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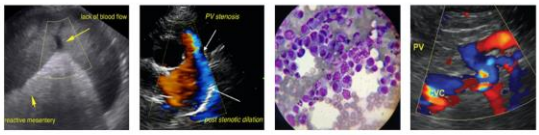

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Dash Hough

SPECIES

Feline

BREED

DSH

SEX

M

AGE

11 months

WEIGHT

8.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehighton AH

REFERRING VET

Dr. Mriss

INVOICE

13934

DATE

5/24/22

PRESENTING CLINICAL SIGNS

Abdominal mass on physical exam

BUN 128, Creatinine 7.9, Phosphorus 14.0, WBC 15.8 with monocytosis, HCT 34.6

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 were severely enlarged exhibiting nonuniform hyperechoic corticomedullary parenchyma. Intermittent subtly hypoechoic corticomedullary nodules were present. Both kidneys exhibited mild pyelectasia extending into the area of the renal diverticuli. Both kidneys exhibited variable subcapsular fluid accumulation to hypoechoic halo sign. The left kidney measured 6.7 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized.

Spleen

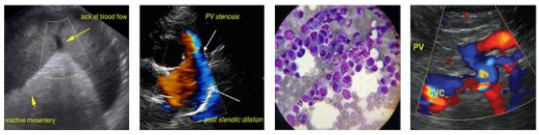
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.83 cm width.

Liver/ Gallbladder

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained anechoic fluid was present.



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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 were evident.

Free Abdomen

No omental masses, overt lymphadenopathy or evidence of peritoneal free fluid were present.

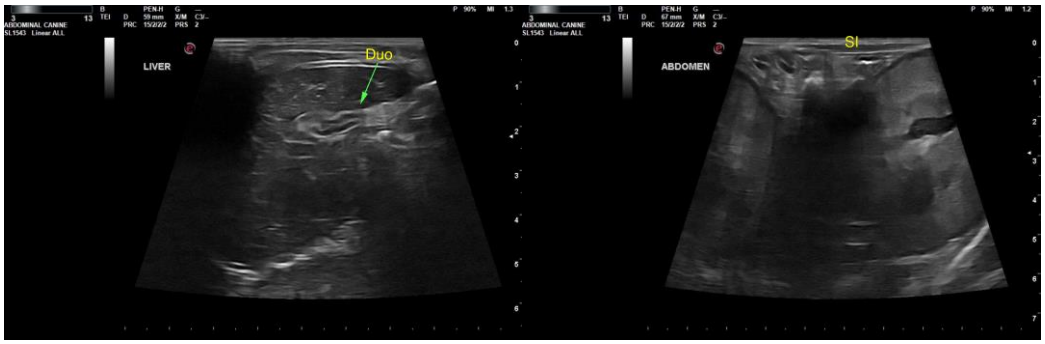
ULTRASONOGRAPHIC FINDINGS

- Bilateral severe hyperechoic to nodular renomegaly with concurrent variable subcapsular fluid accumulation
- Mild hypomotile stomach - suspect hypomotile uremic gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the bilateral renomegaly with parenchymal changes and subcapsular fluid accumulation is consistent with neoplastic criteria, i.e., primary concern for renal lymphoma, potential squamous cell carcinoma, or other.

Assuming normal clotting status, ultrasound-guided FNA of the kidney cortex using a 25-gauge needle could be considered for screening cytology. However, given the renal presentation and combination with severe azotemia, a probable unfavorable prognosis is likely Indicated.



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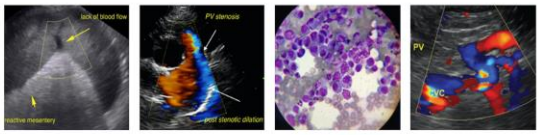

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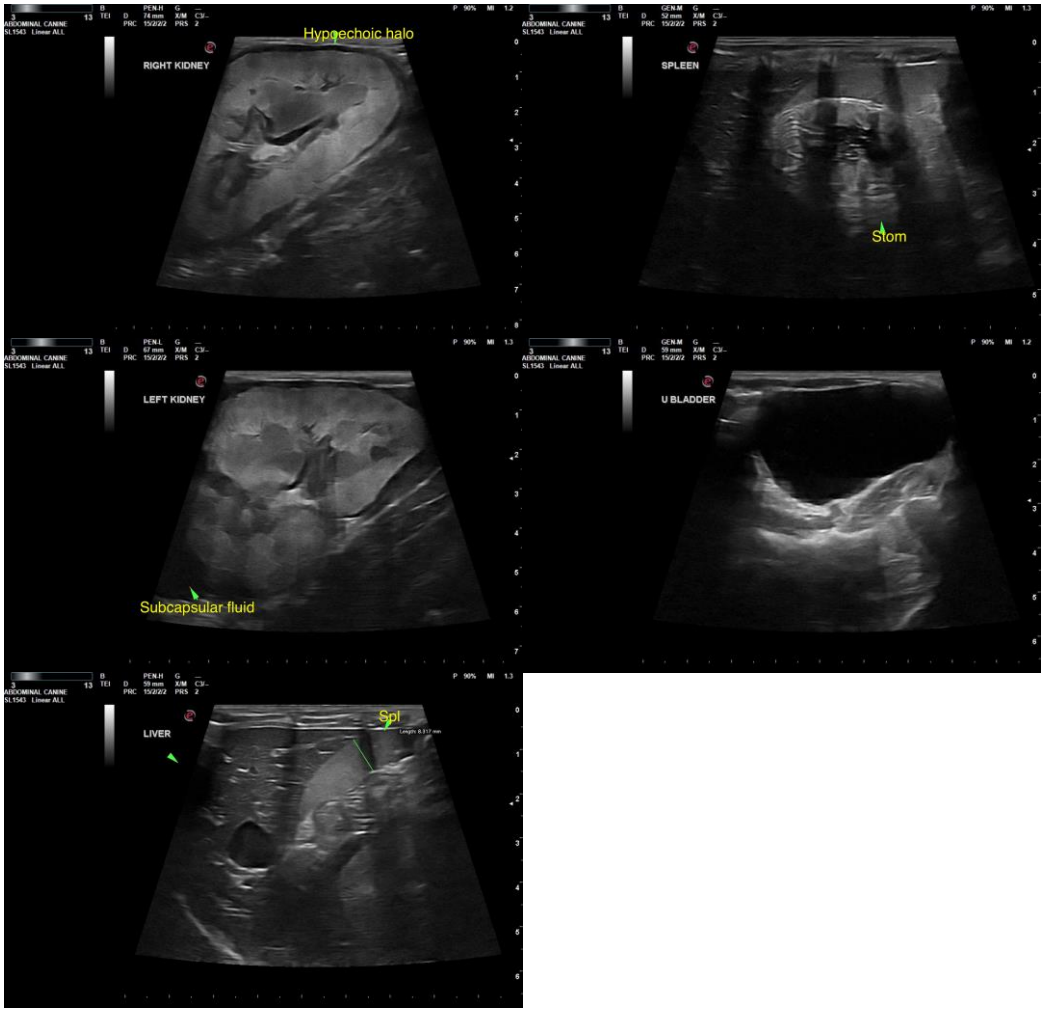

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com

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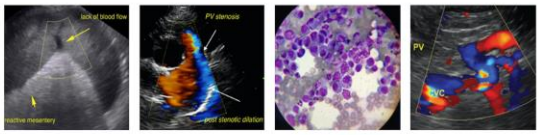

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