



**PATIENT**

Mr. Biscuit Lay

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12 years

**WEIGHT**

13.6

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Alex Emerson DVM

**HOSPITAL NAME**

Animal Clinic of  
Casselberry

**REFERRING VET**

Alex Emerson DVM

**INVOICE**

14535

**DATE**

8/9/22

**PRESENTING CLINICAL SIGNS**

Intermittent periods of V and D- every several weeks over last year or so. Rads recently taken show enlarged R kidney. Neoplasia? FNA not obtained  
Abnormal PE/Chem/CBC/UA Results: BW/TT4/UA Feb 2022 for senior screen- normal. Mild bilirubinuria, mild proteinuria, mild elevated triglycerides

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length.

The right kidney exhibited generalized enlargement primarily secondary to mildly expansive spherical solid to homogeneous mass occupying the caudal aspect of the right kidney measuring 3.4 cm x 3.0 cm. The overall right kidney measured 5.2 cm in length. No obvious evidence of right retroperitoneal free fluid was noted.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was not definitively visualized.

**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 0.68 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.

**Gastrointestinal**

The stomach exhibited subjective potential for mild thickened walls in the area of the fundus and gastric body with potential ventral gastric fundus wall measuring up to 1.0 cm in diameter.



<b>PATIENT</b>	The small intestine presented intact wall layering and subjective primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent small intestinal muscularis layer, yet without evidence of mural hypertrophy or overt loss of intestinal wall layering. The small intestinal wall width measured 0.25 cm.
Mr. Biscuit Lay	
<b>SPECIES</b>	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
DSH	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.
<b>SEX</b>	
MN	<b><i>Free Abdomen</i></b>
<b>AGE</b>	No obvious evidence of omental lymphadenopathy was noted. No evidence of peritoneal free fluid was noted.
12 years	
<b>WEIGHT</b>	
13.6	<ul style="list-style-type: none"> <li>• Solid right kidney mass</li> <li>• Left kidney mild chronic changes</li> <li>• Subjective potential for concurrent thickened gastric wall</li> <li>• Subjective normal small bowel</li> </ul>
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
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Alex Emerson DVM	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Animal Clinic of Casselberry	This study confirms the presence of a right kidney solid mass. Although sampling is required for further assessment, neoplastic criteria which may include lymphoma, adenocarcinoma, sarcoma, nephroblastoma, or other, is suspected with less likely potential for non-neoplastic etiologies such as granuloma.
<b>REFERRING VET</b>	Although not definitive, potential for concurrent gastric wall thickening, which may indicate concurrent inflammatory gastric process or potential multicentric neoplasia, is possible.
Alex Emerson DVM	Assuming normal clotting status, ultrasound-guided FNA of the right kidney mass, using a 25-gauge needle, is warranted for screening cytology with potential for oncology consultation if neoplastic process is confirmed.
<b>INVOICE</b>	Gastroprotectant protocol and as-needed gastrointestinal support pending right kidney cytology would be reasonable.
14535	Sonographic reassessment of the stomach and gastrointestinal tract for evidence of progressive gastric or gastrointestinal mural changes, given the vomiting and diarrhea in this patient, with initial recheck in 4 weeks would be ideal.
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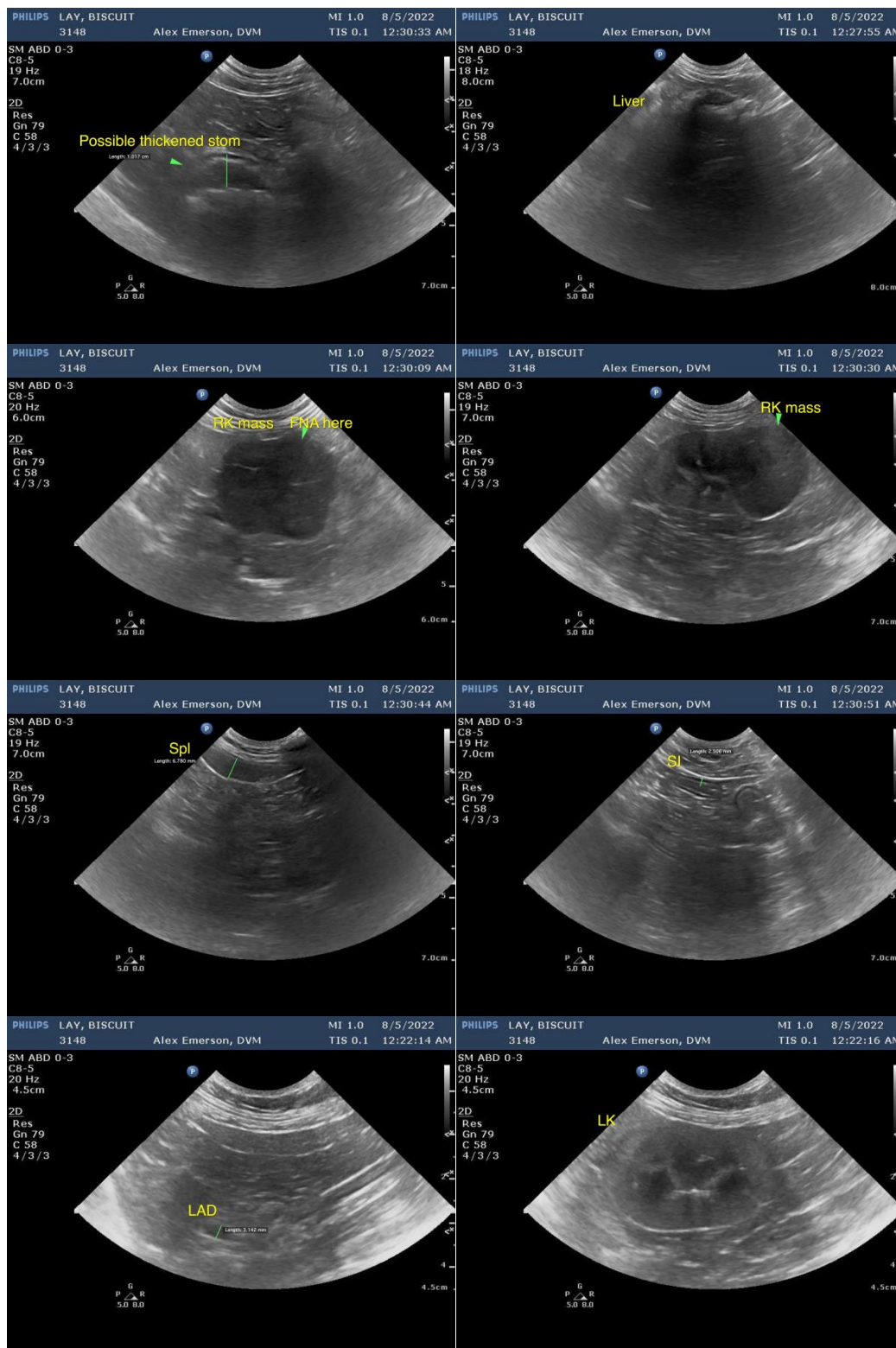
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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