



## PATIENT

Ju-Jubee Knapp

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

14 years

## WEIGHT

10.96 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Banfield South  
Eugene

## REFERRING VET

Dr. Wright

## INVOICE

15022

## DATE

9-28-22

## PRESENTING CLINICAL SIGNS

yesterday's PE: Wt: 10.96 lbs / 4.97 kgs, BCS: 5/9 GEN: BAR, TPR - WNL (see screens), CRT < 2 sec, 5% dehydrated pale pink, moist MM EYES/EARS: clear OU. canals clean, tympanic membranes intact AU. N/T: no nasal discharge, no sneezing, no cough on tracheal palpation. ORAL: moderate dental calculus INTEG: no lesions or ectoparasites appreciated. LN: peripheral LNs are normal in size, shape, consistency. GI/UG: soft non-painful abdomen on palpation. external genitalia is normal in appearance. enlarged kidney bilaterally - palpate non-painful M/S: no lameness or abnormalities appreciated. NEURO: appropriate mentation, no deficits appreciated, or spinal pain. HEART/LUNGS: no murmurs or arrhythmias heard. Strong Femoral pulses. Lungs clear bilaterally gallop rhythm

Abnormal PE/Chem/CBC/UA Results: 9/27/22 BUN H\* 57 mg/dL CREA 2.0 mg/dL PHOS 6.9 mg/dL 9/26/22 BUN H\* 83 mg/dL, CREA H\* 2.7 mg/dL PHOS 7.1 mg/dL 9/25/22 CREA 4.1 mg/dL BUN 120 mg/dL PHOS 9.4mg/dL 9/24/22 BUN > 130 CREA 8.3 H (0.8-2.4) PHOS > 16.1 HCT 20.59% L Current Medications elura, orbax, daily outpatient IVF therapy since evening 9/24/22, plan to premed with torb for AUS Radiographic Findings ABDOMEN: September 24, 2022: 4 images are provided. COMPARISON: None available. FINDINGS: The visible portions of the caudal thorax are unremarkable. Not enough of the thorax however is visible for complete adequate assessment. There is gas and fluid within the stomach. The stomach overall is not appreciably enlarged. There is fluid/gas within segments of small intestine. There is formed fecal material and gas present within the colon. The kidneys are markedly enlarged bilaterally. The right caudal/lateral liver is mildly elongated on the orthogonal view. The urinary bladder contains normal uniform fluid opacity. There is decreased detail within the retroperitoneum and may be related to the presence of retroperitoneal effusion. There is questionable minimal fluid opacity superimposed with the urinary bladder on the left lateral view as well. There is intermittent thoracolumbar spondylosis deformans. There is mild cranial lumbar intervertebral disc space narrowing also. CONCLUSIONS: The marked enlargement of the kidneys bilaterally may be associated with renal neoplasia. Lymphosarcoma for example should be considered. Carcinoma cannot rule out as well. Infectious peritonitis may also alternatively be considered. Renal disease, severe pyelonephritis, etc. cannot rule out as well but neoplasia is considered most likely. The mild fluid likely within the retroperitoneum is likely associated with inflammation, neoplastic effusion, hemorrhage, etc. and is nonspecific. The mild elongation of the right caudal/lateral liver may be related to a benign/metabolic hepatopathy. Hepatic neoplasia or an infectious hepatopathy cannot be ruled out definitively also. The intervertebral disc space narrowing is suggestive of intervertebral disc disease. RECOMMENDATIONS: To better assess the abdomen overall consider ultrasound. Abdominal computed tomography may also be considered. Orthogonal 3 view radiographs of the thorax may also be considered for screening/staging purposes as well. Joseph Amory, DVM, DACVR Radiologist

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was normal in size and tone. Anechoic urine was present in the lumen primarily with a solitary, spherical, soft tissue echo, which appeared to be subjectively mobile and non-mineralized, was present within the urinary bladder lumen measuring approximately 1.9 cm in diameter. No evidence of inflammatory or neoplastic mural changes was noted. The urethra exhibited normal structure and tone to a depth of 2.0 cm.



<b>PATIENT</b>	The area of the aortic trifurcation was free of pathology.
Ju-Jubee Knapp	
<b>SPECIES</b>	The left kidney was enlarged in size with asymmetrical contour. Nonuniform to nodular appearing cortex was present with moderate loss of corticomedullary border demarcation. Hypochoic halo was noted around the periphery of the left kidney, indicative of subcapsular or potential mild regional retroperitoneal fluid. The left kidney measured 6.4 cm in length.
Feline	
<b>BREED</b>	The right kidney was markedly enlarged in size primarily owing to a moderately sized to expansive mixed echogenic, nonhomogeneous mass occupying the cranial aspect of the right kidney with associated obliteration of discernable corticomedullary parenchyma. The mass measured 6.0 cm in diameter. The mid to caudal right kidney exhibited similar sonographic appearance compared to the left kidney including hypochoic peripheral halo sign. Moderate loss of corticomedullary border demarcation and mild pyelectasia was noted. The right kidney measured 9.2 cm in length. Subtle evidence of concurrent left and right retroperitoneal inflammation was noted.
DSH	
<b>SEX</b>	
MN	
<b>AGE</b>	<b>Adrenal Glands</b>
14 years	No overt pathology was noted in the area of the left and right adrenal glands.
<b>WEIGHT</b>	<b>Spleen</b>
10.96 lbs.	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.
<b>INTERPRETED BY</b>	<b>Liver/ Gallbladder</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypochoic 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>IMAGING PERFORMED BY</b>	<b>Gastrointestinal</b>
Sara Hansen	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.
<b>HOSPITAL NAME</b>	<b>REFERRING VET</b>
Banfield South Eugene	Dr. Wright
<b>INVOICE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
15022	<b>Pancreas</b>
<b>DATE</b>	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.
9-28-22	



**PATIENT**

**Free Abdomen**

Ju-Jubee Knapp

No overt lymphadenopathy or peritoneal effusion was present.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral renal neoplasia pattern with moderately sized cranial right kidney mass, associated retroperitonitis
- Suspect urinary bladder blood clot

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Assuming normal clotting status and using a 25-gauge needle, screening renal cortex and right kidney mass FNA cytology could be considered with potential for oncology consult. Non-neoplastic etiology, i.e., severe renal inflammatory disease and/or FIP is considered less likely differentials. Minor potential for primary vs. metastatic urinary bladder neoplasia, likewise, is considered a less likely differential diagnosis, specifically if evidence of hematuria. Unfortunately, an unfavorable prognosis is indicated.

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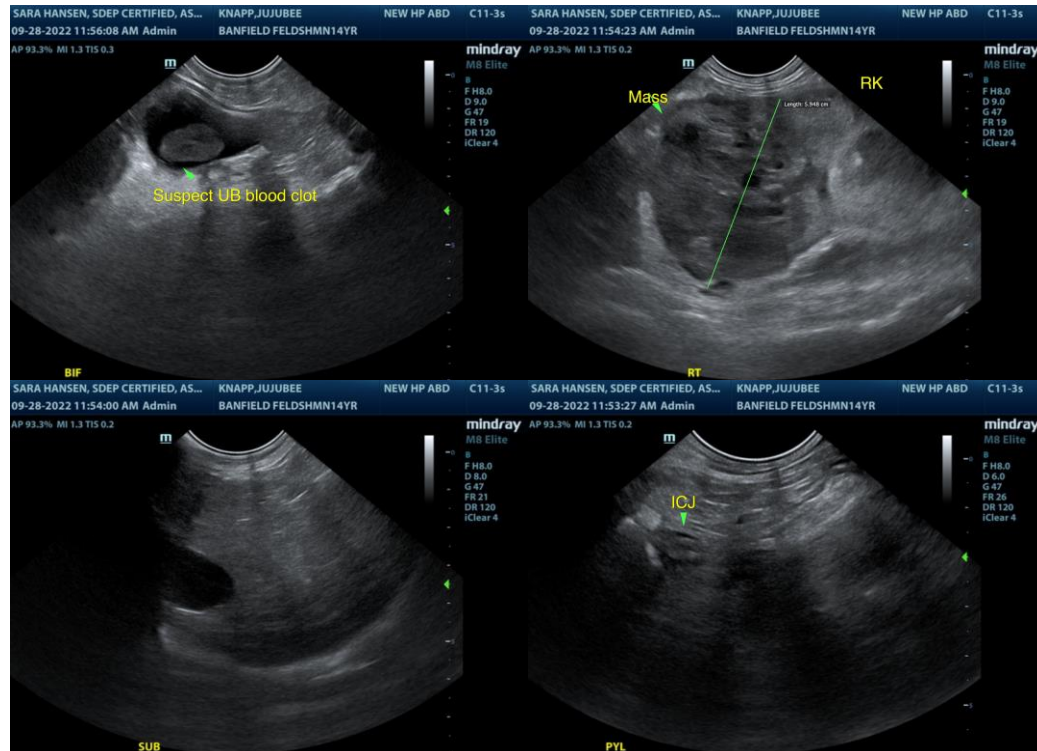
Dr. Wright

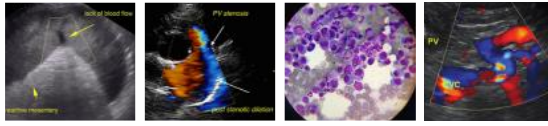
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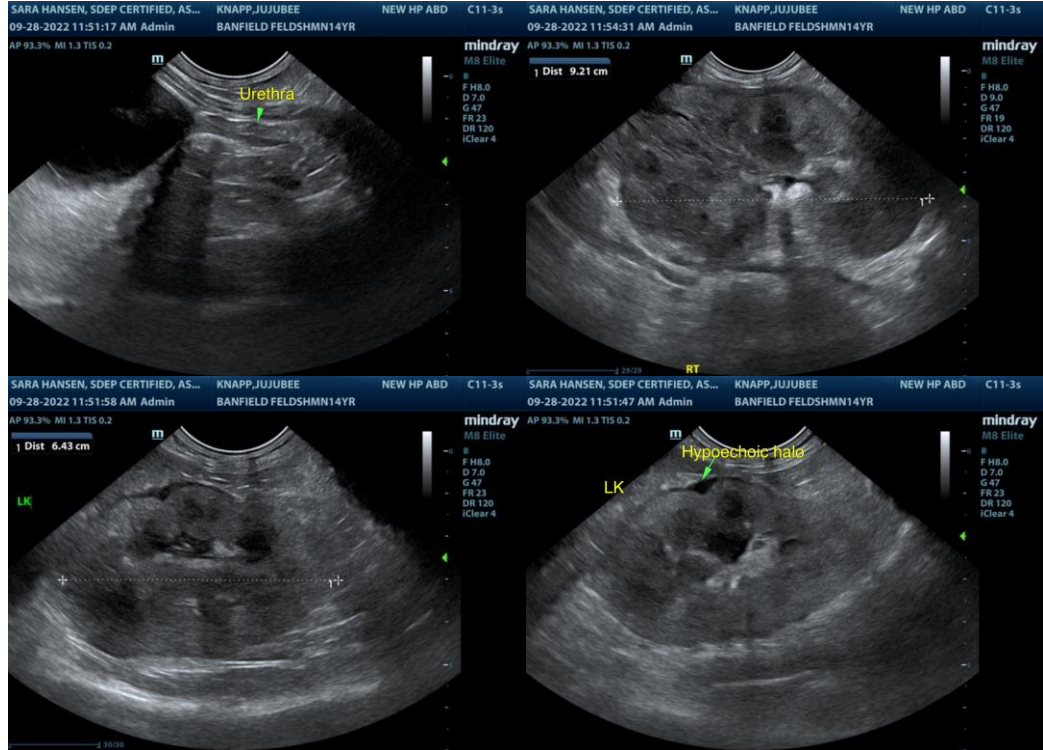
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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