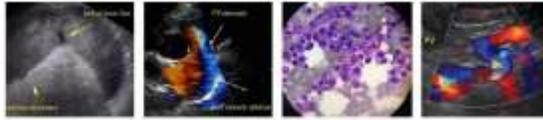


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Benny Sitki	Presented to another clinic in Port Dover for 3 days anorexia/hyporexia, lethargy, hiding - Indoor only. No access to plants/toxins/medication -no vomiting reported, no toys etc missing -bilaterally enlarged kidneys found on PE, no urethral obstruction, -7% dehydration - possible cranial abdominal mass -no referral hospitals would take him on, all at capacity currently on: IV fluids PLA, Cerenia, Buprenorphine, Ampicillin, Pradofloxacin
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: SDMA 93 (0-14) Creat 782 (71-212) Bun >46 (5.7-12.9) Phos 5.13 (1-2.42) K 7 (3.5-5.8) Ca 1.82 (1.95 - 2.83) fPLI 1.5 (0-3.5) tt4 <6 (10-60) Neut 10.59 (2.3-10.29) FeLV/ FIV neg/neg U/A - USG 1.012 pH 7.0 Pro 500 bld 250 Sediment - Sedivue - WBC 9/hpf. RBC 6/hpf No casts/crystals/bacteria seen Urine Culture negative Please see attached rads
Feline	
<b>BREED</b>	
DSH	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Neutered Male	<b>Urinary System</b>
<b>AGE</b>	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, 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.
2 years	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
6.1 kg	
<b>INTERPRETED BY</b>	The kidneys were enlarged with moderately hyperechoic renal cortex and medulla echogenicity. A hypoechoic halo was present at the periphery of the cortex. No evidence of pelvis dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 6.8 cm in length. Associated retroperitonitis was noted around both the left and right kidneys.
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Kelly Reshny, RVT	The left and right adrenal glands were not definitively visualized given the presence of retroperitoneal inflammation.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Stoney Ridge AH	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 0.82 cm width.
<b>REFERRING VET</b>	<b>Liver/ Gallbladder</b>
Dr. Brooks	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.
<b>INVOICE</b>	
12110	
<b>DATE</b>	
8/11/21	



**PATIENT**

***Gastrointestinal***

Benny Sitki

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta. The presence of gastric ingesta may suggest some degree of metabolic or possible mechanical gastric stasis.

**SPECIES**

Feline

Segmental, marked wall thickening with loss of wall layering and decreased mural echogenicity was present in the Intestine, measuring approximately 6.0 cm length with wall width measuring up to 1.7 cm. Focal paralytic ileus was present within the lumen of the abnormal intestine without an obstructive pattern in the intestine proximal to the abnormal intestine. Regional lymphadenopathy and surrounding nonuniform echogenic to hypoechoic omentum were present primarily around the abnormal intestine. An example of an associated regional omental lymph node measured 1.3 cm in diameter.

**BREED**

DSH

**SEX**

Neutered Male

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

**AGE**

2 years

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.

**WEIGHT**

6.1 kg

***Free Abdomen***

Mild peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Bilateral renomegaly with nonuniform corticomedullary parenchyma and associated retroperitonitis
- Intestinal mural mass with associated regional to generalized peritonitis - strong potential for regional omental and lymphatic seeding suspected

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Stoney Ridge AH

**REFERRING VET**

Dr. Brooks

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The abnormalities noted in this study are most consistent with multicentric, likely high-grade neoplasia, specifically lymphoma involving the bilateral kidneys and Intestinal tract with associated peritonitis / retroperitonitis and a strong concern for regional peri intestinal omental seeding such as lymphomatosis. The potential for other neoplastic etiologies or FIP involving the Intestinal tract and kidneys is also possible yet considered less likely.

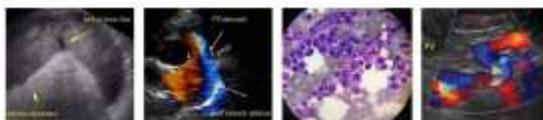
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Assuming normal clotting status, renal, cortical, and intestinal mass FNA for cytology and oncology consultation with potential for immediate chemotherapeutic intervention could be considered. However, an unfavorable long-term prognosis is unfortunately indicated.



**PATIENT**

Benny Sitki

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 years

**WEIGHT**

6.1 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Stoney Ridge AH

**REFERRING VET**

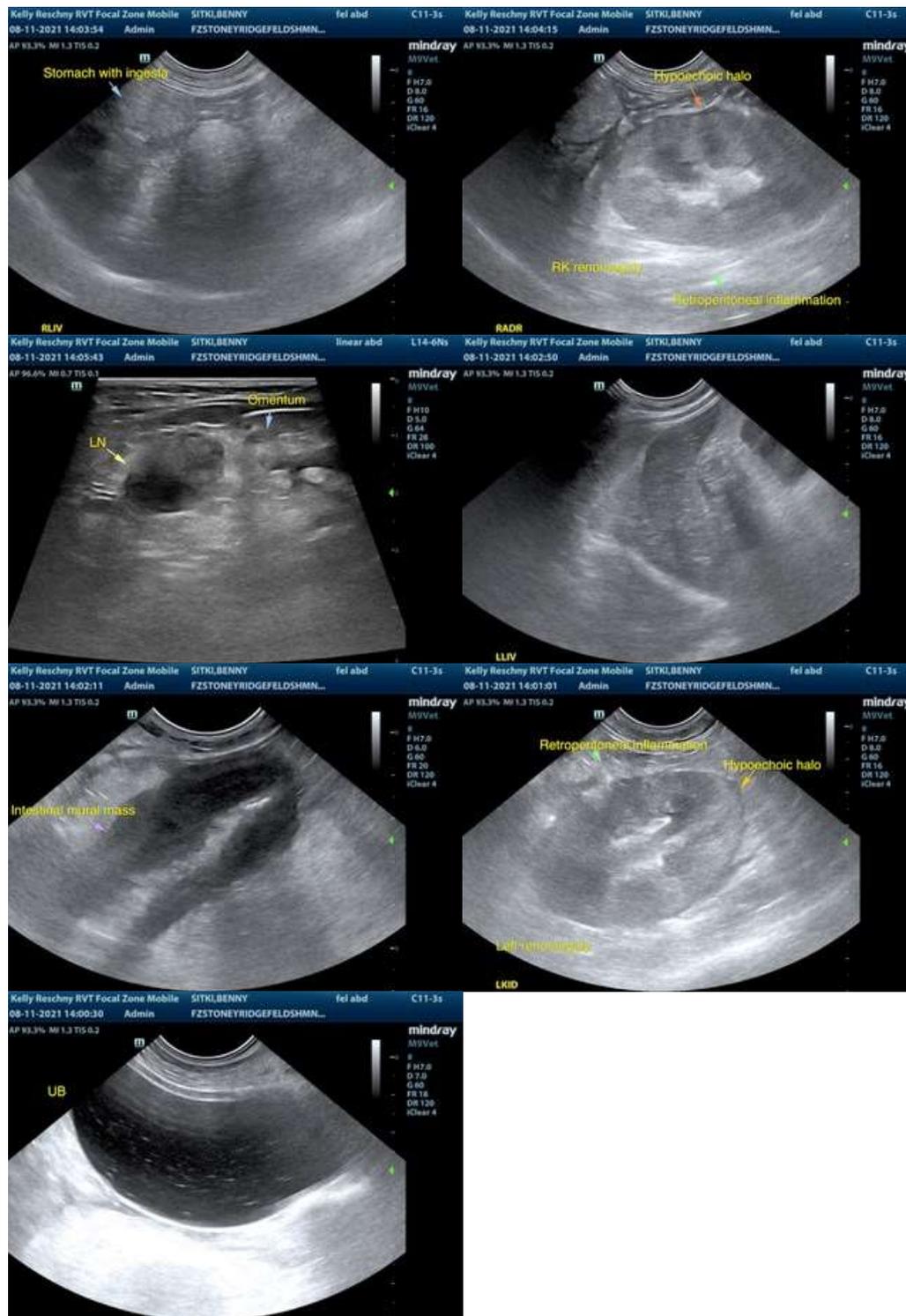
Dr. Brooks

**INVOICE**

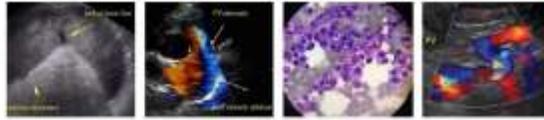
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**DATE**

8/11/21



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



**PATIENT**

Benny Sitki

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

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

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 years

**WEIGHT**

6.1 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Stoney Ridge AH

**REFERRING VET**

Dr. Brooks

**INVOICE**

12110

**DATE**

8/11/21