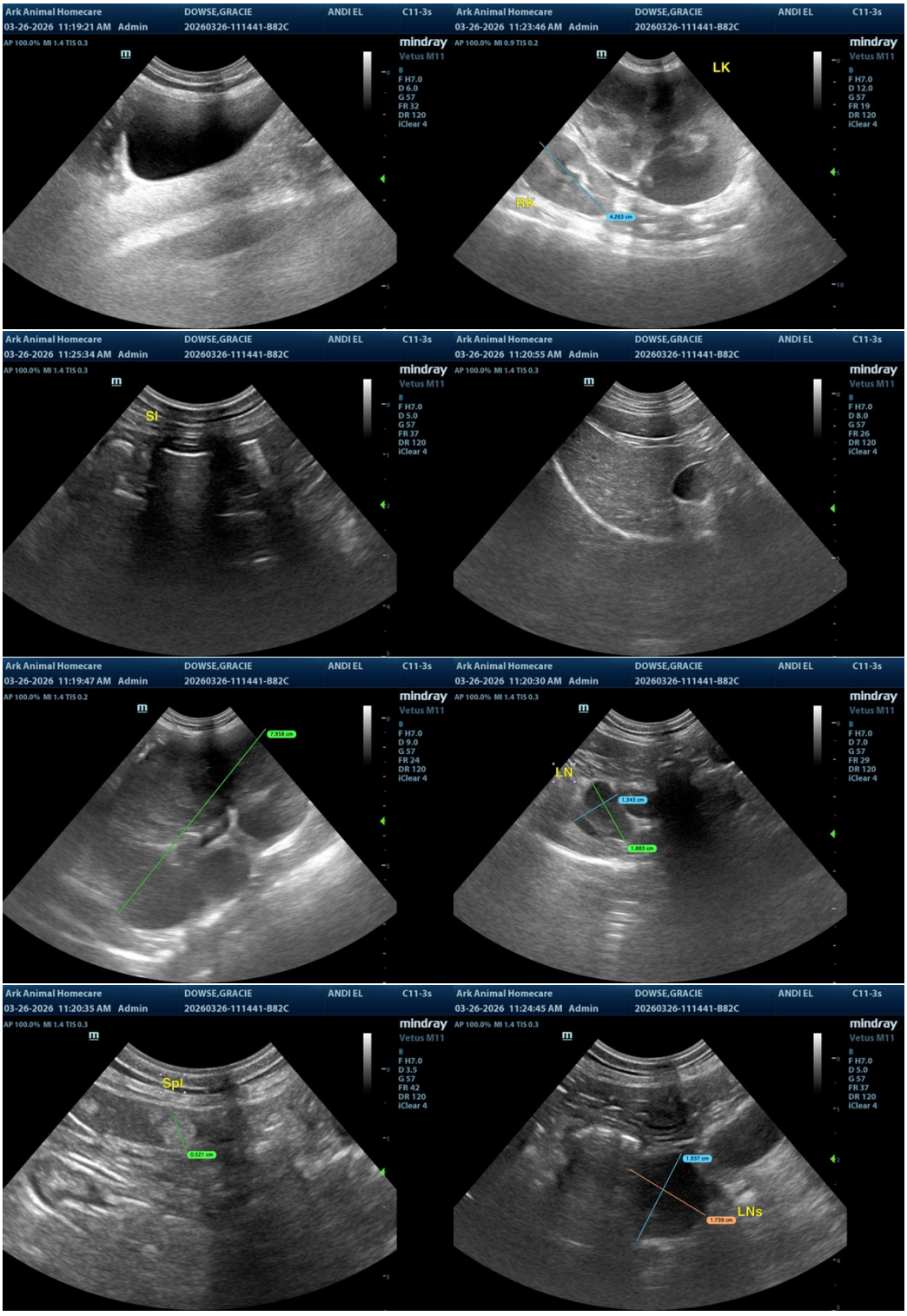

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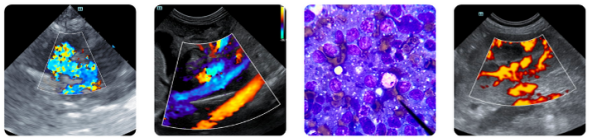

Clinical Sonography & Telecytology
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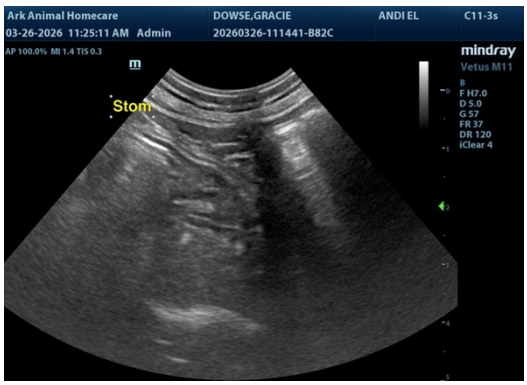

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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