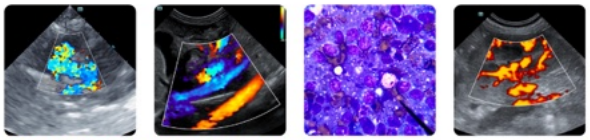

PATIENT

Boosh Monrose

SPECIES

Feline

BREED

Domestic Longhair

SEX

Intact male

AGE

4 years

WEIGHT

4 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Healthy Paws Forward VC

REFERRING VET

Dr. Hamed

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PRESENTING CLINICAL SIGNS

History: Weight loss , anorexia , vomiting , suspected renomegaly and abdominal mass on rads and palpation
Abnormal PE/Chem/CBC/UA Results: azotemia , elevated pancreatic lipase BW attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The luminal contents are anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney is enlarged, measuring 4.69×2.47 cm, with a cortical thickness of 0.37 cm in the sagittal plane. The cortex is mildly hyperechoic relative to the liver, and corticomedullary definition is decreased, although the corticomedullary ratio is preserved.

The right kidney is at the upper limits of normal size (4.60×2.56 cm), with a cortical thickness of 0.43 cm. The cortex is similarly mildly hyperechoic, and corticomedullary definition is decreased.
No pyelectasia, nephrolithiasis, or hydronephrosis is identified in either kidney. Doppler color demonstrates a normal vascular pattern bilaterally.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.26 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 0.30 cm at the cranial pole and 0.31 cm at the caudal pole.

Spleen

Splenic thickness is 0.78 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

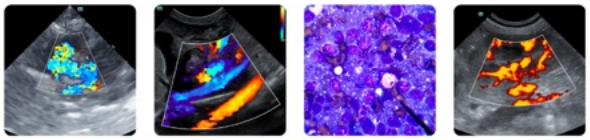
Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The parenchyma is homogeneous and isoechoic relative to the falciform fat. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The wall is thin. The contents are predominantly anechoic with a small amount of biliary sludge. The common bile duct measures approximately 2.33–2.60 mm, within normal limits.

Gastrointestinal

The is empty and folded, with a mural thickness of 1.75 mm and preserved wall layering (within normal limits). The pylorus measures 3.02 mm. Duodenum: 2.12–2.36 mm. Jejunum: 2.30 mm (mucosa 1.31 mm, submucosa 0.57 mm, muscularis 0.39 mm). Ileum: 1.89 mm (mucosa 0.79 mm, submucosa 0.89 mm, muscularis 0.96 mm). The ileocecal junction measures 2.76 mm, with a mild relative increase in muscularis thickness. Wall layering is preserved throughout. No ultrasonographic evidence of



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obstruction, ileus, or foreign material is identified. The colon measures approximately 1.25 mm, within normal limits, with a small amount of fecal material.

Pancreas

The pancreas measures approximately 4.9–6.7 mm in thickness and appears hypoechoic relative to the surrounding fat. The pancreatic duct measures approximately 1.26 mm, mildly dilated.

Free Abdomen

There is marked abdominal lymphadenomegaly, including:

- Left gastric lymph node: approximately 1 × 1 cm
- Cranial mesenteric lymph nodes: up to 1.34 × 2.03 cm, rounded and hypoechoic
- Suspected enlargement of sublumbar lymph nodes

There is also increased echogenicity of the perinodal fat, suggesting regional inflammation or infiltration.

No abdominal effusion is identified. The iliac trifurcation region appears unremarkable.

PRIMARY FINDINGS

- Bilateral renomegaly with increased cortical echogenicity and decreased corticomedullary definition.
- Pancreatic enlargement with hypoechoic parenchyma and mild pancreatic duct dilation.
- Marked abdominal lymphadenomegaly (rounded, hypoechoic cranial mesenteric and sublumbar lymph nodes) with hyperechoic perinodal fat.

SECONDARY FINDINGS

- Mild ileocecal muscularis thickening.
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound demonstrates a multifocal and clinically significant disease process, involving the kidneys, pancreas, and abdominal lymph nodes.
There is bilateral renomegaly with increased cortical echogenicity and reduced corticomedullary definition, which is most consistent with an infiltrative renal process. In this clinical context, the primary differential diagnoses include:

- Lymphoma (most likely)
- Feline infectious peritonitis (FIP, dry form).
- Less likely: severe inflammatory or infectious renal disease

The pancreas is enlarged and hypoechoic with mild pancreatic duct dilation, findings that are consistent with pancreatitis, which is also supported by the markedly elevated pancreatic lipase on laboratory testing.

There is also marked abdominal lymphadenomegaly, and increased perinodal fat echogenicity. This pattern strongly supports a systemic or infiltrative disease process, with lymphoma being the leading

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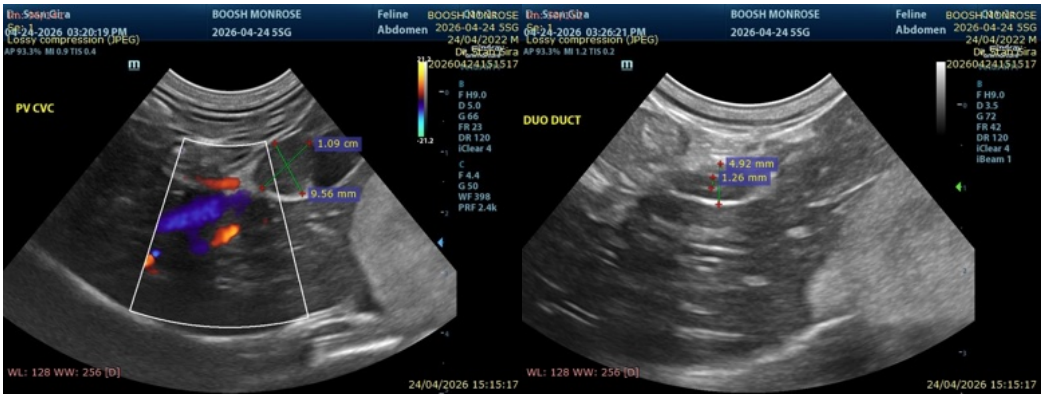
differential.
Mild ileocecal muscularis thickening is noted, which may represent early intestinal involvement; however, this is a secondary finding compared to the more significant renal and lymph node abnormalities.

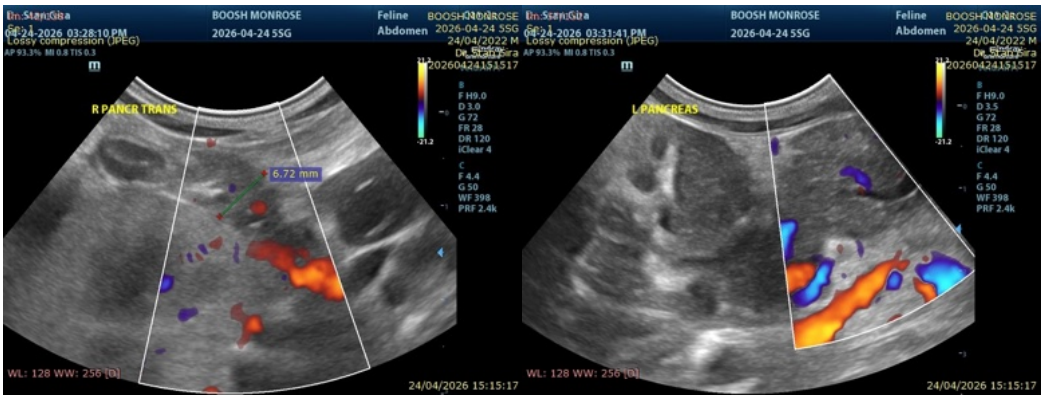
Overall, the findings are most consistent with a systemic infiltrative disease, with lymphoma as the primary differential diagnosis, with concurrent pancreatitis. FIP remains an important differential, particularly given the age and multisystemic involvement.

Recommendations

- Ultrasound-guided fine-needle aspiration of enlarged abdominal lymph nodes is strongly recommended for cytologic diagnosis.
- Fine-needle aspiration of the kidneys may also be considered, depending on clinical judgment.
- Additional testing for FIP (PCR on aspirates) may be considered.

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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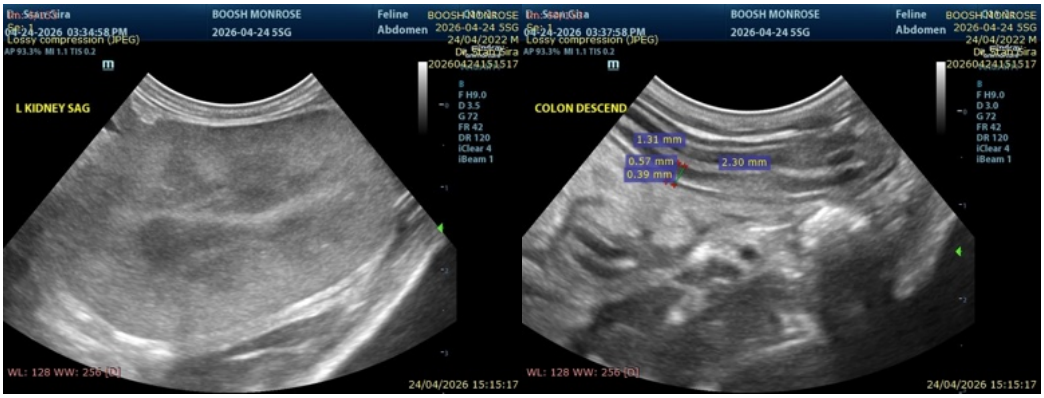

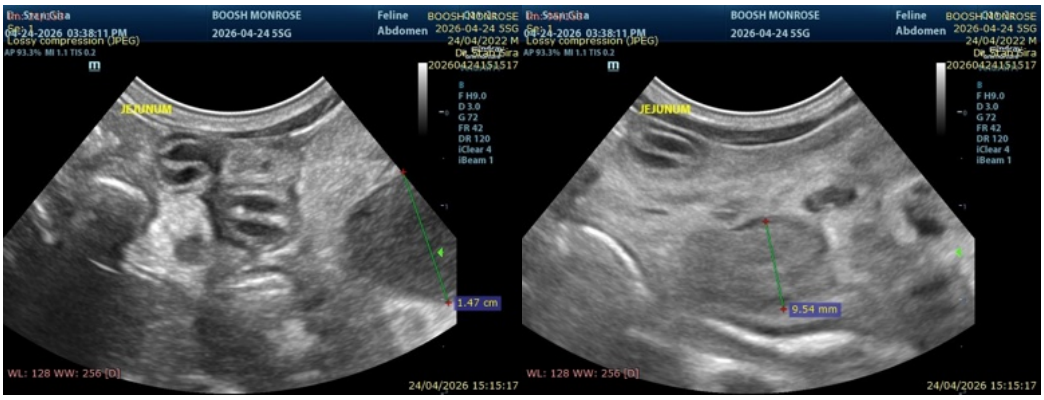

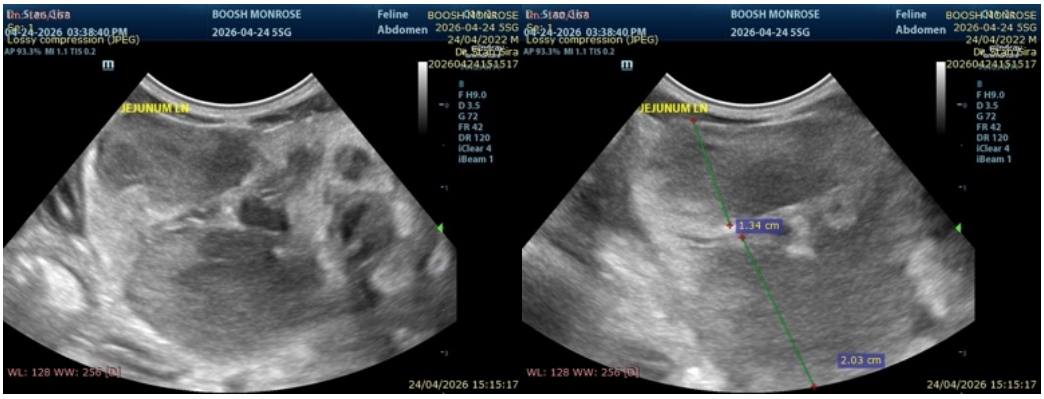

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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