**PATIENT**

Joker Lukens

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2 Years

WEIGHT

5.4 kg

INTERPRETED BYSebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging**IMAGING PERFORMED BY**

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Resop

INVOICE

49282

DATE

1-4-22

PRESENTING CLINICAL SIGNS

Lethargy and inappetent for the last 3 days, no bowel movement, urinating very little, referring Dvm noticed kidneys were severely enlarged, diagnosed with hypertension a few months ago. Abnormal PE/Chem/CBC/UA Results: Bilaterally enlarged kidneys that are mildly uncomfortable to palpation. creatine 10.5, BUN 179, Na 168

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary system**

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys present an irregular shape with an undulating surface, a highly coarse, partially striated texture of the renal cortex and medulla and a marked, irregular subcapsular rim. The renal periphery is highly hyperechoic and both renal pelvises are distended. Both show an estimated length > 6 cm.

Adrenal glands

Both adrenal glands are considered to be normal.

Spleen

The spleen is inconspicuous in terms of size and surface with maximum transverse diameters of 0.80 cm. The splenic echotexture is mildly coarse with multiple, hypoechoic spots. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

There are no signs of nodular/focal changes noted.

Liver/Gallbladder

Liver images are inconspicuous. Echotexture is mildly hyperechoic. Size and vasculature appear regular. Evidence of nodular or focal changes is not visible. The gallbladder is unremarkable.

Gastrointestinal

Adjacent and medial to the right kidney a hypoechoic, amorphous mass is detected most likely originating from the jejunum, which seems to confluent with the mass. Maximum diameters measure approximately 4.05 cm. Again, a marked hyperechoic periphery is recognized. Intestines, stomach and colon present intact wall layers apart from that.

Free Abdomen

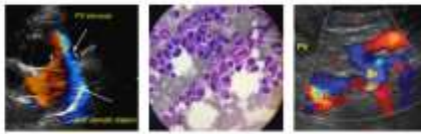
There is subtle pooling of free peritoneal fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral, enlarged kidneys with an irregular shape/surface, a significant coarse echotexture, subcapsular, hypoechoic rim and bilateral pelvic distension
- Hypoechoic, intestinal mass medial to the right kidney
- Mildly coarse spleen and hyperechoic liver

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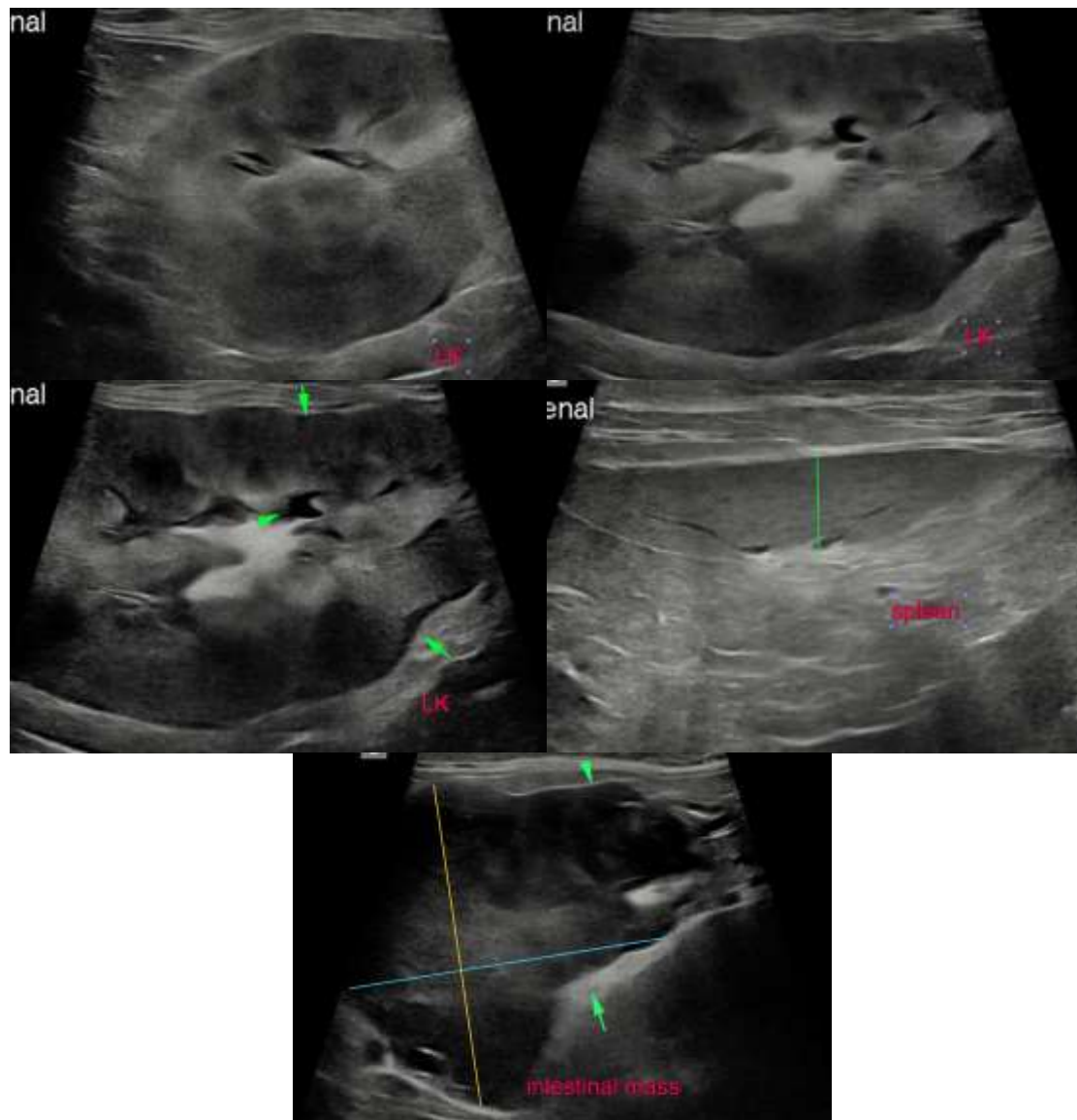
1-4-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the jejunum and both kidneys are highly suspicious for intestinal/renal lymphoma. Especially the hypoechoic subcapsular rim and renomegaly with the noted coarse echotexture would go along with that assumption as well as the mildly coarse spleen. The hyperechoic periphery and pelvic distension each indicate an active/aggressive process. Secondary nephritis/retroperitonitis and peritonitis are likely. I would rule out inflammatory disease and intoxication from a sonographic point of view.

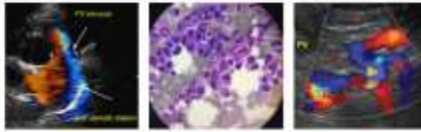
The hypoechoic mass medial to the right kidney has direct contact to the kidney. Origin could also be located in the mesentery, but I assume is safely peritoneal and not retroperitoneal. Invasion of the retroperitoneal space is possible.

FNA of the hypoechoic mass and urinary testing could be performed next for confirmation.



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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.

SPECIES

Feline

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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