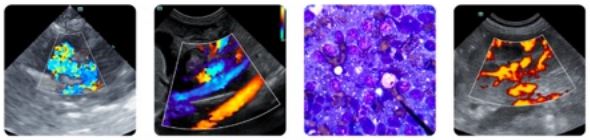


PATIENT

Andrew Animals in Distress

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

19 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

75065

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Weight loss and concern cancer is back. History of: Hepatocellular degeneration, Hepatocellular vacuolation, Enteritis-lymphoplasmacytic, Small cell T cell lymphoma, and HCM - Hypertrophic cardiomyopathy. Medications patient is on: Denamarin one tablet daily, Prednisolone 5mg every other day, Chlorambucil 5 mg tablet every Monday, Wednesday, Friday, Furosemide 12.5mg twice daily, Benazepril 5mg 1/2 tablet daily, Renakare one tablet twice daily.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is turbid with suspended echoes. 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 4.10×2.55 cm, with a cortical thickness of 0.37 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.23×2.48 cm. Cortical thickness is not recorded. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, 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 0.35 cm at the cranial pole and 0.38 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.

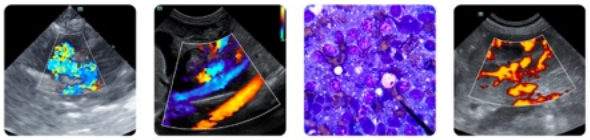
Spleen

Splenic thickness is 0.75 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 looks 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 with a small amount of biliary sludge. common bile duct is 4.06-3.28-2.45 mm



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.91 mm and preserved wall layering. The pylorus measures 3.42 mm. Duodenum: 2.03 mm. Jejunum: 2.68 mm (mucosa 1.65 mm, submucosa 0.69 mm, muscularis propria 0.34 mm). Ileum: 2.20 mm (mucosa 1.11 mm, submucosa 0.75 mm, muscularis propria 0.42 mm). Wall layering is preserved. The ileocecal junction is not visualized. Colon: 0.97 mm, containing mild soft fecal material in the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild dilation of the common bile duct (up to 4.06 mm).
- Turbid urine with suspended echoes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine demonstrates normal wall thickness and preserved layering throughout, with muscularis-to-mucosa ratios within normal limits (jejunum ~0.21; ileum ~0.38). These findings are not supportive of active or progressive infiltrative disease and are compatible with either well-controlled lymphoma or minimal residual disease under therapy.
There is no lymphadenomegaly, no focal intestinal mass, and no evidence of transmural or aggressive change, which would be expected with progression or transformation of lymphoma.

The common bile duct is mildly dilated (up to 4.06 mm). In cats, mild ductal dilation can be seen with age, chronic disease, or prior inflammatory processes, particularly in the absence of concurrent gallbladder wall thickening, intrahepatic duct dilation, or clinical signs of obstruction. In this case, the finding is mild and nonspecific, and there is no ultrasonographic evidence of obstructive biliary disease.

Turbid urine with suspended echoes likely represents cellular debris, crystalluria, or sediment, and should be interpreted in conjunction with urinalysis.

Overall, despite the clinical concern for weight loss and possible recurrence, the ultrasound findings are reassuring, and do not demonstrate evidence of active or progressive lymphoma. The clinical signs may therefore reflect non-structural disease, treatment-related effects, or comorbid conditions, rather than overt progression detectable on imaging.

Recommendations

- Continue current oncologic management, as there is no ultrasonographic evidence of disease

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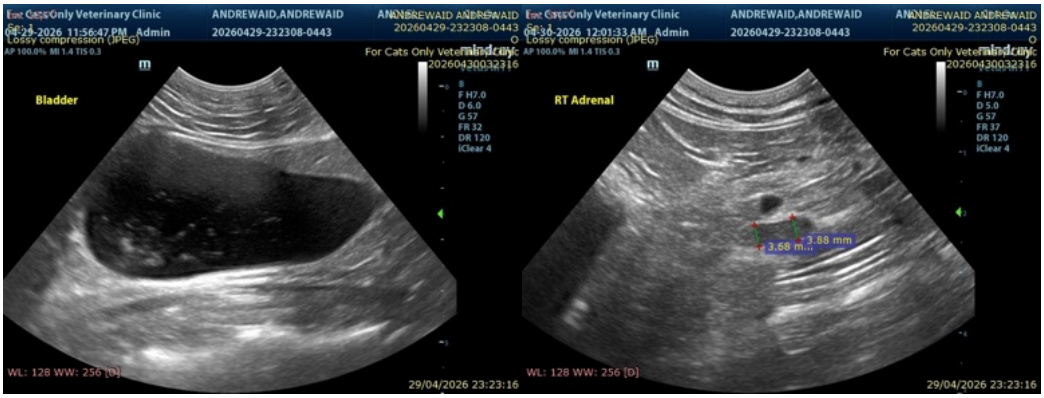
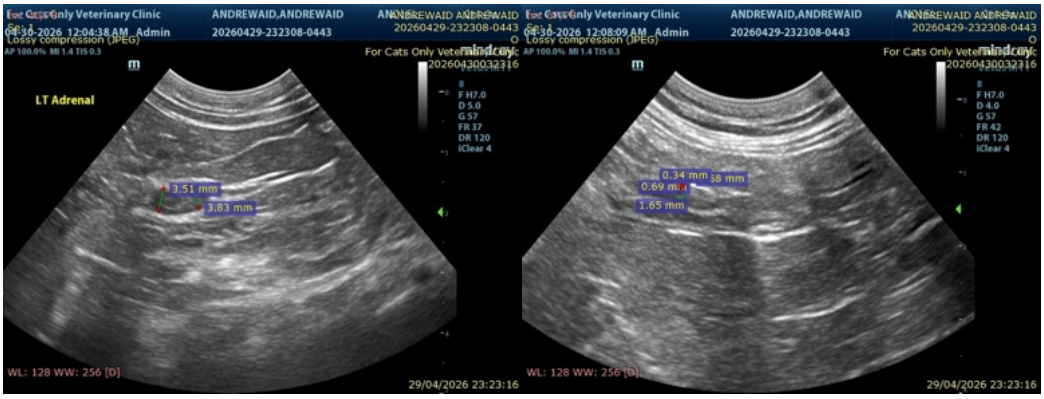
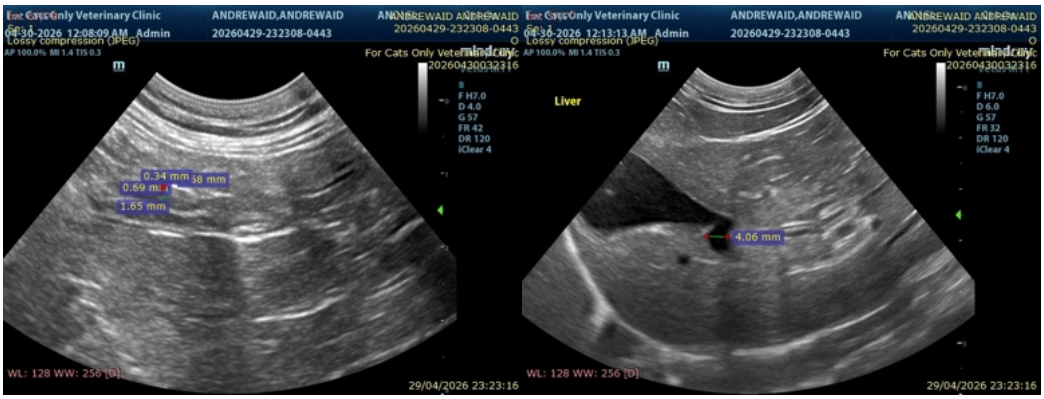
progression.

- Correlate clinical signs (weight loss) with appetite and caloric intake, cardiac status (given history of hypertrophic cardiomyopathy) or medication effects.
- If clinical concern for lymphoma progression persists despite stable imaging, consider:
  - Cobalamin levels and suplementation
  - Adjustment of therapy based on clinical response

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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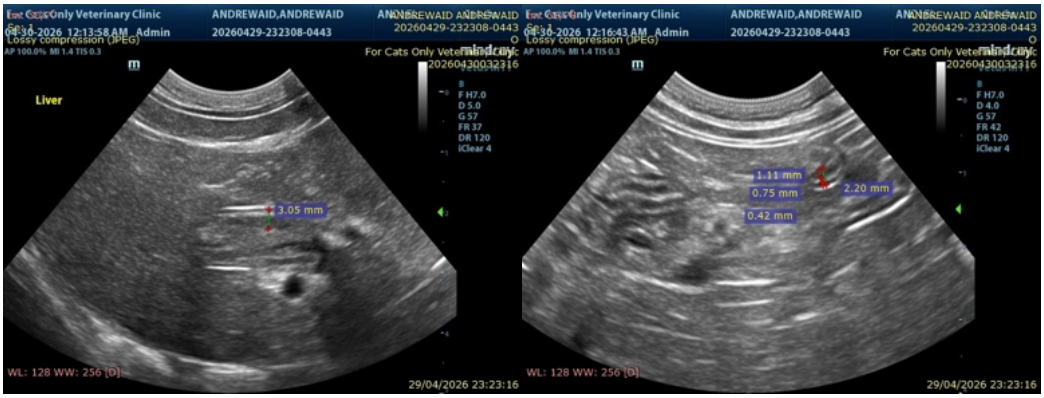

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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