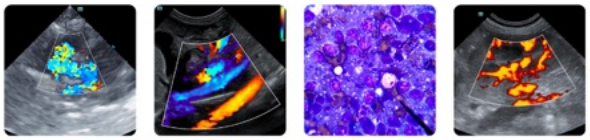


PATIENT

Theodore Hay

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

11 years

WEIGHT

16 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

75217

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Recently dx with large cell lymphoma (nasal passage)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is 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 enlarged and has an irregular contour, measuring 5.28×2.34 cm, with a cortical thickness of 0.57 cm in the sagittal plane. The right kidney is enlarged and has an irregular contour, measuring 5.60×3.40 cm, with a cortical thickness of 0.59 cm in the sagittal plane. In both kidneys, the cortex is mildly hyperechoic compared to the liver parenchyma, and corticomedullary definition is preserved. The renal sinus is markedly hyperechoic. There are focal areas suggestive of small amounts of subcapsular fluid. The perirenal fat is mildly hyperechoic. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Not confidently visualized.

Spleen

Splenic thickness is 0.66 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

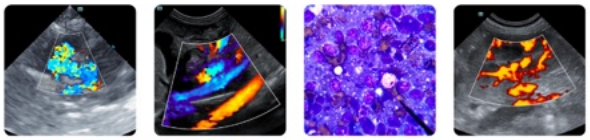
Liver

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. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is nearly empty, containing minimal residual ingesta, with a mural thickness of 1.29 mm and preserved wall layering. The pylorus measures 3.64 mm. Duodenum: 1.48 mm. Jejunum: 2.18 mm (mucosa 1.54 mm, submucosa 0.43 mm, muscularis propria 0.17 mm). Ileum: 1.78 mm, with preserved wall layering. The ileocecal junction measures 2.04 mm, with muscularis measuring 0.96 mm.



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No evidence of mechanical ileus, obstruction, or foreign material is identified. Colon: 0.90 mm, with formed fecal material present.

Pancreas

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

Free Abdomen

No abdominal effusion is observed. Cranial mesenteric lymph nodes are not clearly visualized, but the surrounding regions appear unremarkable. Ileocecal lymph nodes measure 2.49 mm and are normal in size, shape, and echogenicity. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Bilateral renal enlargement with irregular contour
- Mild cortical hyperechogenicity with preserved corticomedullary definition
- Small amounts of subcapsular fluid
- Mild hyperechogenicity of perirenal fat
- Markedly hyperechoic renal sinus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dominant finding in this study is bilateral renal enlargement with irregular contour, accompanied by mild cortical hyperechogenicity, perirenal fat hyperechogenicity, and small amounts of subcapsular fluid. In a cat with a recent diagnosis of large cell lymphoma, this pattern is suspicious for renal involvement by lymphoma. Feline renal lymphoma commonly presents as bilateral renomegaly with altered contour and may preserve corticomedullary definition in early or infiltrative stages. The associated perirenal changes and subcapsular fluid further support a regional infiltrative or inflammatory process rather than simple degenerative renal disease.
Although other differentials such as bilateral nephritis or infiltrative inflammatory disease could produce somewhat similar findings, these are considered less likely given the clinical context of confirmed lymphoma.

No additional abdominal organ involvement (hepatic, splenic, gastrointestinal, or nodal) is identified on this study, which may indicate that, if present, renal involvement could represent either early dissemination or a currently organ-limited pattern of spread.

Recommendations

- Ultrasound-guided fine needle aspiration of the kidney may be considered if feasible.
- Monitor renal function (creatinine, SDMA, urinalysis), as renal infiltration may impact function over time.
- These findings should be integrated into oncologic staging and treatment planning, as renal involvement may influence prognosis and therapeutic approach.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best

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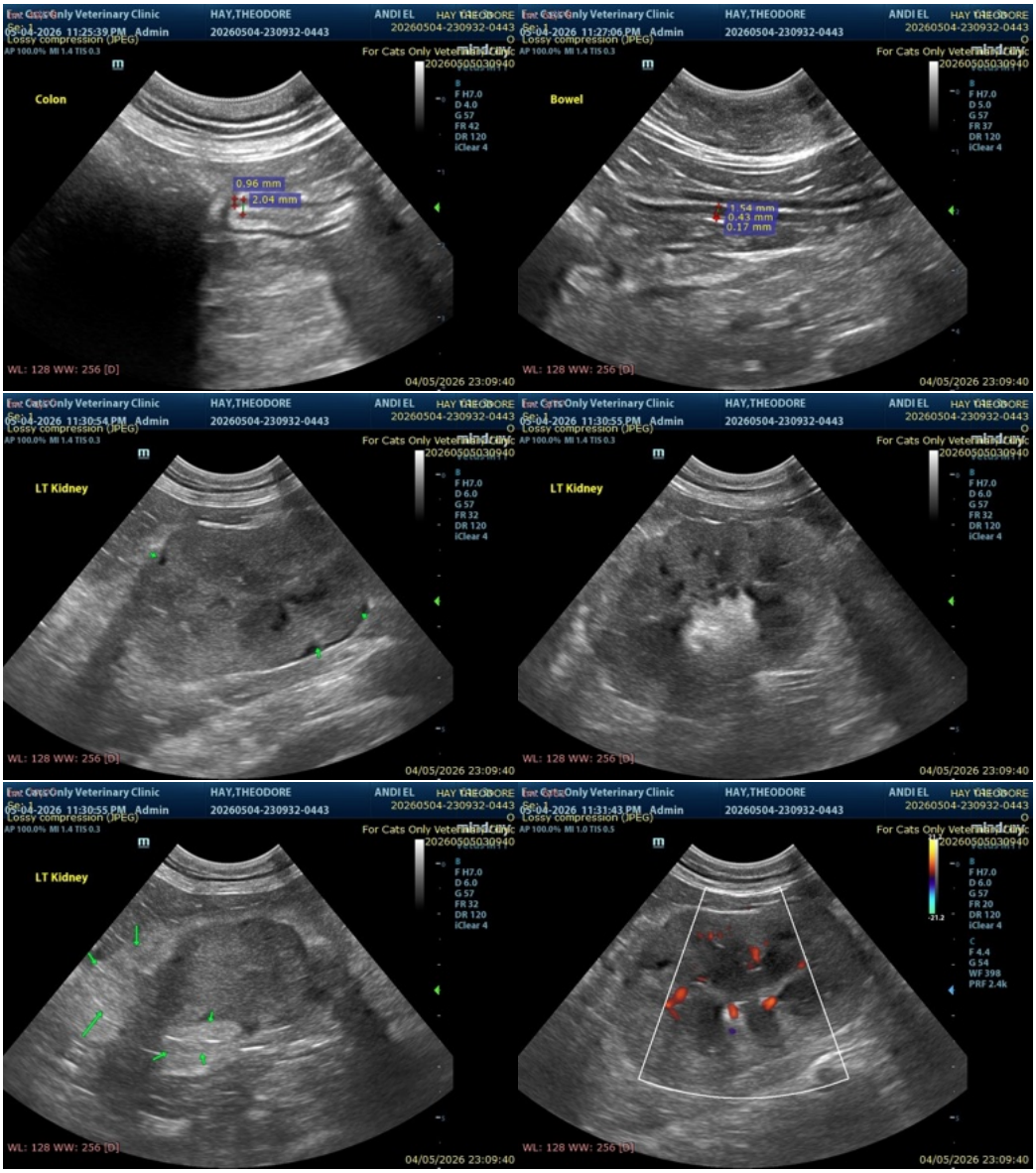
integrate these findings with the patient's clinical status.



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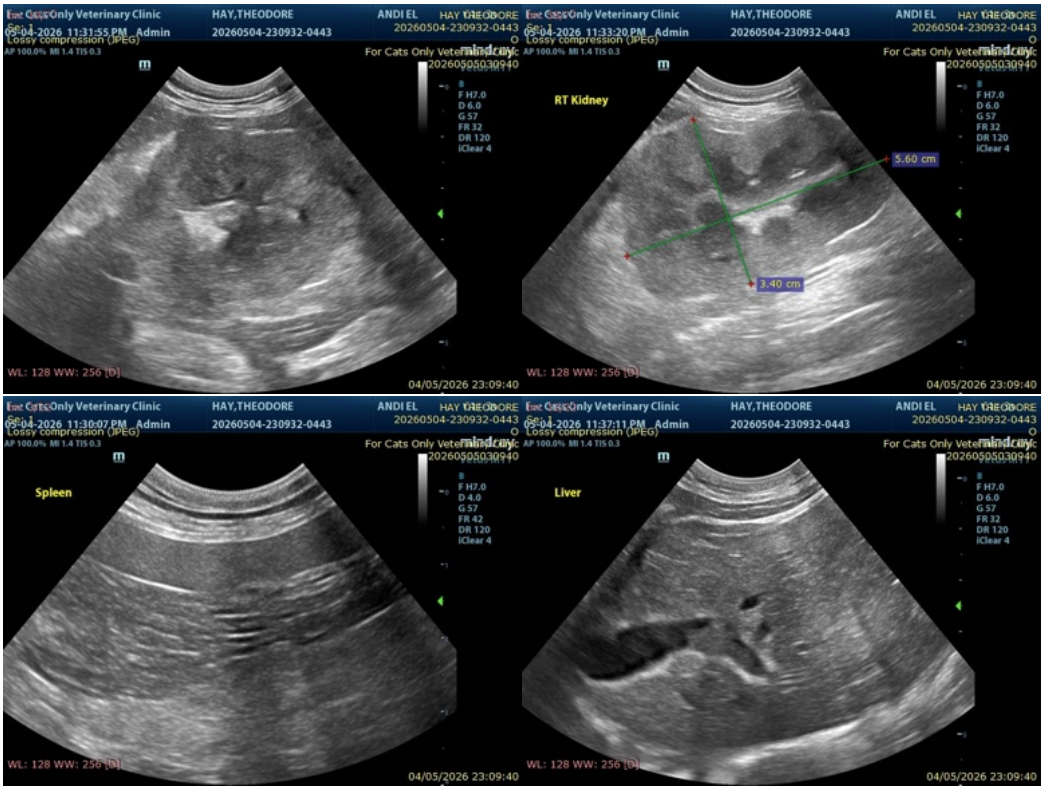

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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