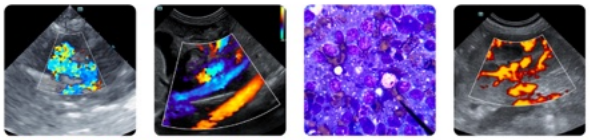


PATIENT

Kobu Hilfinger

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

13 years

WEIGHT

5 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

74756

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: *Presumptive SCL with acute-onset GI signs
*Prednisolone helped symptoms - has been taking x 2 weeks
*Initial ultrasound revealed several sections of SI with loss of layering
*LN aspirate revealed lymphoid hyperplasia but PAR was positive for lymphoma
*Mild ALT elevation
*Pancreatitis also seen on ultrasound with small amount of free fluid seen in the area of the right pancreas

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The wall is thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 4.11×2.22 cm, with a cortical thickness of 0.30 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.12×1.94 cm, with a cortical thickness of 0.28 cm in the sagittal plane. Both kidneys: The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.33 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.36 cm at the cranial pole and 0.38 cm at the caudal pole.

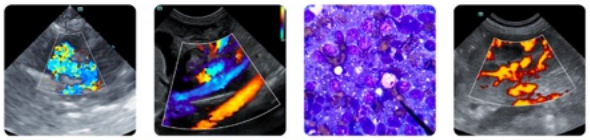
Spleen

Splenic thickness is 1 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 margins and regular contour. The parenchyma is homogeneous and isoechoic relative to surrounding fat, with normal echotexture. No focal lesions or hepatic lymphadenopathy are identified.

The gallbladder is adequately distended. The wall is thin and regular. The contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach contains ingesta, with mural thickness measuring 1.58–2.12 mm and preserved wall layering, within normal limits for a feline patient. The duodenum measures 2.09 mm. The jejunum measures 2.30 mm, with mucosa 1.50 mm, submucosa 0.34 mm, and muscularis propria 0.25 mm. The ileum was not fully measured. The ileocecal junction measures 2.82 mm, with a markedly thickened muscularis layer measuring 1.43 mm. A segment of small intestine, presumed jejunum, is markedly thickened (3.99–4.31 mm) with loss of normal wall layering. Colon: wall thickness measures 0.74–0.81 mm, within normal limits, with formed fecal material in the descending colon.

Pancreas

The pancreas measures 7.76–7.83 mm in thickness (mildly increased; typical ≤6–7 mm depending on body size). Parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct is mildly dilated: 1.74 mm.

Free Abdomen

Moderate abdominal effusion is present. The mesentery appears thickened and hyperechoic, suggestive of edema or inflammation. Cranial mesenteric lymph nodes are enlarged (0.82–1.07 cm), rounded, and hypoechoic, with surrounding hyperechoic perinodal fat. Ileocecal lymph nodes measure 2.58–3.05 mm, also rounded and hypoechoic.

The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Segmental small intestinal thickening (3.99–4.31 mm) with loss of wall layering.
- Marked ileocecal muscularis thickening (1.43 mm).
- Enlarged, rounded, hypoechoic mesenteric lymph nodes.
- Pancreatic enlargement, hypoechogenicity, and mild ductal dilation.
- Abdominal effusion and hyperechoic mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

All abdominal structures were systematically evaluated in detail, allowing for a comprehensive assessment, and findings are most consistent with progression of known intestinal lymphoma, characterized by segmental small intestinal thickening, focal loss of wall layering, and associated mesenteric lymphadenopathy.

While small cell lymphoma often preserves wall layering, this degree of architectural disruption raises concern for disease progression or possible transformation to a more aggressive phenotype.

Concurrent pancreatic changes are suggestive of pancreatitis and may be contributing to the current clinical signs.

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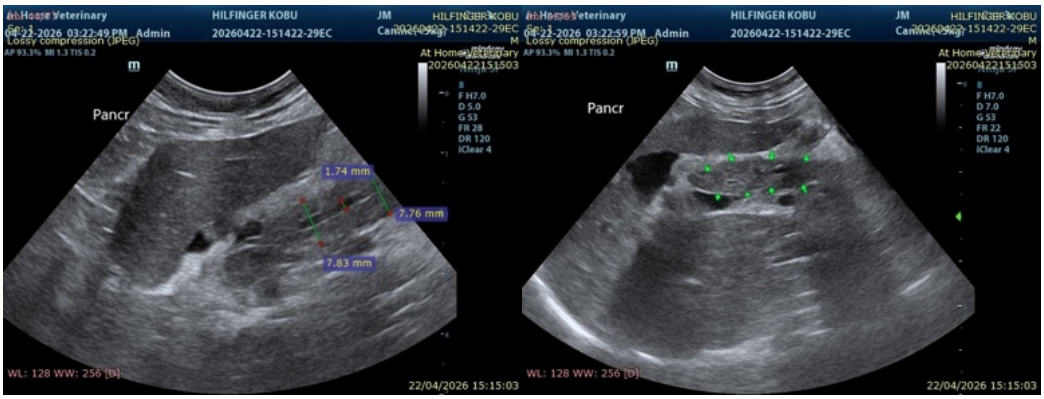
The presence of mesenteric hyperechogenicity and mild effusion supports an associated inflammatory component.

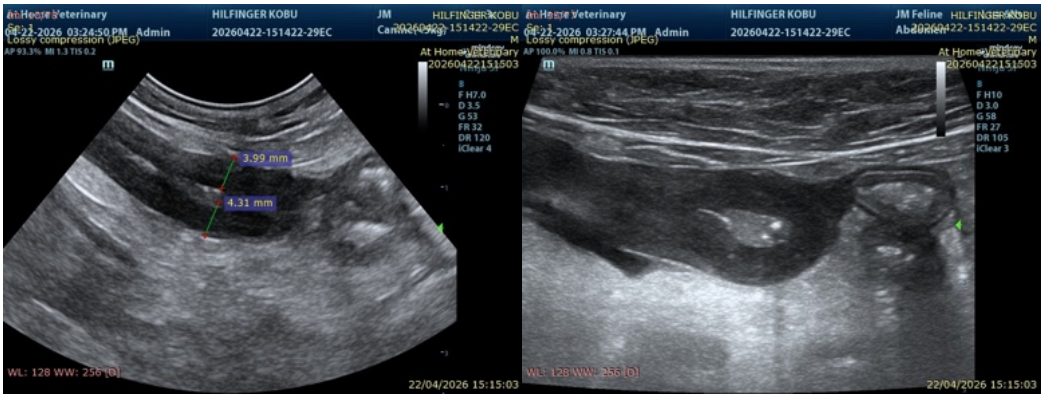
No ultrasonographic abnormalities of the hepatobiliary system are identified.

Recommendations

- Findings support active and potentially progressive lymphoma, and reassessment of current therapeutic protocol is recommended.
- Pancreatitis supportive care.
- Cytologic sampling (if clinically feasible) of lymph nodes or affected intestinal segments may be considered to assess for disease progression or transformation.
- Continue close clinical and imaging monitoring.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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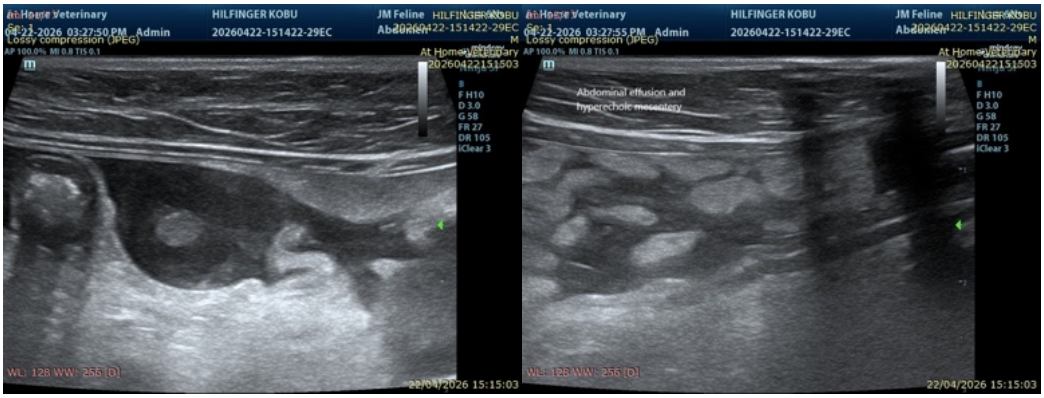

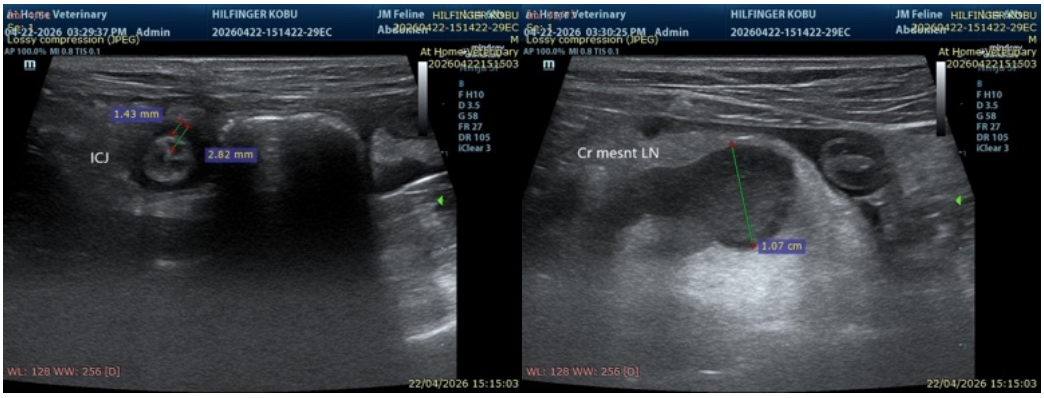

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com