



PATIENT

Dash Wu

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

11 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus PH

REFERRING VET

Dr. Hadi

INVOICE

68679

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: P presented for acute weight loss, hyporexia. History of IBD, managed with budesonide. A ~2-3 cm firm structure was palpated in the mid cranial abdomen. AUS today to further investigate.
Abnormal PE/Chem/CBC/UA Results: NSF on feline senior panel

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 slightly turbid, although no mineral sediment is observed. 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: 3.35 × 2.06 cm, with a cortical thickness of 0.49 cm in the sagittal plane. The cortex is slightly thickened and hyperechoic, resulting in increased corticomedullary distinction. Mild medullary rim sign is present.

The right kidney is normal in shape and size: 3.46 × 2.30 cm, with a cortical thickness of 0.45 cm in the sagittal plane. The renal cortex is increased in echogenicity, resulting in increased corticomedullary distinction. Mild medullary rim sign is present.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.29 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland could not be clearly distinguished.

Spleen

Splenic thickness is 0.80 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident 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 2.86 mm and preserved wall layering. The pylorus measures 4.65 mm.

Duodenum: 1.76 mm. Jejunum: 1.43 mm. Ileum: 1.12 mm. Normal wall layering. The ileocecal junction was not clearly visualized.

Colon: 0.84 mm, with formed feces in the descending segment.

Pancreas

Measures 8.64 mm. The parenchyma appears slightly heterogeneous and mildly hypoechoic compared to the adjacent omental fat.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed.

Cranial mesenteric lymph nodes: 1.82x1.43 cm and 1.46x1.08 cm.

The hepatic, gastric, peri-splenic, splenic, mesenteric, and ileocecal lymph nodes are all markedly enlarged, rounded, and severely hypoechoic. One splenic lymph node shows even more reduced echogenicity (nearly anechoic) and severe inflammation and edema of the surrounding perinodal/peripancreatic fat.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Marked generalized abdominal lymphadenopathy with perinodal inflammation/infiltration.

SECONDARY FINDINGS

- Mild bilateral cortical hyperechogenicity with mild medullary rim sign.
- Slightly thickened, mildly heterogeneous hypoechoic pancreas.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound examination reveals severe, generalized lymphadenopathy involving multiple abdominal lymph node chains (cranial mesenteric, hepatic, gastric, splenic, mesenteric, and ileocecal). The nodes are markedly enlarged, rounded, and hypoechoic, with one splenic lymph node showing near-anechoic areas and surrounding fat inflammation, raising concern for necrosis or abscessation within a diseased node.

This pattern is most consistent with multicentric lymphoma, which is the leading differential given the patient's age, systemic clinical signs, and extensive involvement

The pancreas appears slightly heterogeneous and mildly hypoechoic, which may represent early or concomitant pancreatitis.

Both kidneys demonstrate mild cortical hyperechogenicity and a subtle medullary rim sign, suggestive of early chronic kidney disease, corticosteroid effect, or systemic inflammatory response. Bladder findings (slightly turbid urine with a smooth, thin wall) are not clinically significant.

Overall, the imaging findings strongly point toward a lymphoproliferative disorder, with multicentric lymphoma being the primary differential diagnosis.

Recommendations

- FNA or biopsy of an accessible enlarged lymph node for definitive diagnosis.
- Thoracic imaging (thoracic radiographs or CT) is recommended as part of complete staging, given the high suspicion of multicentric lymphoma.





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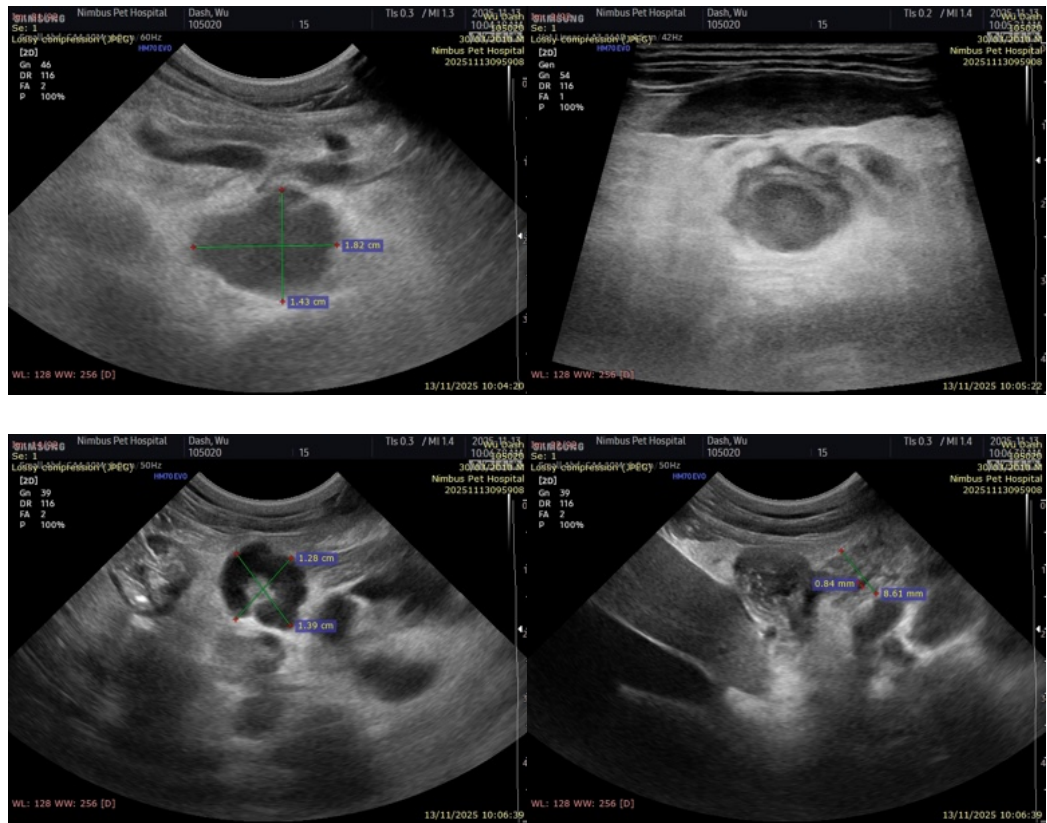
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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