



PATIENT	PRESENTING CLINICAL SIGNS
Patrick Essoe	Presented to rDVM on 3/29/23 for 4-5 days lethargy & inappetence. Blood work @ rDVM: CBC: HCT 36%, WBC 38.25k, Neut 35.84k, Mono 1.22k, Eos 0.03k, rest WNL Chem: SDMA 95, Crea 11.6, BUN >130, Phos 15, TT4 0.6 Lytes: K 3.1, rest WNL UA: USG 1.014, pH 5.0, PRO 30, BLD 250. Sedivue: WBC 12/hpf, RBC 14/hpf, suspect cocci (not confirmed). FeLV/ FIV/ HW: All NEG Received SQF and rDVM. O came to Wilvet south on 3/30 for hospitalization for IVF.
SPECIES	
Feline	
BREED	Abnormal PE/Chem/CBC/UA Results: 3/30/23 Baseline EPOC: K 3.0, BUN>120, Crea 8.58, iCa 0.96, LAC 2.76, HCT 39% Urine submitted for culture. Exam unremarkable. Normal vitals.
Maine Coon/Siamese	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
MN	
AGE	
5yr	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 5.6 cm in length. The right kidney measured 6.7 cm in length.
WEIGHT	The area of the aortic trifurcation was free of pathology.
5.74kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
IMAGING PERFORMED BY	Spleen
Bennett	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.
HOSPITAL NAME	Liver/Gallbladder
Wilvet South	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.
REFERRING VET	Gastrointestinal
Bennett	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic pyloric fluid with no signs of ileus, obstruction or foreign material.
INVOICE	Segmental wall thickening with loss of wall layering was present in the mid to cranial jejunum. Focal paralytic ileus was present within the lumen of the abnormal intestine without an obstructive pattern in the intestine proximal to the abnormal intestine. Regional lymphadenopathy and surrounding
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DATE	
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echogenic omentum was present around the abnormal intestine. The mass wall measured 0.9 cm in width. The overall mass measured 3.4 cm in diameter.

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

SPECIES

Feline

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.

BREED

Maine Coon/Siamese

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Enlarged swollen kidneys with hypoechoic halo.
- Segmental small intestinal mural mass.
- Moderate urinary bladder sediment.

AGE

5yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately the sonographic findings are consistent with multicentric neoplastic criteria involving the bilateral kidneys and segmental intestinal tract and is most suggestive of renal and intestinal lymphoma vs other round cell neoplasia. Assuming normal clotting status, a renal cortex and intestinal mural mass FNA for screening cytology could be considered for further assessment and oncology consultation. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Bilateral non-specific severe nephritis as well as non-neoplastic intestinal mural mass i.e., inflammation, granulomatous (dry FIP) are considered less likely.

WEIGHT

5.74kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

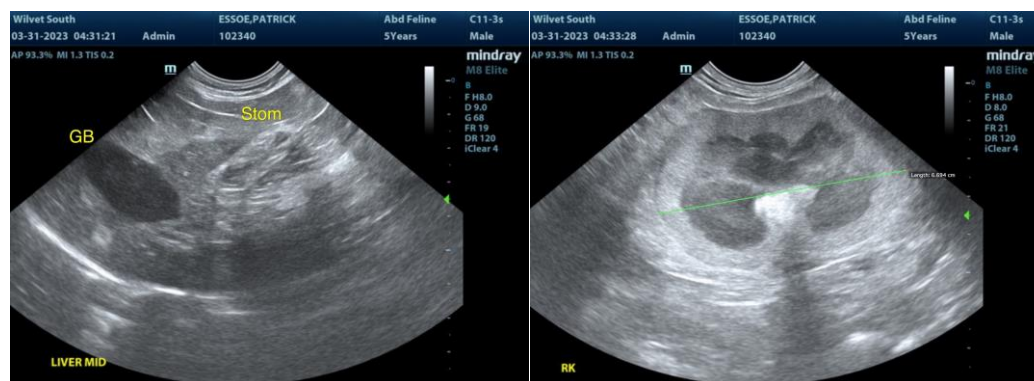
Bennett

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SPECIES

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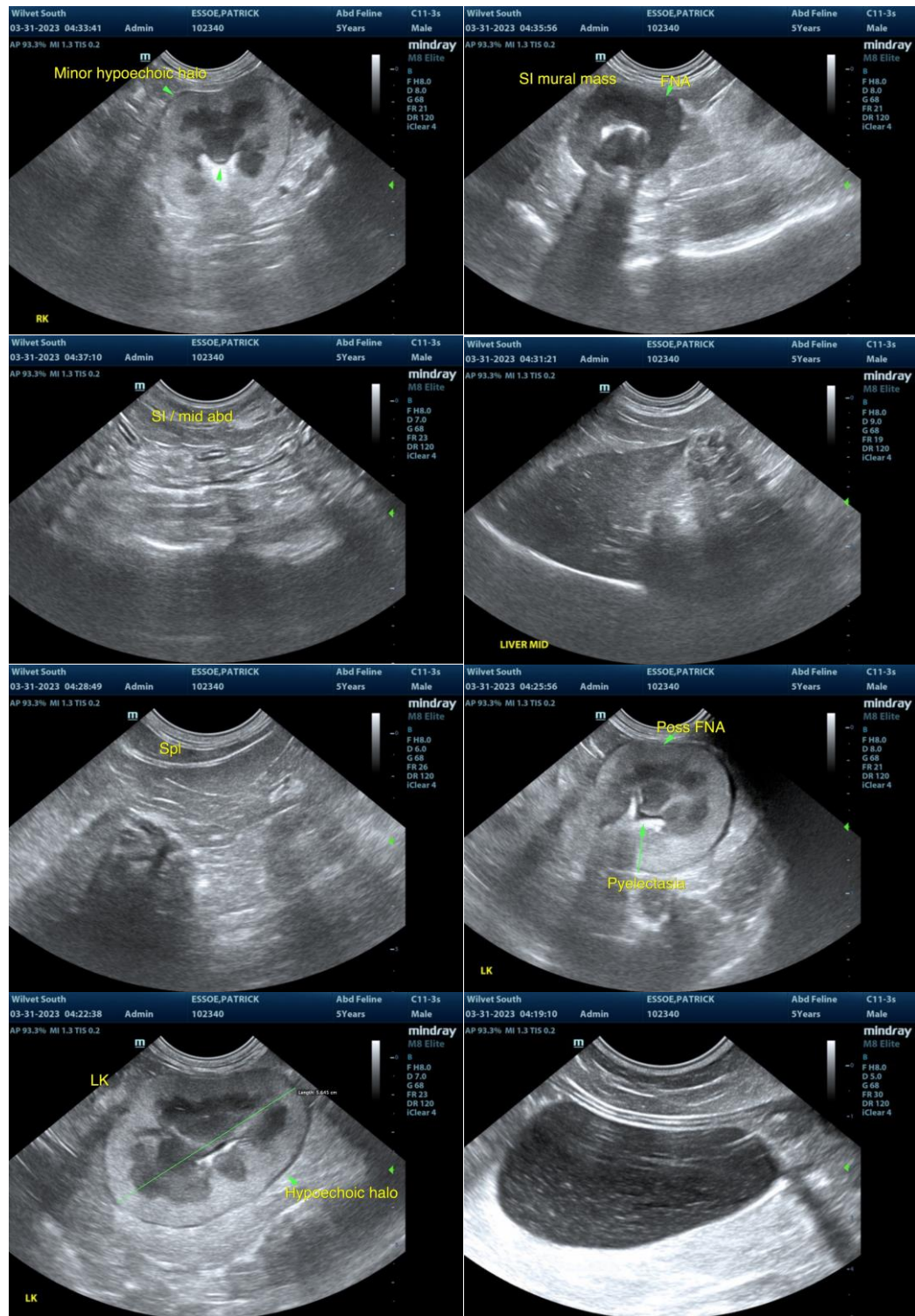
Bennett

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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



PATIENT

can be of any further assistance, please contact me.

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