



PATIENT PRESENTING CLINICAL SIGNS

Hunter Boucher History: 5-7% dehydration - bilateral moderate renomegaly, non painful - SI loops thickened - QAR - grade 3/6 systolic murmur - chronic weight loss and hyporexia over past month

SPECIES Abnormal PE/Chem/CBC/UA Results: - marked azotemia - moderate hyperphosphatemia - moderate nonregenerative anemia - mild neutrophilia - moderate thrombocytosis - isosthenuria, proteinuria 2+, 6-10 epi cells, pH 6

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Cornish Rex **Urinary System**

SEX 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. Aortic trifurcation was normal.

Neutered Male

AGE The kidneys were enlarged with subtle areas of asymmetrical renal margination. Diffuse increased cortex echogenicity noted with enhanced yet mildly indistinct corticomedullary border demarcation. Both kidneys exhibited indistinct to subtle hyperechoic band just inside the corticomedullary border, consistent with medullary rim sign. Although nonspecific, the medullary rim sign may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma and FIP. Very subtle to scant hypoechoic halo sign was noted around both kidneys. No evidence of pyelectasia. The left kidney measured 5.9 cm in length. The right kidney measured 6.8 cm in length.

5 Years

WEIGHT

3.39 kg

Adrenal Glands

INTERPRETED BY The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm.

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DABVP (Canine and
Feline)

No overt pathology in the area of the right adrenal gland.

Spleen

IMAGING

PERFORMED BY

Kelly Reschny

The spleen exhibited potential for mild subnormal size, possibly owing to volume contraction and dehydration. No evidence of splenic neoplastic criteria. The spleen revealed 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.

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Liver

REFERRING VET

Dr. Vercaigne

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.

INVOICE

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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.

DATE

5/31/22



PATIENT

Hunter Boucher

The small intestine exhibited primarily intact wall layering with propensity for mild segmental muscularis hypertrophy. Segmental small intestinal mural mass was noted, exhibited by mild to moderate hypoechoic mural hypertrophy with loss of discernable wall layering present in the mid abdomen, measuring approximately 3-4 cm in length with wall width up to 0.72 cm. By comparison, normal appearing small intestinal wall measured 0.26 cm.

SPECIES

Feline

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

BREED

Cornish Rex

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.

SEX

Neutered Male

Free Abdomen

Intermittent, mildly prominent to hypoechoic mesenteric lymph nodes were present. An example measured 1.3 cm x 0.67 cm. No evidence of peritoneal free fluid.

AGE

5 Years

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal lymphoma pattern
- Small intestinal mural mass with concurrent minor segmental intestinal muscularis layer hypertrophy
- Intermittent mesenteric lymphadenopathy

WEIGHT

3.39 kg

INTERPRETED BY

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DABVP (Canine and
Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment and or definitive diagnosis, the appearance of the bilateral kidneys, along with concurrent small intestinal mural mass with areas of intact yet prominent intestinal wall layering is most suggestive of multicentric intestinal and renal round cell neoplasia, such as lymphoma or other. Nonneoplastic etiologies for the bilateral renomegaly, i.e., nonspecific nephritis and/or for the small intestinal mural mass, i.e., inflammatory granulomatous disease (dry form FIP) possible yet though less likely.

IMAGING PERFORMED BY

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Assuming normal clotting status, ultrasound guided renal cortex FNA and/or small intestinal mural mass FNA, if accessible, could be considered for screening cytology and potential for oncology consult. Very guarded to potential unfavorable prognosis indicated.

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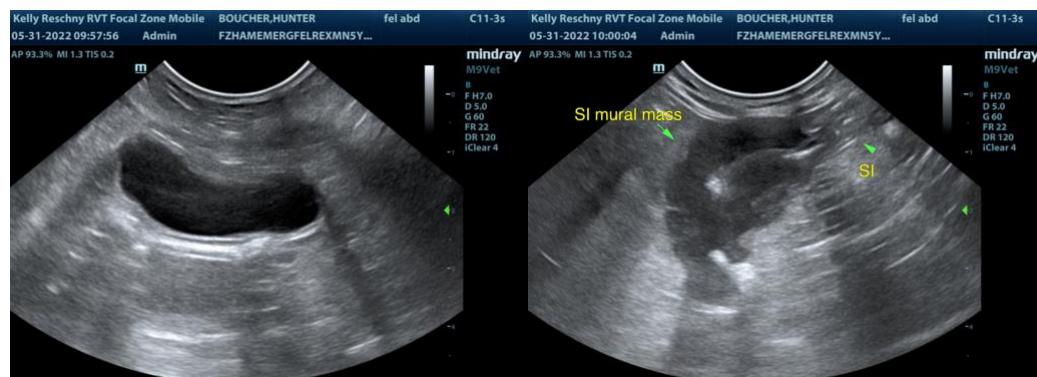
Dr. Vercaigne

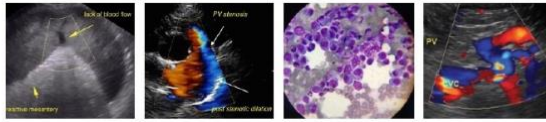
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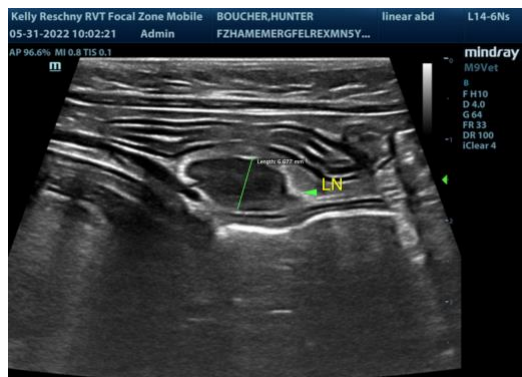
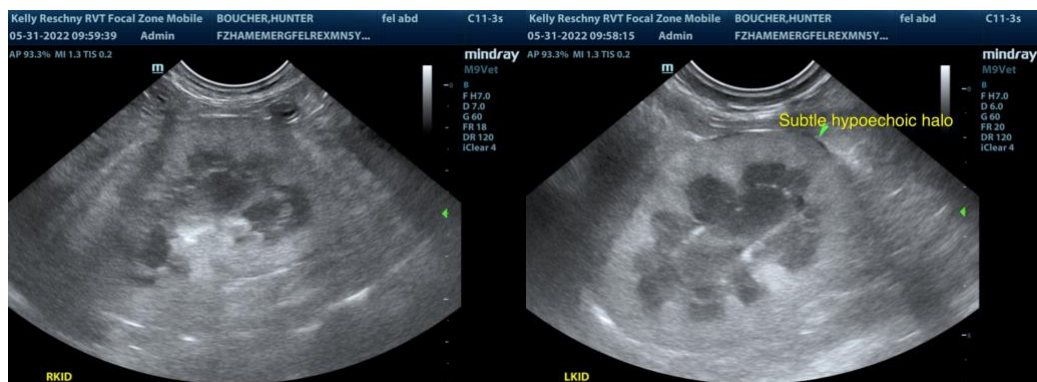
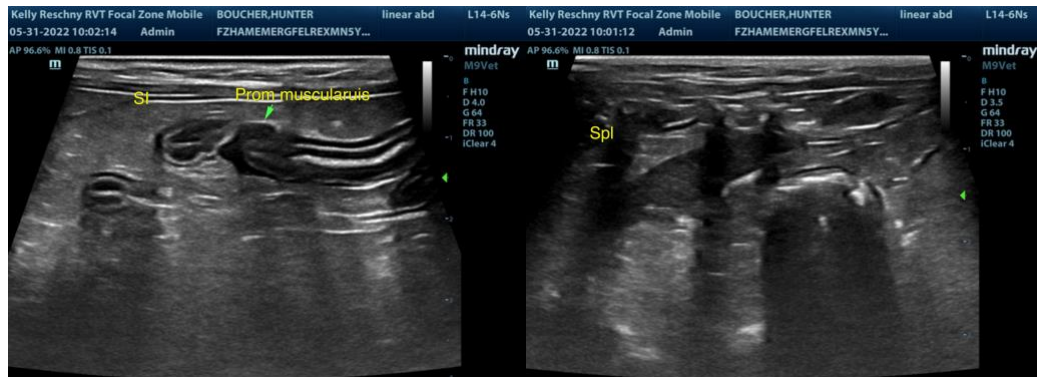
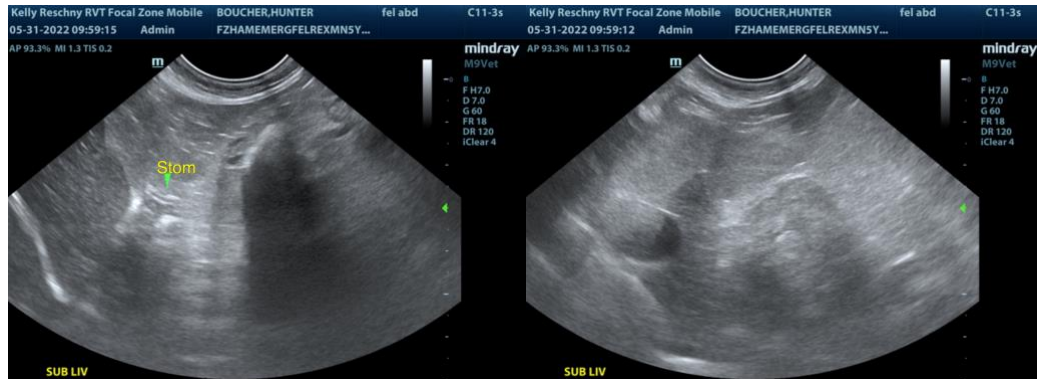
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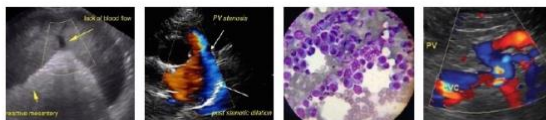
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. 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.

SPECIES

Feline

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