



PATIENT

Bobo Habl

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Massett

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Massett

INVOICE

75554

DATE

5/30/26

PRESENTING CLINICAL SIGNS

P presented for not acting right, shortness of breath, lethargy. p has hx of FIV. Lost 2 pounds since Feb. Vomited twice/day for a few weeks. Went to rDVM and they mentioned either kidneys or urine was inflamed. Acting lethargic since visit, and appetite is decreased. On exam kidneys were palpably enlarged. Chem: BUN 131.8, CRE 9.2, IP 14.7, Ca 8.1, GLOB 4.9 EPOC: pCO2 28.6, HCO3-act 11.8, mTCO2 11.5, pH 7.224, BE(ecf) -15.8, Na+ 146, Ca++ 1.16, BUN > 120, Crea 12.10, Hct 21
CBC: HCT 24%, HGB 7.9, RBC 5.92, LYM 0.6

Abnormal PE/Chem/CBC/UA Results: Abbreviated radiograph report: Moderate generalised bilateral renomegaly. All causes of renomegaly are considered possible. Wispy soft tissue opacities in the retroperitoneal space could represent fluid, inflammation, oedema, or neoplasia. Suspect concurrent non-specific gastroenteritis. No evidence of mechanical obstruction. Mild diffuse bronchial pattern, lungs; ddx include asthma, bronchitis, and incidental degeneration. Clinical correlation is required. Scant pleural fluid versus less likely incidental pleural thickening or tangential pleura Mild intermittent esophageal distention. Clinical correlation is required. Mildly undulating intrathoracic tracheal lumen that may be due to mild mural thickening, mild luminal debris, anatomic variation, summation artefact or stricture, other.

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 kidneys were enlarged with hyperechoic to heterogeneous 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 non-homogeneous, hypoechoic medial right kidney mass lesion is present measuring 4.9 cm x 3.9 cm. The left kidney measured 7.7 cm in length. The right kidney measured 7.9 cm in length.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

The spleen measured 0.82 cm in width at the level of the mid spleen. It 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

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 non-mineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

Regional gastric wall thickening and loss of gastric wall layer detail was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. Gastric wall measured 1.3 cm in width.

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. Small intestinal wall measured 0.24 cm in width.

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

Pancreas

The pancreas is mildly enlarged to hypoechoic in appearance.

Free Abdomen

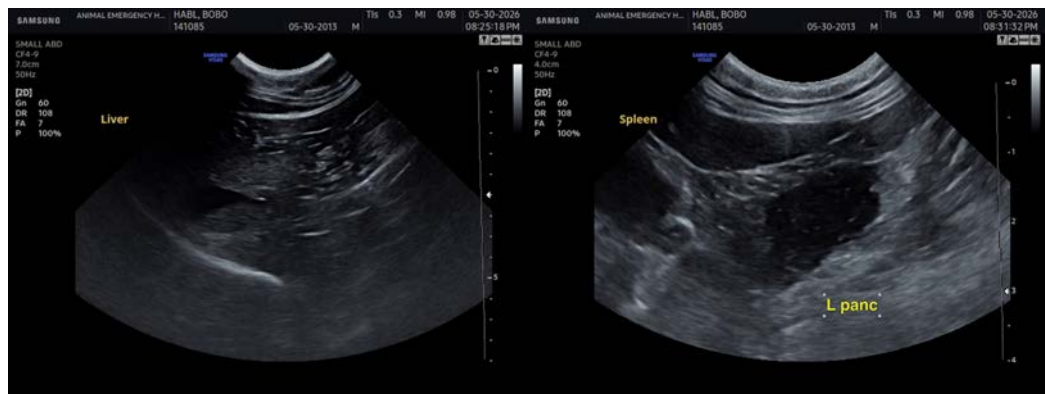
No obvious peritoneal effusion or visualized significant or swollen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Multicentric renal and stomach neoplasia - most consistent with multicentric lymphoma
- Mild swollen hypoechoic left pancreas - concurrent pancreatitis vs neoplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA cytology of accessible renal cortex +/- right kidney mass lesion and stomach wall for cytology and possible oncology consult may be considered.





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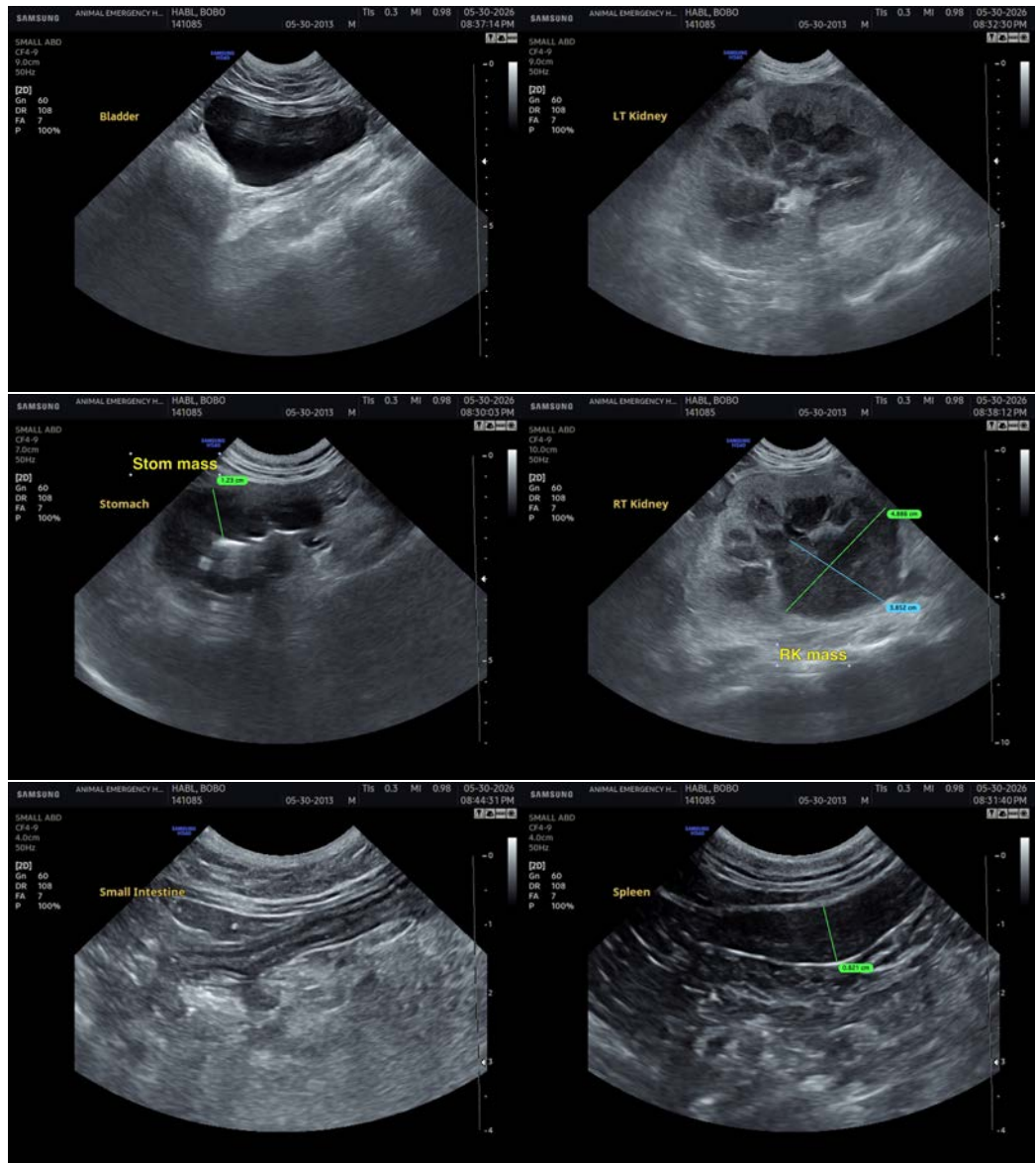
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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