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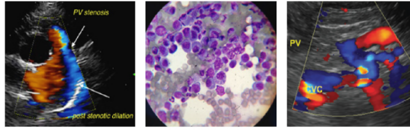

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Joey Simon

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered Male

AGE
15 Years

WEIGHT
12 Pounds

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

IMAGING PERFORMED BY
Rachel Runnels, RVT

HOSPITAL NAME
SVS Imaging Kansas City

REFERRING VET
Dr. Jennifer Simon

INVOICE
36018

DATE
3/9/22

PRESENTING CLINICAL SIGNS

Drinking more and urinating more. Not eating well.
Abnormal PE/Chem/CBC/UA Results: Abdominal tumor on rads - looks like right kidney. Mildly elevated BUN and SDMA.

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. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal renal size with asymmetrical margination was present in the left 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. The left kidney measured 4.5 cm. No overt evidence of left retroperitoneal free fluid or inflammation.

The right 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. A mildly expansive, non-homogeneous hypoechoic to mixed echogenic mass lesion was present occupying the lateral aspect of the right kidney measuring, 4.3 cm x 3.4 cm. Regional indistinct hypoechoic halo sign to mild right retroperitonitis. The overall right kidney measured 5.7 cm in length.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm. The left adrenal gland measured 0.41 cm.

Spleen

The spleen exhibited subjective mild generalized enlargement with mild areas of medial capsule asymmetry. Primarily maintained finely textured homogeneous parenchyma noted. No overt masses. The spleen measured 1.2-1.3 cm in length at the level of the hilus. No evidence of omental lymphadenopathy or peritoneal free fluid.

Liver

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. Probable complex cyst to cystic nodule present in the caudate liver lobe measuring approximately 2.0 cm in diamaeter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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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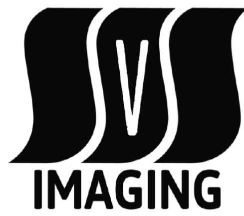

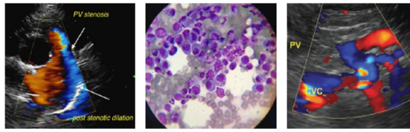

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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.

ULTRASONOGRAPHIC FINDINGS

- Left kidney non-specific chronic interstitial nephrosis pattern
- Right kidney renomegaly exhibiting mildly expansive lateral mass, associated indistinct peripheral hypoechoic halo sign to mild right retroperitonitis
- Mild urinary bladder sediment
- Subjective mild splenomegaly
- Mild hepatic parenchymal remodeling with probable caudate complex parenchymal cyst to cystic nodule – subjectively benign.

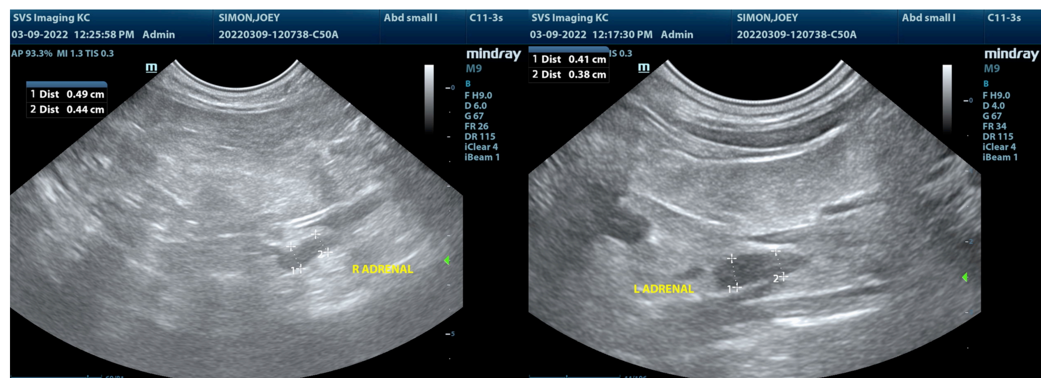
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the presentation of the right kidney is consistent with neoplastic criteria with renal lymphoma considered a primary differential diagnosis. Overt evidence of concurrent left kidney neoplastic criteria was not definitively present and considered unlikely, yet cannot be definitively excluded.

The mild splenomegaly was non-specific and may include patient variant, splenomegaly secondary to sedation, hyperplasia, hematopoiesis, incidental splenitis. Given the likelihood of right kidney neoplasia, the possibility of early splenic neoplasia cannot be definitively excluded.

Assuming normal clotting status and using 25-gauge needle, ultrasound guided FNA of the right kidney mass +/- screening splenic FNA for further staging is recommended with potential for oncology consult.

No overt evidence of gastrointestinal structural pathology. 3-view chest radiographs recommended and continued as needed gastrointestinal supportive care.



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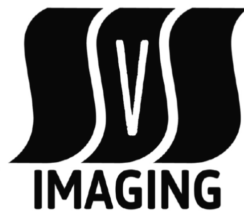

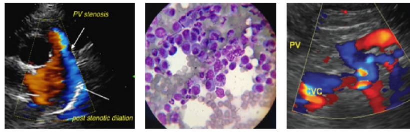

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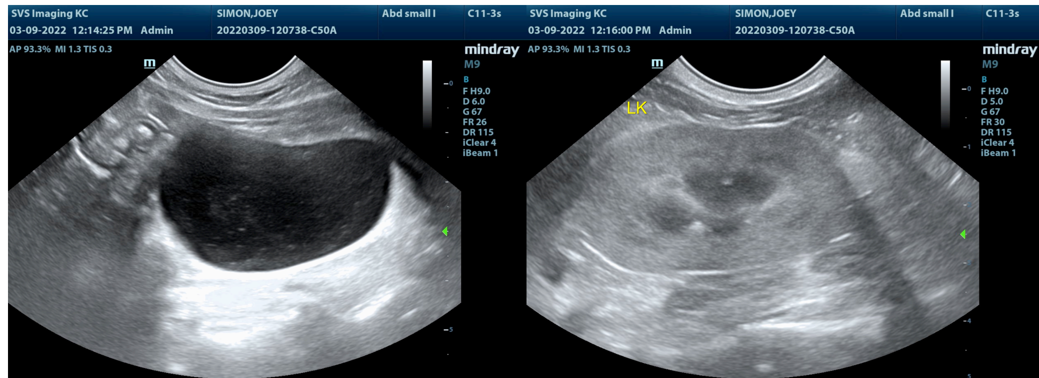

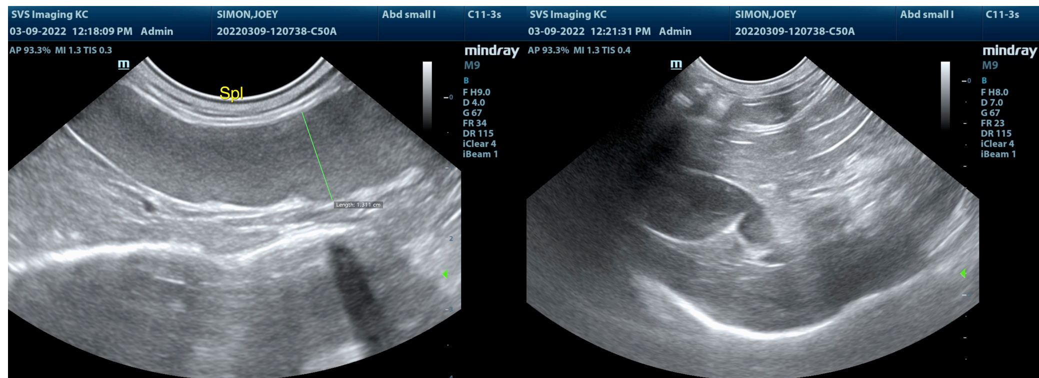

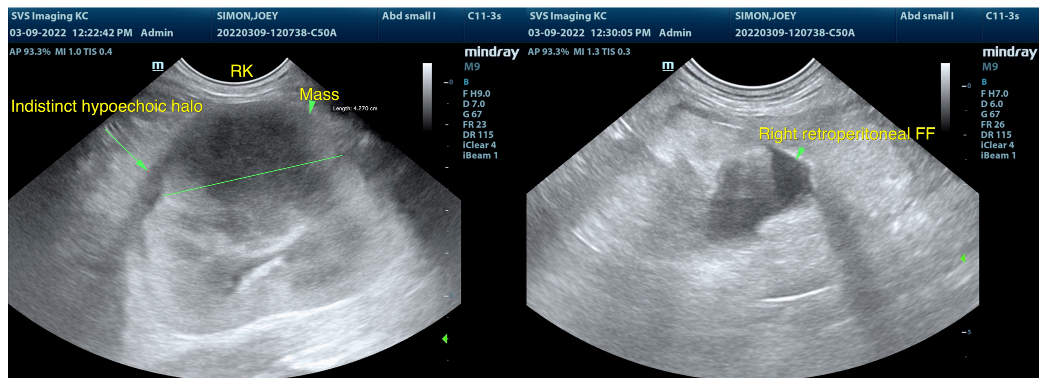

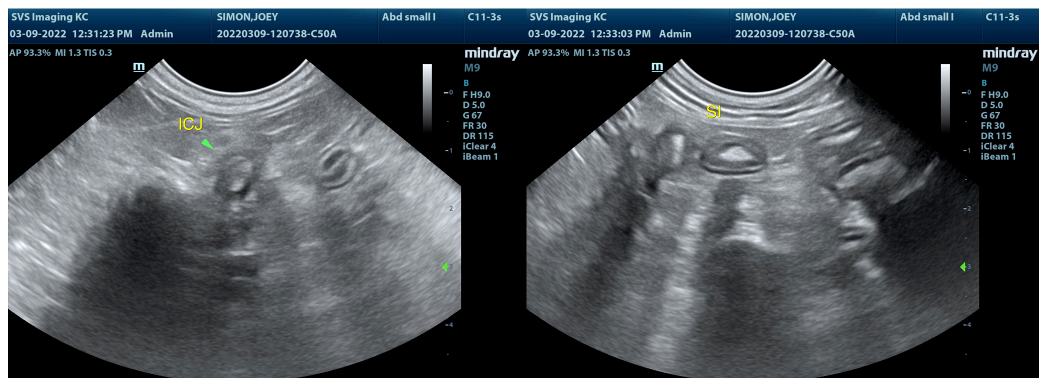

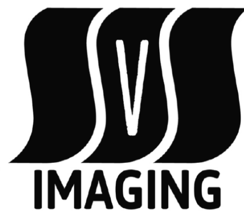

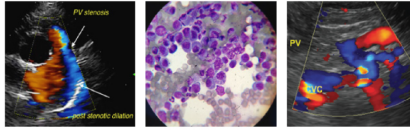

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com