



## PATIENT

Cleo Waldron

## SPECIES

Feline

## BREED

Persa

## SEX

Spayed Female

## AGE

12

## WEIGHT

5.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Paul Kim

## HOSPITAL NAME

Ridgefield Park Animal  
Hospital

## REFERRING VET

Dr. Paul Kim

## INVOICE

16603

## DATE

05/29/26

## PRESENTING CLINICAL SIGNS

The P is losing weight

Abnormal PE/Chem/CBC/UA Results: Neutrophils 81 35 - 75 % HIGH Lymphocytes 15 20 - 45 % LOW Absolute Neutrophils 9558 2500 - 8500 /UL HIGH Specific Gravity 1.014 1.015 - 1.060 LOW Protein TRACE HIGH Total Protein 8.9 5.2 - 8.8 g/dL HIGH Albumin 2.8 2.5 - 3.9 g/dL Globulin 6.1 2.3 - 5.3 g/dL HIGH

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*Submitted study contained 7 videos and 26 still images for review.*

### 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. Echogenic to particulate nondependent hyperechoic mild 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.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. No overt left perinephric or retroperitoneal effusion.

The right kidney was enlarged with hyperechoic to heterogeneous renal cortex and medulla echogenicity. A hypoechoic halo was present at the periphery of the cortex with peripherally expanding to perinephric nonhomogenous retroperitoneal mass measuring approximately 6.1 cm in diameter. Mild dilation of the renal diverticuli was present. The discernable intact right kidney measured 3.7 cm in length. Mild pyelectasia and mild medullary mineral were also present.

### Adrenal Glands

The left and right adrenal glands were 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.

### Liver & Gallbladder

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.



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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.

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**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.

**BREED**

Persa

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. Subjective mild segmental duodenal corrugation. The small intestine wall measured 0.25 cm wall width.

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

**AGE**

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**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.

**WEIGHT**

5.2 lbs

**Free Abdomen**

No obvious visualized significant omental lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Right kidney neoplastic pattern with peripheral/perinephric to right retroperitoneal mass.
- Left kidney moderate chronic renal changes.
- Overtly normal gastrointestinal tract with mild segmental duodenal corrugation.
- Mild gallbladder and urinary bladder sediment.

**IMAGING PERFORMED BY**

Dr. Paul Kim

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, right perinephric to retroperitoneal mass as well as right kidney cortex FNA cytology are warranted for further clarification and potential for oncology consult. Right kidney lymphoma with extension of neoplasia into the retroperitoneal space or associated retroperitonitis are possible versus other neoplastic etiologies. Three view chest radiographs are recommended if not done.

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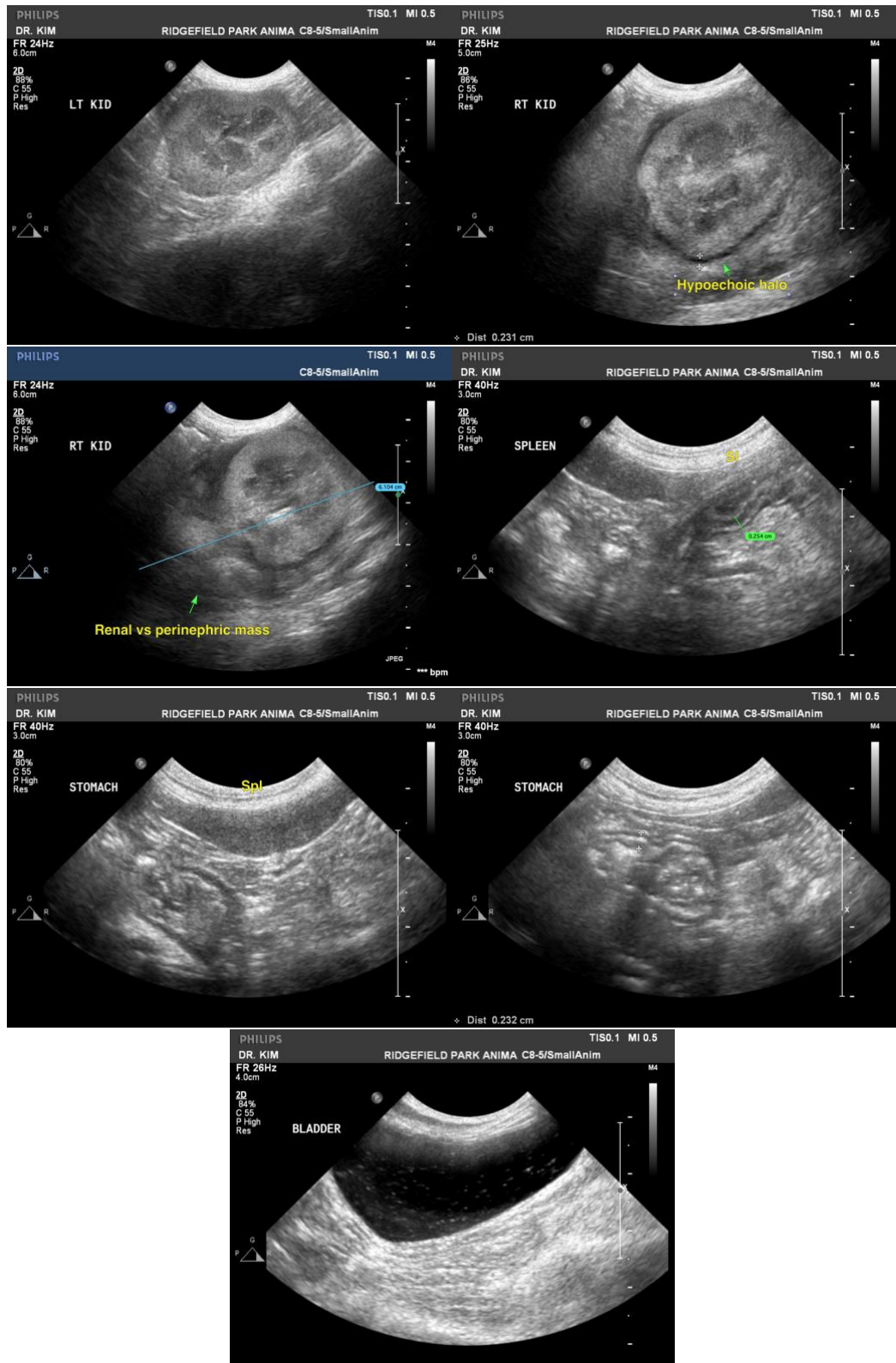
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)