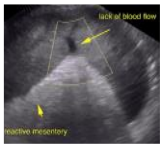

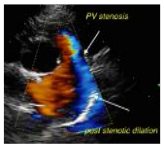

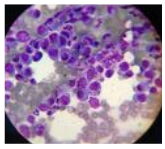
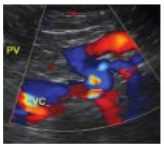

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Magoo Mohr

SPECIES

Feline

BREED

DSh

SEX

MN

AGE

4 years 9 months

WEIGHT

8.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Mansion

REFERRING VET

Dr. Parker

INVOICE

14003

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Lost half of his body weight, not eating well. Fecal wnl. No current meds.
Abnormal PE/Chem/CBC/UA Results: Amyl 1554 (1200 H)

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, nondependent to accumulated, particulate sediment was present without evidence of calculus formation. The sediment may indicate cellular debris / protein, crystalline debris, or mucus. 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.

Borderline enlargement and mild regional caudal lateral asymmetrical margination with focal infarction were present in the left kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. Left retroperitoneal free fluid and evidence of inflammation extending caudally to the approximate level of the iliac trifurcation were present in the left kidney. 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 in length.

Normal renal size with asymmetrical margination was present in the right kidney. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. Mild cortical hypertrophy with marked uniform hyperechoic cortex echogenicity, enhanced corticomedullary border demarcation, and multiple areas of pinpoint to focal medullary mineralization were present in the right kidney. The renal medullary volume was subjectively reduced. Right kidney mild pyelectasia was present. An ill-defined subjective mild proliferative mass lesion in the area of the right kidney and right retroperitoneal space was present. Associated right retroperitoneal free fluid and evidence of Inflammation were noted. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to increased retroperitoneal artifact.

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. Potential for subtle Ill-defined hyperechoic, nonspecific splenic nodules was noted. The spleen measured 0.86 cm width. No splenic masses were noted.

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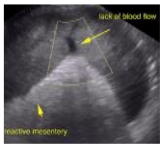
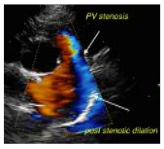
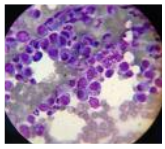
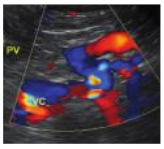

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Liver/ Gallbladder

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.

The small intestine presented primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer, yet without evidence of significant mural hypertrophy, loss of intestinal wall layering, or overt intestinal masses. The jejunum wall width measured 0.23 - 0.30 cm. The ileocolic wall width measured 0.36 cm.

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

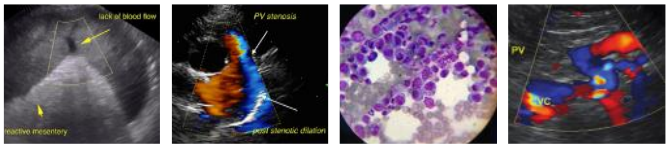
Suspect lymph nodes adjacent to the right kidney were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.6 cm in diameter. Subtle evidence of concurrent peri intestinal hyperechoic mesentery and potential small pockets of peri intestinal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild nondependent to accumulated urinary bladder sediment
- Bilateral nephropathy exhibiting hyperechoic cortical hypertrophy, left kidney infarction, and right kidney medullary mineral
- Associated retroperitonitis to possible mild peritonitis with ill-defined mass lesion In area of right kidney / right retroperitoneal space, likely associated minor regional lymphadenopathy
- Intact yet segmentally prominent small intestinal walls

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the primary finding of the bilateral nephropathy and associated retroperitoneal pathology may include nonspecific nephritis, or neoplasia i.e., renal lymphoma with potential for granulomatous nephropathy i.e., FIP. Sampling is required for further assessment.



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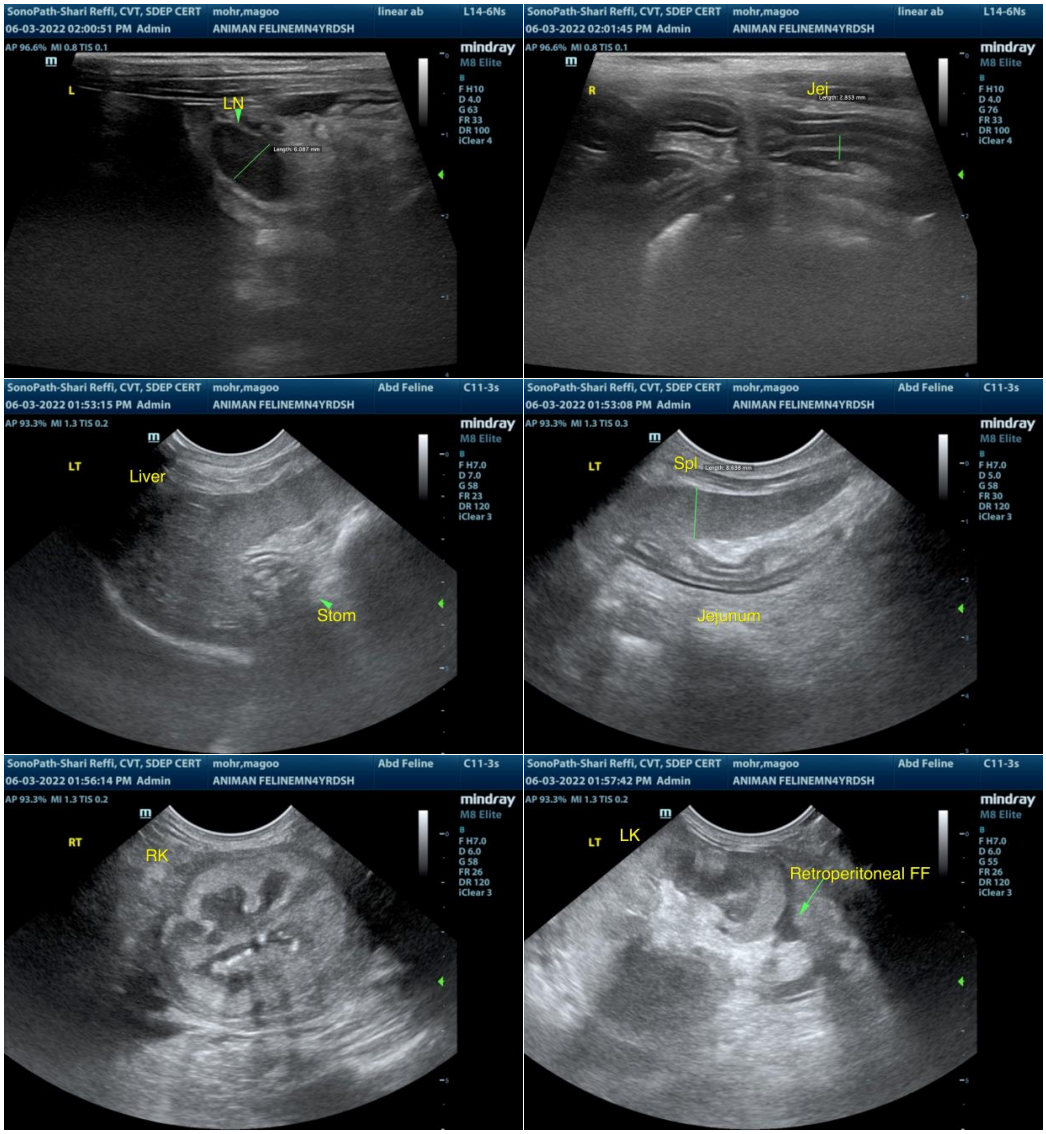
Assuming normal clotting status, ultrasound-guided FNA of the ill-defined mass lesion in the area of the right kidney and right retroperitoneal space, as well as cortical FNA of the right or left kidney for screening cytology would be warranted.

If a neoplastic process such as lymphoma is confirmed, potential of early small intestinal involvement is of concern. Correlation with full urinary workup including urinalysis +/- C/S if evidence of inflammatory cells is suggested. A guarded prognosis is warranted.



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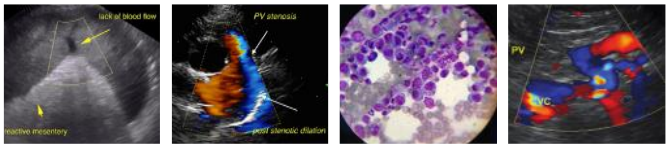

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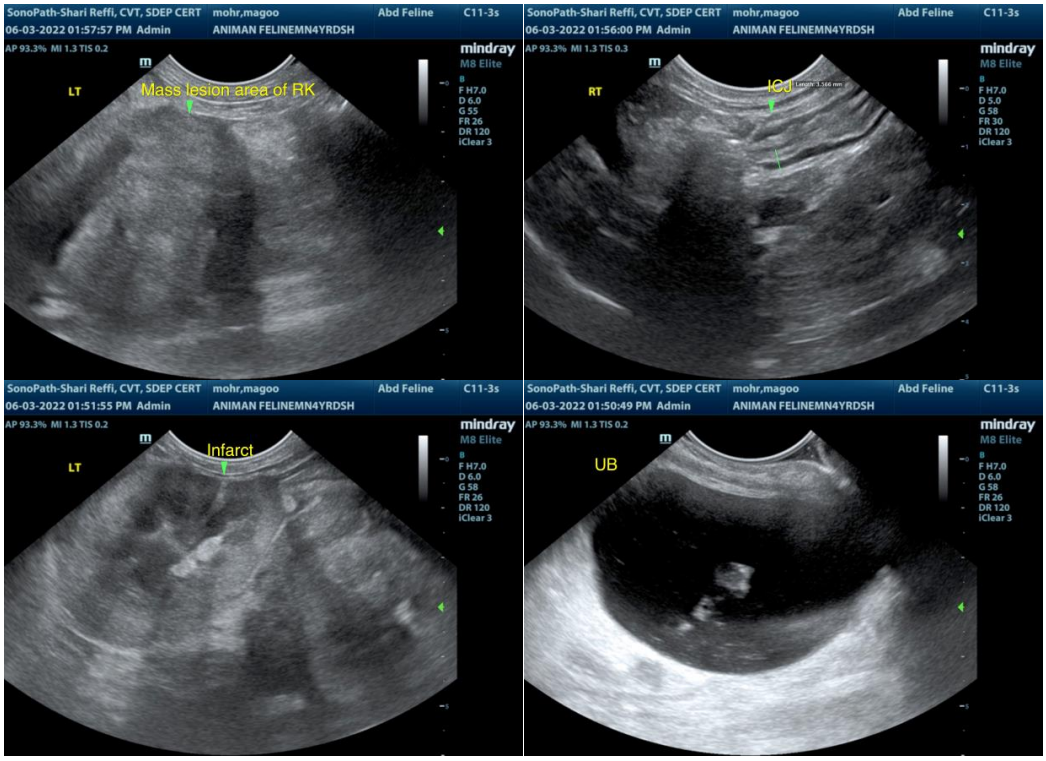

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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