



PATIENT

Tattoo (Saint Rescue)

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 months

WEIGHT

1.84 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins Pet
Hospital

REFERRING VET

Dr. Latoya Brown

INVOICE

14410

DATE

7/27/22

PRESENTING CLINICAL SIGNS

7/25/2022 - Tattoo has been steadily refusing her food over a month-long period. - Started off being picky, slowly progressed into eating only treats and now foster states she will not eat anything. - Will only consume very small amounts of broth. As it stands Tattoo has now not eaten anything in 24 hrs. 7/26/2022 - P has also lost significant weight from 2.6kg to 1.8kg and is jaundiced. - Potassium supplement ongoing IV and P will be force fed. - Differential include metabolic disease involving liver / kidney disease. - Prognosis is guarded to poor.

Abnormal PE/Chem/CBC/UA Results: HCT: 22.3% down from 28% SDMA: 16 CREA 61 µmol/L 71 - 212 LOW UREA 4.8 mmol/L 5.7 - 12.9 LOW GLOB 88 g/L 28 - 51 HIGH TP 112 g/L 57 - 89 HIGH K 2.7 mmol/L 3.5 - 5.8 LOW TBIL 45 µmol/L 0 - 15 HIGH

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 was noted.

The area of the aortic trifurcation was free of pathology.

The kidneys were enlarged with moderately hyperechoic renal cortex and medulla echogenicity. A subtle hypoechoic halo was present in both kidneys at the periphery of the cortex. Mild bilateral pyelectasia with fluid distention extending subtly into the lateral diverticuli was noted. The left kidney measured 4.8 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. No overt pathology was noted in the area of the right adrenal gland.

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. The spleen measured 0.77 cm width at the level of the hilus.

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.



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Transdiaphragmatic view revealed subtle to intermittent comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The gastric body wall width measured 0.20 cm. Minor retained anechoic fluid was present in the stomach no signs of ileus, obstruction, or foreign material.

The visualized segments of small intestine appeared to exhibit intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

No overt lymphadenopathy or omental masses were present. Subtle mildly nonuniform increased omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renomegaly exhibiting nonhomogeneous mixed echogenic corticomedullary parenchyma and bilateral subtle hypoechoic halo
- Overtly normal stomach and small bowel with minor retained gastric fluid
- Subtle nonspecific transdiaphragmatic comet tail artifact

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the bilateral kidney presentation is suggestive of bilateral renal lymphoma. FIP is also a consideration in this case.

Further assessment may include, assuming normal clotting status and using a 25-gauge needle, ultrasound-guided FNA of the left or right renal cortex for screening cytology. Three-view chest radiographs are suggested if not done. Protein electrophoresis could also be considered given the hyperglobulinemia. As-needed gastrointestinal support is recommended. However, a likely unfavorable prognosis is unfortunately indicated.



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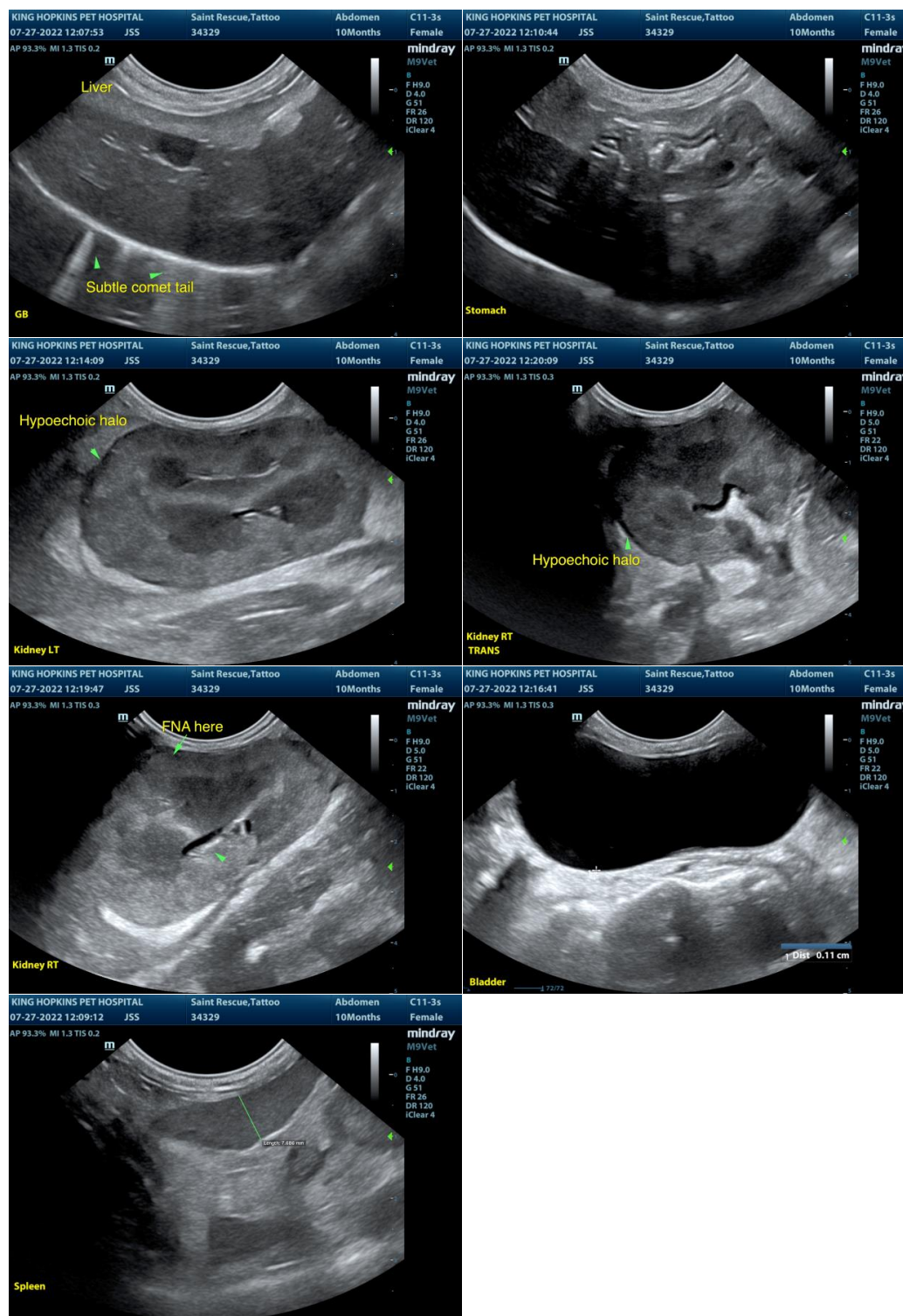
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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