**PATIENT**

Po Boy Paegelow

**PRESENTING CLINICAL SIGNS**

History: Presented for vomiting, lethargy and inappetence. Started on steroids by RDVM and doing much better. Radiographs reveal a midabdominal mass.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

DSH

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

**SEX**

Neutered Male

The left kidney is normal size (4.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (4.16 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**AGE**

14 years

**Adrenal Glands**

The left adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**WEIGHT**

14.67 lbs

**Spleen**

The spleen is normal in size (0.69 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discrete masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**REFERRING VET**

WVRC, Dr Schultz

**Pancreas**

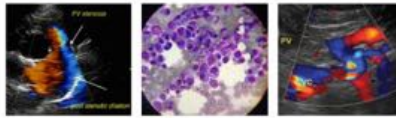
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**INVOICE**

11950

**DATE**

12.27.22



**PATIENT**

Po Boy Paegelow

**Free Abdomen**

There is no obvious evidence of free fluid. At the mesenteric root, the lymph nodes are severely enlarged (up to 3.76 cm), hypoechoic to heterogenous and irregular, creating a mass effect. Surrounding me is hyperechoic.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The mass effect involving the mesenteric lymph nodes is most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of severe lymphadenitis (i.e., pyogranulomatous). Adjacent peritonitis is present.

**BREED**

DSH

**Secondary Findings**

- Bilateral chronic age-related renal changes.

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

14 years

- Feline leukemia and FIV testing are recommended, if not already performed.
- Consider a fine needle aspirate of the mesenteric lymph node (if clotting status is appropriate). A 25-gauge needle should be used. If cytology results are inconclusive, a more advance work-up (i.e., flow cytometry, PARR, or biopsies) may be necessary to get a definitive diagnosis.

**WEIGHT**

14.67 lbs

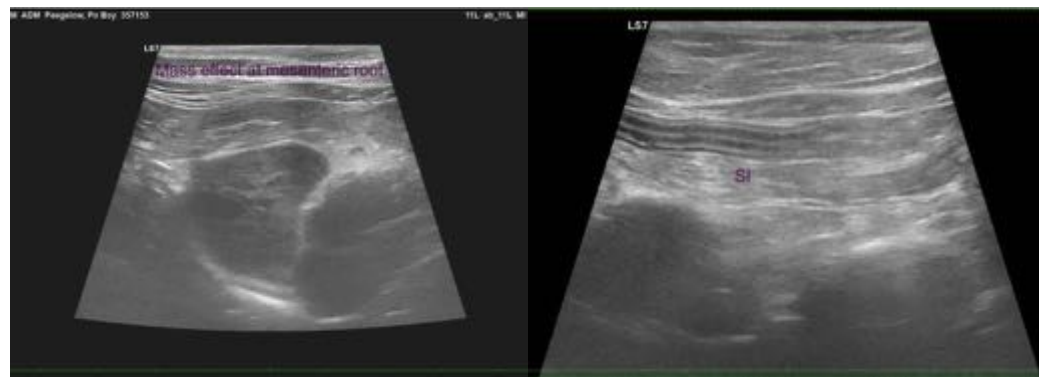
- Also consider thoracic radiographs to assess for lymphadenopathy in the chest.

**INTERPRETED BY**

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Medicine)

**IMAGING PERFORMED BY**

Kim Liedberg



**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

WVRC, Dr Schultz



**INVOICE**

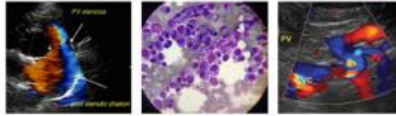
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**PATIENT**

Po Boy Paegelow

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14 years

**WEIGHT**

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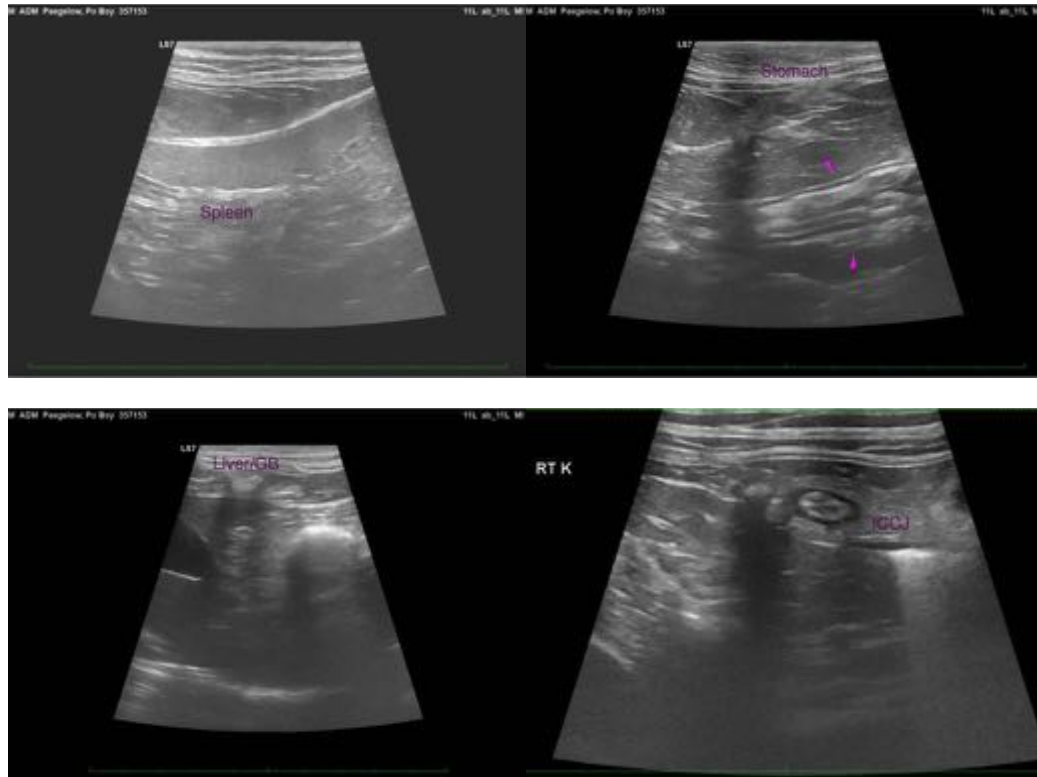
WVRC, Dr Schultz

**INVOICE**

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**DATE**

12.27.22



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com