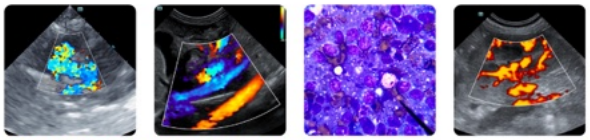


PATIENT

Sophie Choy

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

11.02 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village Veterinary & Integrative Care

REFERRING VET

Dr. Hou

INVOICE

68618

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Weight loss for the past few months, lethargy for the past week, eating well, indoor only
Abnormal PE/Chem/CBC/UA Results: Peripheral lymphadenopathy: submandibular, popliteal, prescapular lymph nodes 1.5-3cm. Moderate leukocytosis (~30K) Mild elevation in liver values (ALT, AST, ALP), hyperbilirubinemia (0.6)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.01x2.11 cm, and the thickness of the cortex is 0.33 cm, in the sagittal plane.

The right kidney is normal in shape and size: 3.52x1.66 cm, and the thickness of the cortex is 0.35 cm, in the sagittal plane.

The renal cortex appears increased in echogenicity, resulting in accentuated corticomedullary distinction; however, the gain setting of the ultrasound machine is markedly elevated, which may artifactually exaggerate cortical brightness. The corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands could not be adequately visualized. No definitive evaluation can be made based on the provided images.

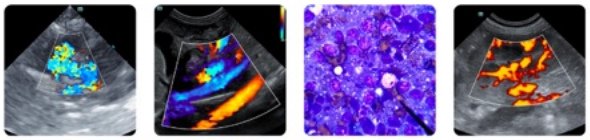
Spleen

Splenic thickness is 1.73 cm. The splenic parenchyma is heterogeneous with a diffuse multinodular pattern. The splenic capsule remains smooth and regular.

Liver

A large portion of the liver exhibits increased echogenicity with a marked “honeycomb” parenchymal pattern. Hepatic lymphadenopathy is present (node measuring 1.16-1.50 cm) with abnormal shape and echogenicity.

The gallbladder lumen is normally distended. The wall is thin and the contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.07 mm and preserved wall layering. The pylorus was not measured.

Duodenum: 1.77 mm. Jejunum: 1.99 mm. Ileum: 1.23–1.36 mm. All segments show normal wall layering. The ileocecal junction measures 2.16 mm in total wall thickness. No evidence of inflammation, obstruction, ileus, or foreign material.

Colon: 0.71 mm, containing formed feces.

Pancreas

Pancreatic thickness ranges from 4.14–5.22 mm. The parenchyma is isoechoic compared with adjacent omental fat. The pancreatic duct measures 0.67 mm (normal).
No signs of peripancreatic fat inflammation or pancreatic mass are observed.

Peritoneal Cavity

A small amount of abdominal effusion is present within the splenorenal recess.
A mass-like structure measuring approximately 3×2 cm is present, most consistent with a severely altered cranial mesenteric lymph node (likely neoplastic).
Hepatic lymph nodes are clearly abnormal.
The pancreaticoduodenal lymph node measures 4.25×6.23 mm.
Ileocecal lymph nodes appear normal.

ULTRASONOGRAPHIC FINDINGS

- Marked abdominal lymphadenopathy, including a severely enlarged cranial mesenteric lymph node (~3 × 2 cm) and abnormal hepatic lymph nodes.
- Multinodular, heterogeneous splenic parenchyma, consistent with infiltrative disease.
- Diffuse hepatic echogenicity increase with a coarse honeycomb/reticular pattern, highly suspicious for infiltrative or neoplastic hepatopathy.
- Peritoneal effusion at the splenorenal recess and between the hepatic lobes.
- Peripheral lymphadenopathy reported clinically (1.5–3 cm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound findings reveal multisystemic infiltrative changes involving the liver, spleen, and abdominal lymph nodes, accompanied by peripheral lymphadenopathy and a small volume of peritoneal effusion. The combination of these findings and the patient's clinical signs (weight loss, lethargy, leukocytosis, and hyperbilirubinemia) is highly suggestive of multicentric lymphoma.

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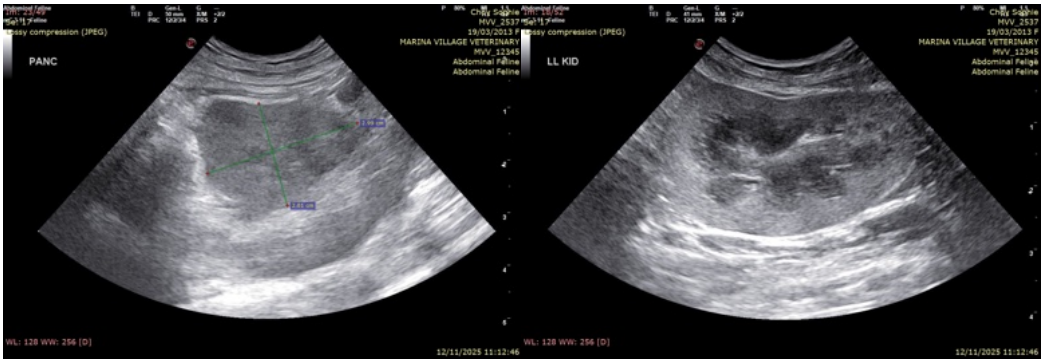
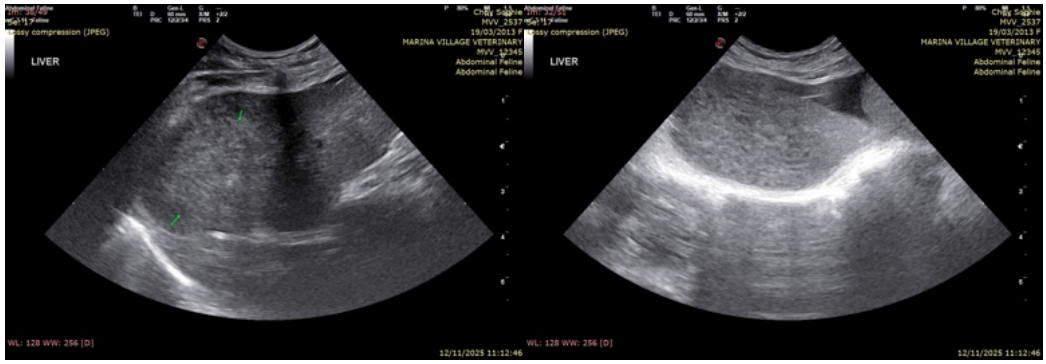
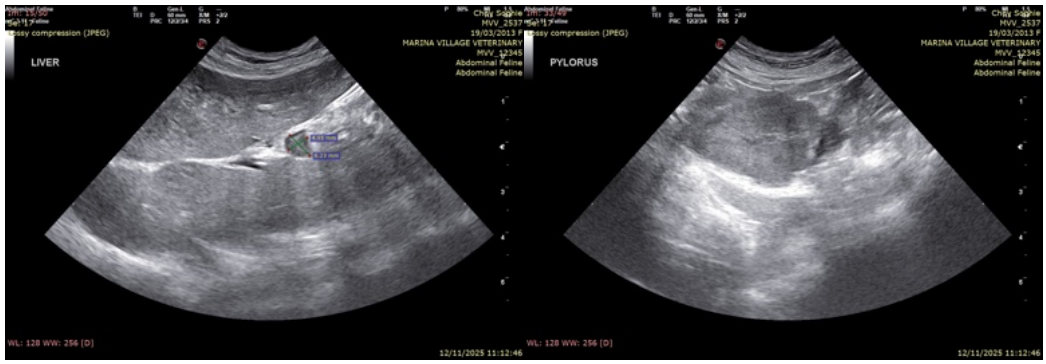
While other infiltrative processes (granulomatous disease or histiocytic disorders) may produce some of these changes, they are considered far less likely given the overall constellation of abnormalities.
Recommendations

- Fine-needle aspiration of an enlarged peripheral lymph node and consider ultrasound-guided FNA or biopsy of the hepatic, splenic, or cranial mesenteric lymph nodes.
- Baseline thoracic imaging (radiographs or CT) is advised to complete staging and evaluate for mediastinal involvement.







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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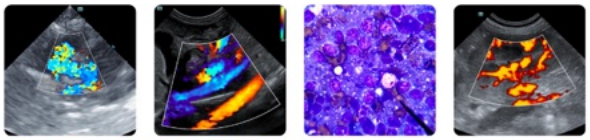

Clinical Sonography & Telecytology
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com