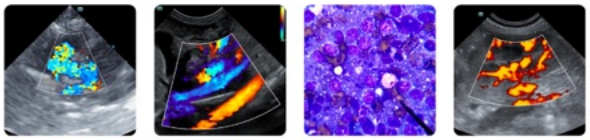


PATIENT

Pablo Marciszewski

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

8.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Jones

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Jones

INVOICE

73529

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- P was diagnosed with L Perinephric cyst in June 2025
- Hyperthyroidism, CKD, Weight loss
- Concerned now about IBD vs Lymphoma
- Currently on subq fluids, Ondansetron 4mg SID; Methimazole2.5mg BID
- SDMA 20 Creatinine 3.7 Calcium 13.4 ProBNP 232

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the 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 sonographic evidence of inflammatory or neoplastic changes.

A perinephric cyst measuring 6.26×3.13 cm is identified, with completely anechoic content. The left kidney measures 2.63×2.38 cm, with a cortical thickness of 0.38 cm in the sagittal plane. The cortex is mildly hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, although corticomedullary definition is mildly decreased. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.10×2.22 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands are normal in size and echogenicity. The left adrenal gland measures 0.28–0.30 cm. The right adrenal gland measures 0.29 cm at the cranial pole and 0.28 cm at the caudal pole.

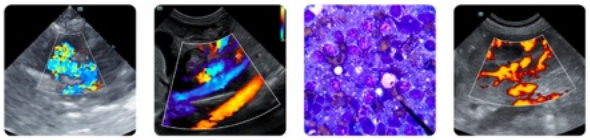
Spleen

Splenic thickness is 0.83 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal 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 is homogeneous and isoechoic relative 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 anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is mildly distended, containing residual ingesta, with a wall thickness of 1.10 mm and preserved layering.

Jejunum: 2.53 mm, with mucosa 1.40 mm, submucosa 0.53 mm, and muscularis propria 0.40 mm. Ileum: 1.75 mm, with mucosa 0.58 mm, submucosa 0.66 mm, and muscularis propria 0.21 mm. The ileocecal junction measures 3.21 mm, with muscularis propria 1.28 mm. Wall layering is preserved throughout.

Colon: 0.96 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or focal lesions.

Peritoneal Cavity

There is no sonographic evidence of abdominal effusion or peritonitis. Mild lymph node enlargement is noted (splenic and intestinal), although nodes maintain normal shape and echogenicity. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Large left perinephric cyst (6.26×3.13 cm).
- Mild renal cortical hyperechogenicity with decreased corticomedullary definition (left kidney).
- Mild focal muscularis thickening at the ileocecal junction.
- Mild lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left perinephric cyst is large (6.26×3.13 cm) and anechoic, consistent with a benign perinephric pseudocyst. This is a well-described finding in cats with chronic kidney disease and may contribute to apparent renal asymmetry or compression. Renal findings (mild cortical hyperechogenicity and reduced corticomedullary definition) support chronic kidney disease, consistent with the elevated creatinine and SDMA.

The gastrointestinal tract shows mild muscularis thickening at the level of the ileocecal junction (muscularis is 1.28 mm), while jejunal and ileal segments have muscularis-to-mucosa ratios within normal limits:

- Jejunum: 0.40/1.40 ≈ 0.29

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- Ileum: 0.21/0.58 ≈ 0.36

These values do not support diffuse small intestinal muscularis thickening. However, the focal prominence at the ileocecal region is noteworthy. In cats, focal muscularis thickening in this region may be associated with chronic enteropathy or early infiltrative disease (including small cell lymphoma), although overlap is significant and findings are subtle.

Mild lymphadenomegaly is present, but lymph nodes retain normal morphology, which favors reactive change rather than overt neoplastic involvement. However, early lymphoma cannot be excluded based on ultrasound alone.

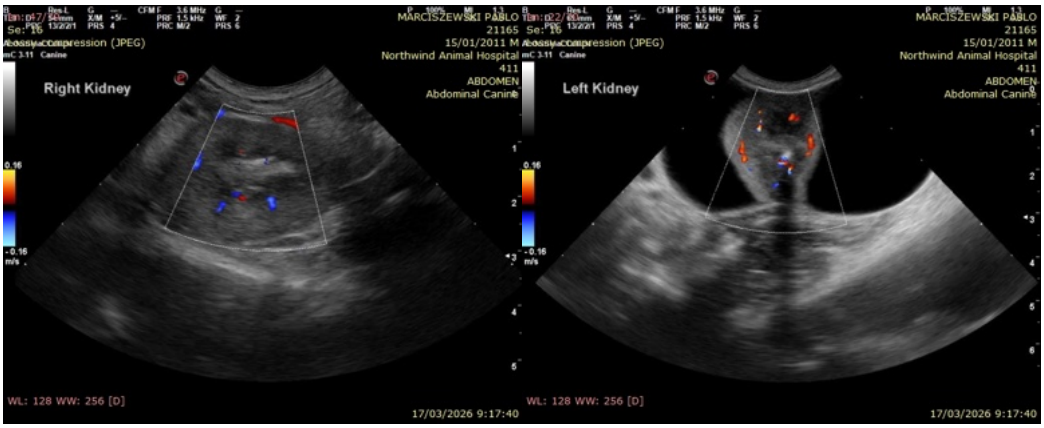
Importantly, there is no loss of wall layering, no diffuse thickening, and no marked lymphadenopathy, which argues against advanced or aggressive infiltrative disease at this time.

Hypercalcemia (13.4) is clinically significant and must be interpreted in conjunction with these findings. While no mass lesions are identified, differentials include idiopathic hypercalcemia, renal-associated changes, or less likely paraneoplastic disease. The absence of overt masses or significant lymphadenopathy makes high-grade lymphoma less likely but does not exclude low-grade disease.

Recommendations

- Correlate intestinal findings with gastrointestinal panel (cobalamin, folate, fPLI if not already included).
- Further evaluation of hypercalcemia is recommended (ionized calcium, PTH/PTHrP if indicated), as this may be clinically significant and not fully explained by current imaging findings.
- Continue monitoring renal disease.
- Empirical medical management for chronic enteropathy may be considered, particularly if the patient is not a good candidate for invasive diagnostics.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, based on the complete clinical context.



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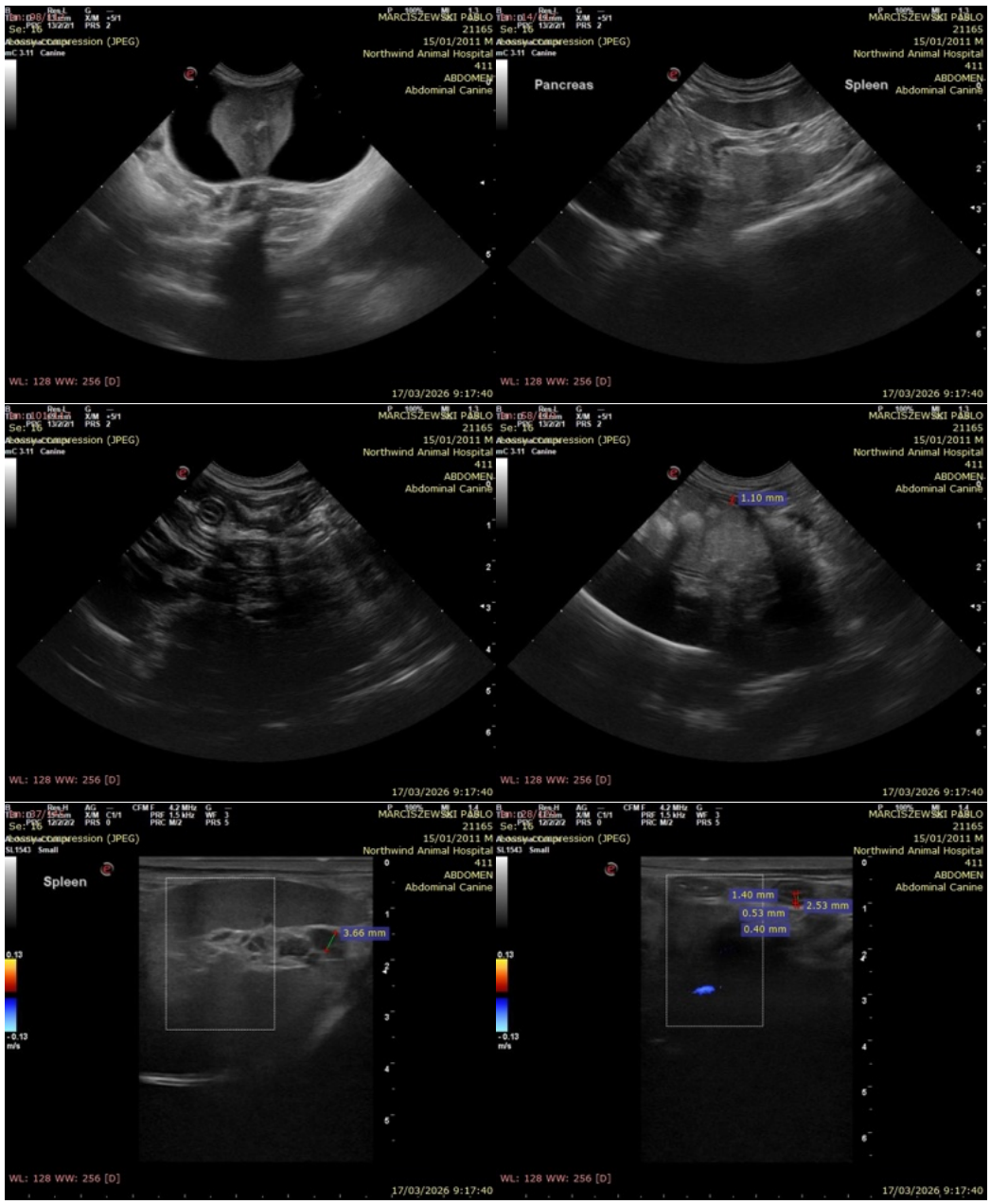

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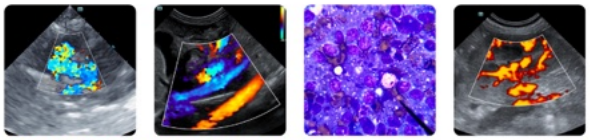

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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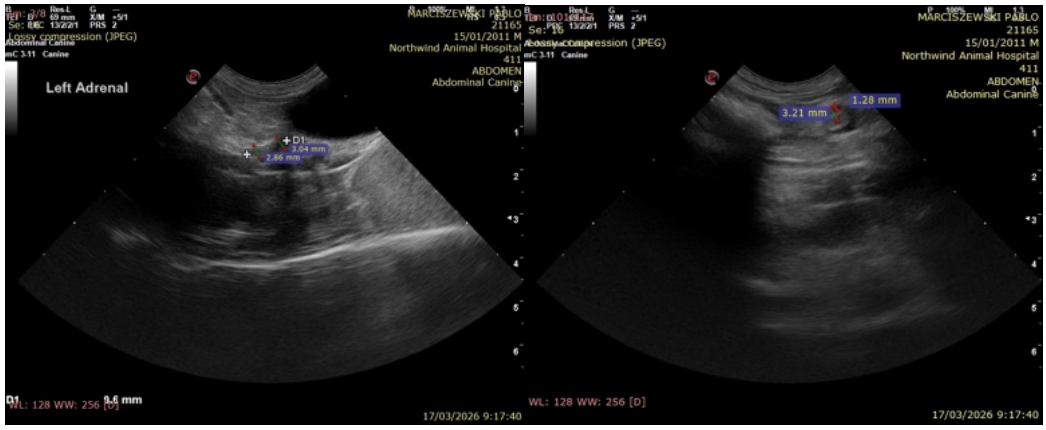

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com