



**PATIENT PRESENTING CLINICAL SIGNS**

Zeus Jackson

History: Inappropriate urination, weight loss, vomiting. Moved recently and thought was stress related but has had rapid weight loss most recently. Has urinated on owner in bed over night and that is new. Stools normal but maybe a bit dry. Seems clingy recently. Possible palpable mass on palpation. 5-7% dehydration.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: ALT 214(12-130) GGT 9(0-4) U/A greater than 50 RBC/hpf, Sp Grav 1.019, pH 6.0, 4+ blood CBC normal T4 Normal

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered Male

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 to moderate dependent to nondependent particulate 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.

**AGE**

14 Years

Normal size and margination were present in the kidneys. 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. Mild pyelectasia was present in the left kidney. A solitary solid mass lesion was present in the left kidney, measuring approximately 2.7 cm in diameter. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

**WEIGHT**

4.36 kg

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was overtly normal, measuring 0.34 cm in width.

The right adrenal gland was overtly normal, measuring 0.27 cm in width.

**IMAGING**

**PERFORMED BY**

Crystal Hill

**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. The spleen measured 0.95 cm in width. Possible indistinct mildly echogenic splenic nodules were present, not overtly consistent with neoplastic criteria, suspect indistinct splenic myelolipomas or nodular hyperplasia.

**HOSPITAL NAME**

East Credit VH

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

**REFERRING VET**

Dr. Webster

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained nonshadowing ingesta/chyme was present.

**DATE**

6/3/22



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The small intestine exhibited primarily intact wall layering and maintained 1:3 muscularis/mucosa ratio. A segment of unspecified intestine was present in the left mid to cranial abdomen, medial to the spleen and caudal to the stomach. The segment of unspecified intestine exhibited hypoechoic mural hypertrophy and loss of discernable wall layering with associated regional periintestinal hyperechoic mesentery and mesenteric lymphadenopathy. An example of mesenteric lymph node measured 0.71 cm in diameter. The abnormal segment of intestine measured potentially 5-6 cm in diameter with wall width measuring up to 0.4 cm. By comparison, normal appearing small intestinal wall measured 0.23 cm. No evidence of peritoneal free fluid.

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

***Pancreas***

The pancreas was indistinctly visualized owing to peripancreatic omental artifact

**ULTRASONOGRAPHIC FINDINGS**

- Left kidney solid mass lesion
- Right kidney moderate chronic renal changes
- Segmentally thickened intestine, exhibiting decreased mural echogenicity and loss of discernable wall layering, associated regional periintestinal reactive/inflamed mesentery and mesenteric lymphadenopathy
- Minor retained nonshadowing gastric ingesta/chyme
- Urinary bladder sediment

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The primary findings in this case are the left kidney solid mass lesion, along with segmentally thickened unspecified intestine, exhibiting loss of discernable wall layering, strongly suggestive of multicentric round cell neoplasia, involving the segmental intestinal tract and left kidney. Multicentric lymphoma is suspected, although other round cell neoplastic etiologies are possible.

Assuming normal clotting status, ultrasound guided FNA of the left kidney solid mass lesion +/- thickened segment of intestine (if accessible) warranted for screening cytology with potential for oncology consult. Non-neoplastic etiologies (i.e., inflammatory, granulomatous or other) for the intestinal and renal abnormalities are possible yet thought less likely. Three-view chest radiographs are suggested, if not done.



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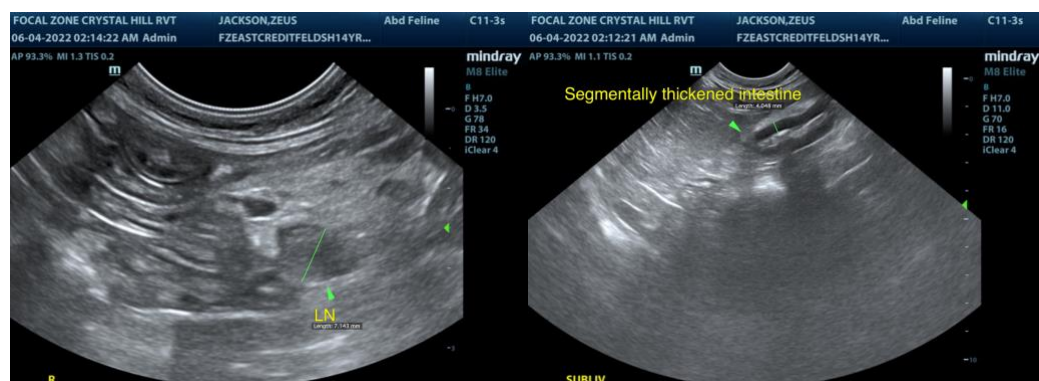
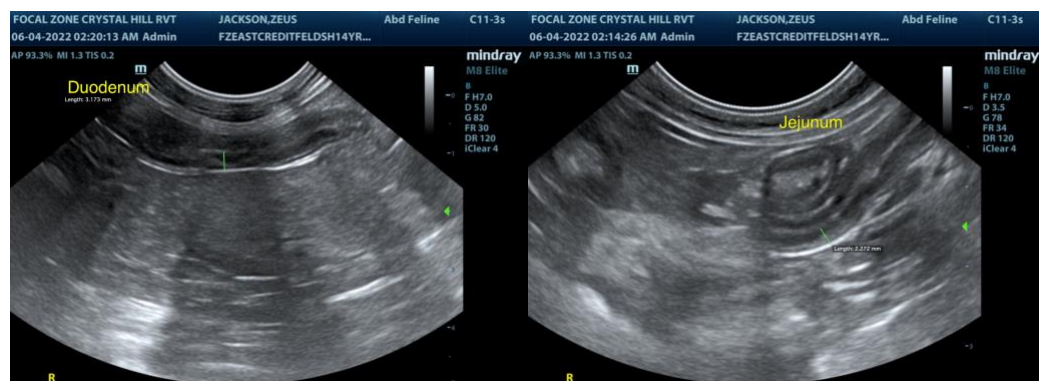
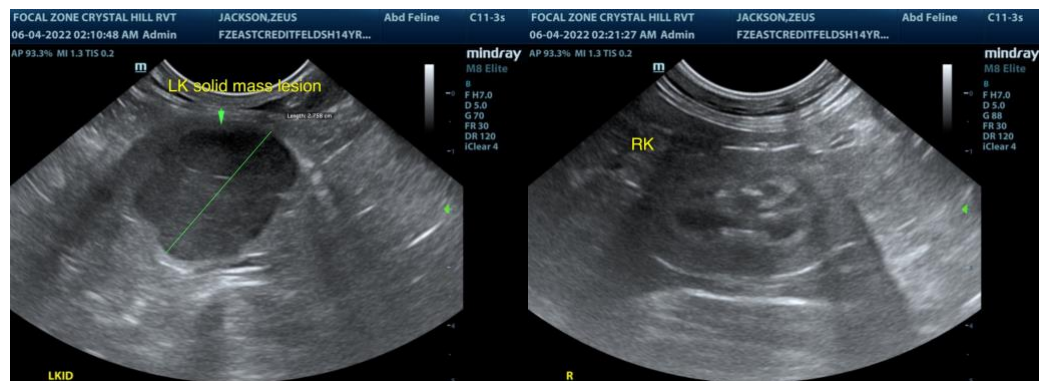
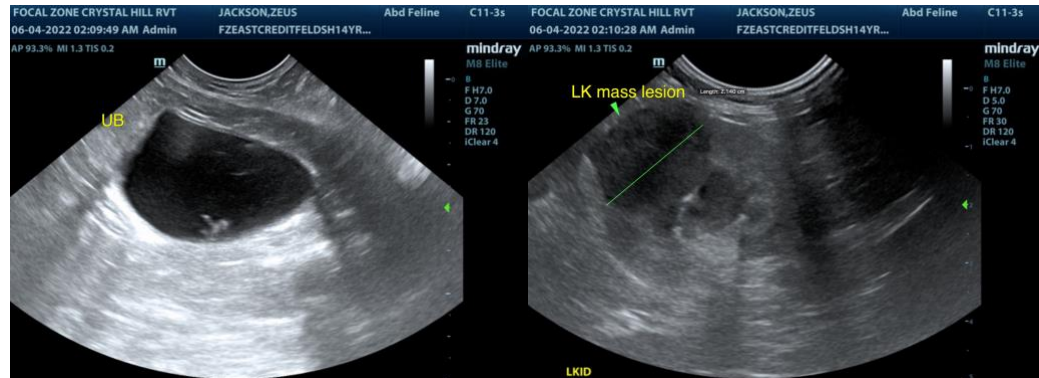
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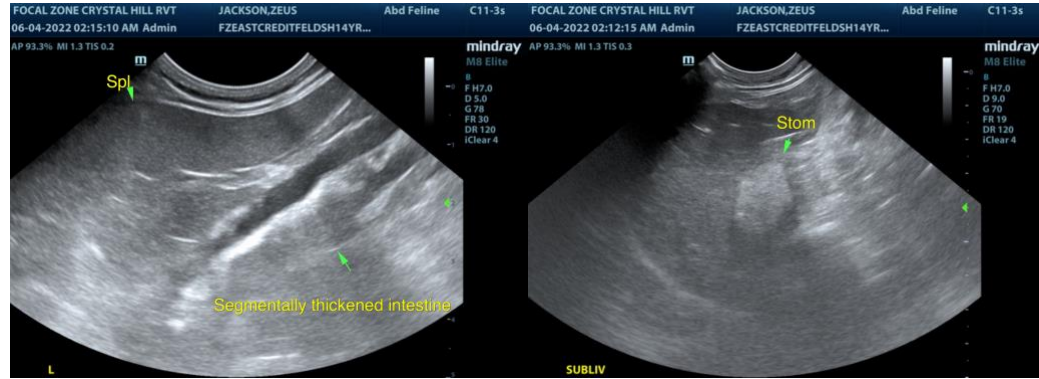
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com