



PATIENT

Cash Porter

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

13 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Greil

INVOICE

69338

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: P presented 11/20/25 for polyp/mass removal in left ear. Mass was very friable and was sent out for histopath which came back as a round cell tumor - diffuse intermediate to large cell lymphoma, presumptive. Performing chest rads and u/s to check for mets/disease progression. He received an injection of Depomedrol on 12/1/25.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.41×2.44 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.58×2.72 cm; cortical thickness could not be measured. In both kidneys, the renal cortex is mildly increased in echogenicity, resulting in mildly increased corticomedullary distinction.

Adrenal Glands

The left adrenal gland measures 0.23 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland is not visualized.

Spleen

Splenic thickness is 0.77 cm. The parenchyma demonstrates normal echogenicity and a 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 hepatic 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 dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.46 mm and preserved wall layering. A minimal amount of liquid and ingesta is noted cranial to the pylorus. The duodenum measures 1.65 mm. The jejunum measures approximately 1.38–1.43 mm. The ileum measures approximately 1.35 mm. Wall



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layering is preserved throughout the small intestine. The ileocecal junction is not visualized. No signs of inflammation, ileus, or foreign material are identified. The colon contains formed feces within the descending segment.

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Pancreas

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The pancreatic regions are adequately evaluated, and no sonographic evidence of pancreatic inflammation is observed.

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Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized, but the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

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ULTRASONOGRAPHIC FINDINGS

Mild, diffuse increase in renal cortical echogenicity bilaterally.

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Guerrero

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver, spleen, gastrointestinal tract, pancreas, and abdominal lymph nodes appear within normal limits, with no focal masses, diffuse organ infiltration, or lymphadenopathy identified to suggest systemic or multicentric lymphoma. Intestinal wall thickness and layering are preserved throughout, with no features supportive of alimentary lymphoma.

IMAGING PERFORMED BY

Brandi Kurzowski

The mild, diffuse increase in renal cortical echogenicity is considered an incidental finding, unrelated to the current oncologic concern. It may represent early chronic renal parenchymal change; however, in cats, this appearance may also be associated with renal lipid accumulation or other benign metabolic changes.

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Overall, the abdominal ultrasound findings are most consistent with no detectable abdominal metastasis or disease progression at this time, supporting a localized disease process based on current imaging.

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Recommendations

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- Given the diagnosis of presumptive intermediate- to large-cell lymphoma, thoracic imaging (radiographs or CT) is recommended if not already performed, as part of complete oncologic staging, to evaluate for mediastinal or pulmonary involvement, which cannot be assessed with abdominal ultrasonography.
- Correlation with serum biochemistry, urinalysis, and SDMA, if clinically indicated, is recommended to better characterize renal function.
- Continued clinical monitoring is advised, and follow-up imaging may be considered if new clinical signs develop or if systemic progression is suspected.



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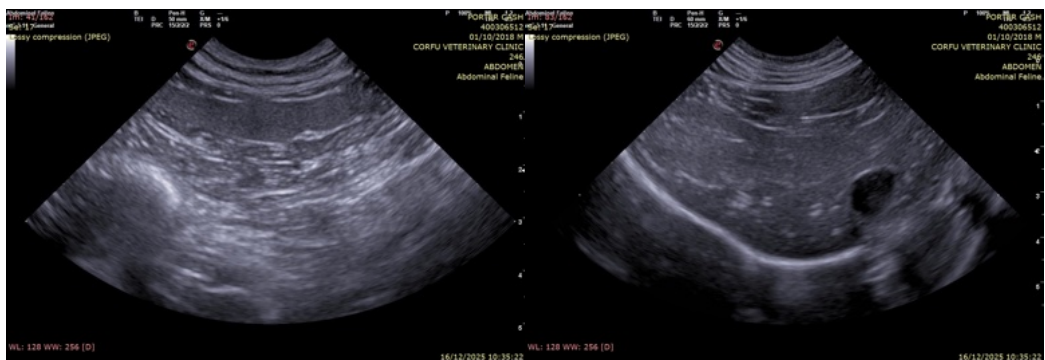
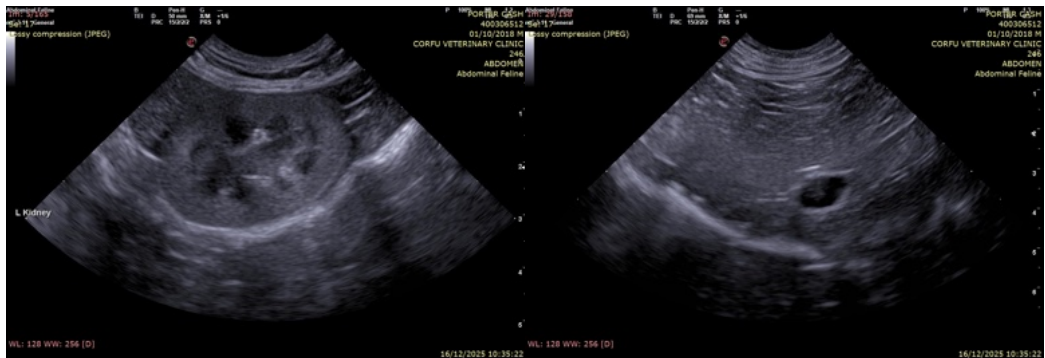
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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