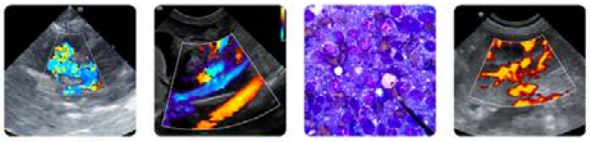




**PATIENT**

Milo Sedgewick

**SPECIES**

Feline

**BREED**

Devon Rex

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

2.5 kg

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Dr. Goeres

**HOSPITAL NAME**

Kelowna Veterinary Hospital

**REFERRING VET**

Dr. Amber Forwood

**INVOICE**

72605

**DATE**

12/16/25

## PRESENTING CLINICAL SIGNS

History of allergic skin disease. Treats superficial pyoderma with viaderm as needed. Enlarged external inguinal lymph node sampled 2 weeks ago - came back consistent with reactive lymph node. now presents for diarrhea and weight loss. Seems to be eating a little better now that on mirtazapine. On hill's z/d currently.

Abnormal PE/Chem/CBC/UA Results: creat 44 (L 80-203) BUN 4.4 (L 5.7-13.2) K 5.4 Cl 112 Alb 24 (L 26-39) Glob N@58 ALT 18 ALP 11 CBC unremarkable

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (4.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (3.9 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### *Adrenal Glands*

The right adrenal gland is normal in size (0.40 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.50 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

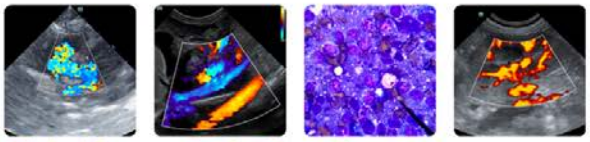
### *Spleen*

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

### *Liver*

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.





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### *Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The bowel demonstrates multifocal areas of asymmetrically thick wall with hypoechoic loss of layering, ranging between 0.50 cm thick and 1.0 cm thick. Additionally, the colon demonstrates focal areas of thick wall and loss of layering with a representative area in the ascending colon measuring 0.60 cm thick.

### *Pancreas*

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### *Free Abdomen*

There is no visible free peritoneal effusion noted in these images.

Lymph nodes are diffusely enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

## PRIMARY FINDINGS

- Diffuse aggressive lymph nodes – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Honeycomb Spleen – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.
- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Multifocal thickened bowel wall with loss of layering, concerning similarly for multifocal infiltrative neoplasia such as round cell neoplasia i.e., lymphoma. A benign inflammatory process is possible but considered less likely.

## SECONDARY FINDINGS

- Moderate gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Moderate amount of echogenic urinary bladder debris.

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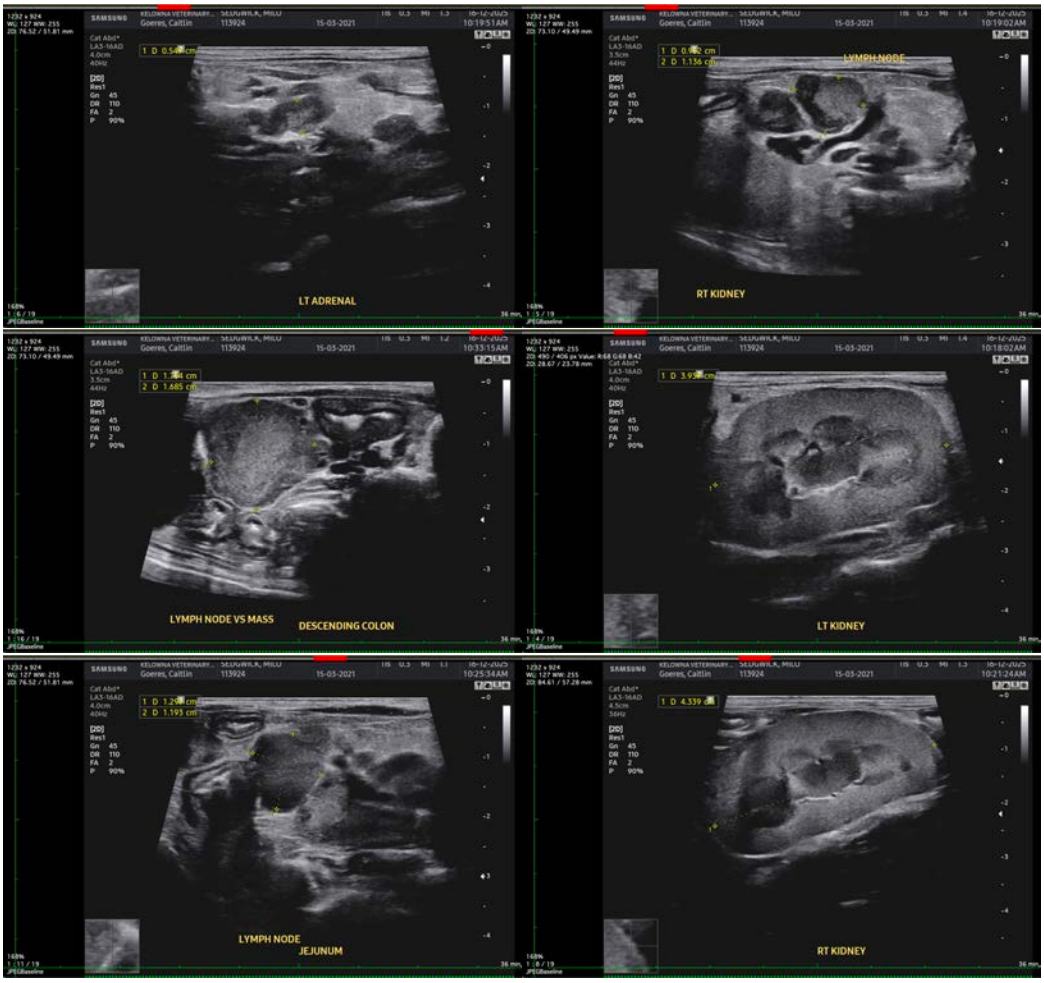
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The top differential, given the multifocal changes described above, are infiltrative round cell neoplasia or potentially a diffuse but benign infectious disease such as FIP versus other. Therefore, as is reportedly already pending, tissue sampling of the intraabdominal pathology is recommended if patient's coagulation status is appropriate. This can involve sampling of the lymph nodes, spleen, liver, and potentially even the focal bowel wall thickenings.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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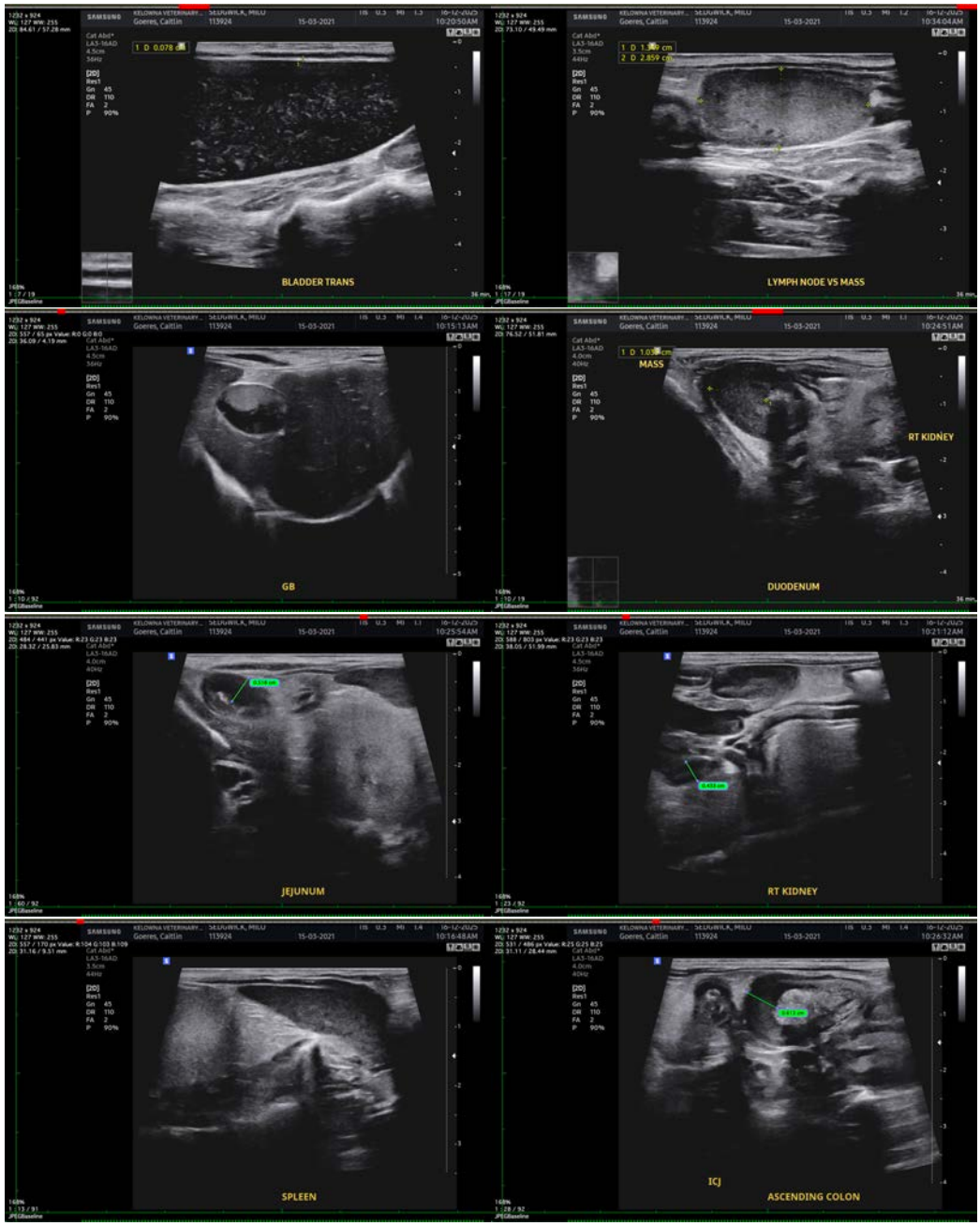


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Beth Johnson**, DVM, DACVIM info@sonopath.com