**PATIENT**

Marlyn Festa

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

4.9 lbs

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

**HOSPITAL NAME**

All Friends Animal Hospital

**REFERRING VET**

Dr. Kathleen Tangari

**INVOICE**

10971

**DATE**

12/17/2025

## PRESENTING CLINICAL SIGNS

Vomiting, weight loss, muscle loss, jaundice. History hyperthyroidism. On Methimazole, Prednisolone, Mirtaz.

## 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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 3.47 cm, and the right kidney measures 3.35 cm.

### *Adrenal Glands*

Adrenal glands are bilaterally uniformly plump egg-shaped adrenals (left measures 0.5 cm, and the right measures 0.5 cm), hypoechoic in echogenicity with bilateral dystrophic mineralization noted. This is most likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

### *Spleen*

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### *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. The cystic and common bile duct are diffusely markedly dilated and tortuous measuring 0.8 cm dilated in one view. Additionally, in one view there appears to be a subtle approximately 0.5 cm in diameter intraluminal echogenic density but given the marked tubular dilation throughout the liver and cranial abdomen, it's difficult to determine the exact location. There is no evidence of effusion or inflammation.

### *Gastrointestinal*

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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.

In the mid abdomen, there is a suspect jejunal mass, characterized by a 1.1 cm thick hypoechoic, asymmetric wall with loss of layering. This area of bowel measures 4.5+ cm long in size. The remaining bowel is normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### *Pancreas*

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. The pancreatic duct is dilated measuring between 0.31 cm and 0.42 cm dilated.

### *Free Abdomen*

There is a moderate amount of free fluid in these images.

Mesenteric lymph nodes are 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

- The bowel mass described above is most concerning for infiltrative neoplasia such as round cell neoplasia i.e. lymphoma, especially given the concurrent pathology. Having said that, a benign inflammatory process can't be ruled out without tissue sampling.
- Aggressive mesenteric lymph nodes – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- The biliary distension could be secondary to concurrent chronic low grade smoldering pancreatitis +/- concurrent cholangiohepatitis, although some partial obstruction from an intraluminal density, either debris or even tissue nodule, can't be ruled out. Similarly, infiltrative neoplastic disease effecting the liver and contributing is a possibility.
- Moderate free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

## SECONDARY FINDINGS

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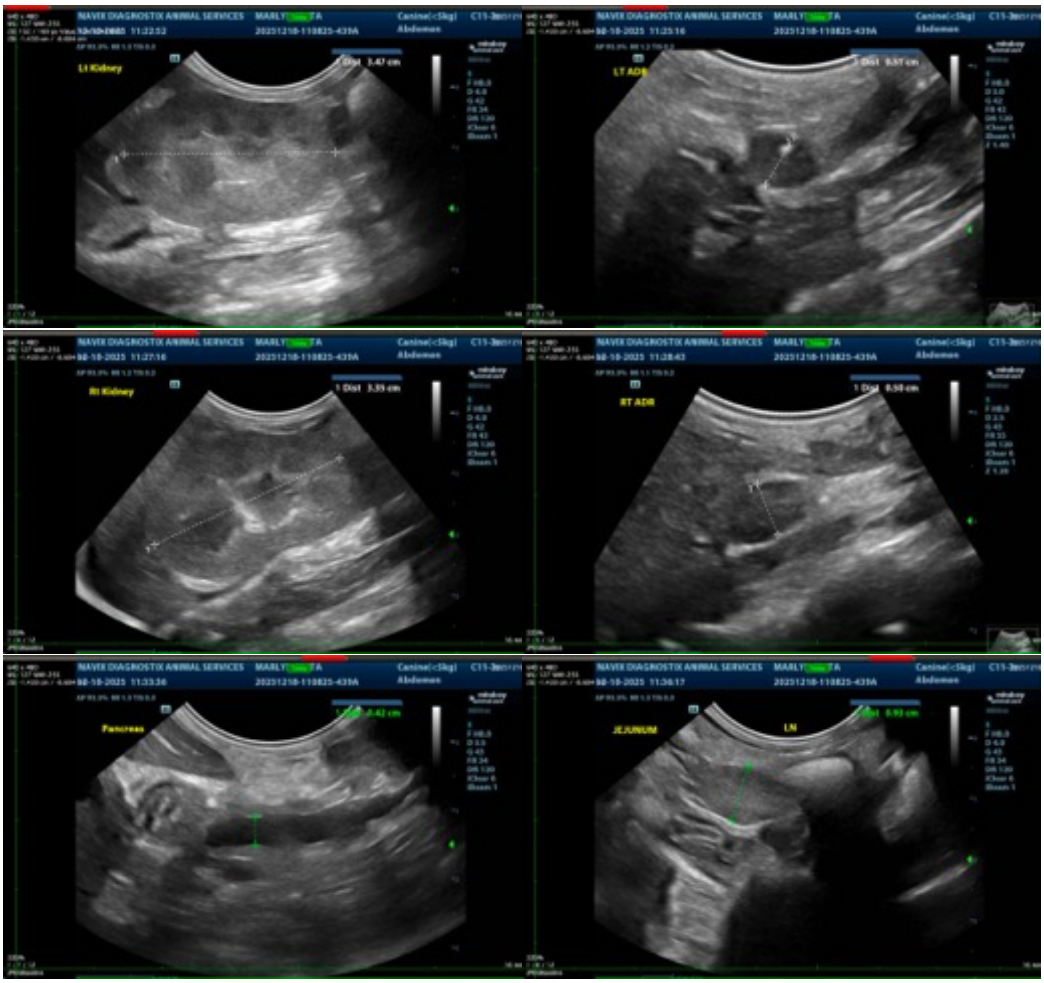
- Age related kidney changes.
- A moderate to large amount of echogenic urinary bladder debris.
- Suspect mild age related adrenomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

The top differential for the diffuse pathology described above is infiltrative round cell neoplasia. Therefore, tissue sampling is recommended beginning with fine needle aspirates of the bowel mass, the enlarged lymph nodes, and the liver, as well as fluid sampling if patient's coagulation status is appropriate.

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



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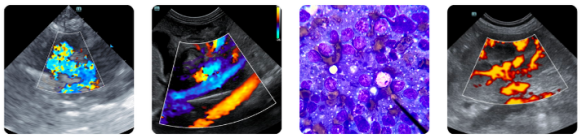

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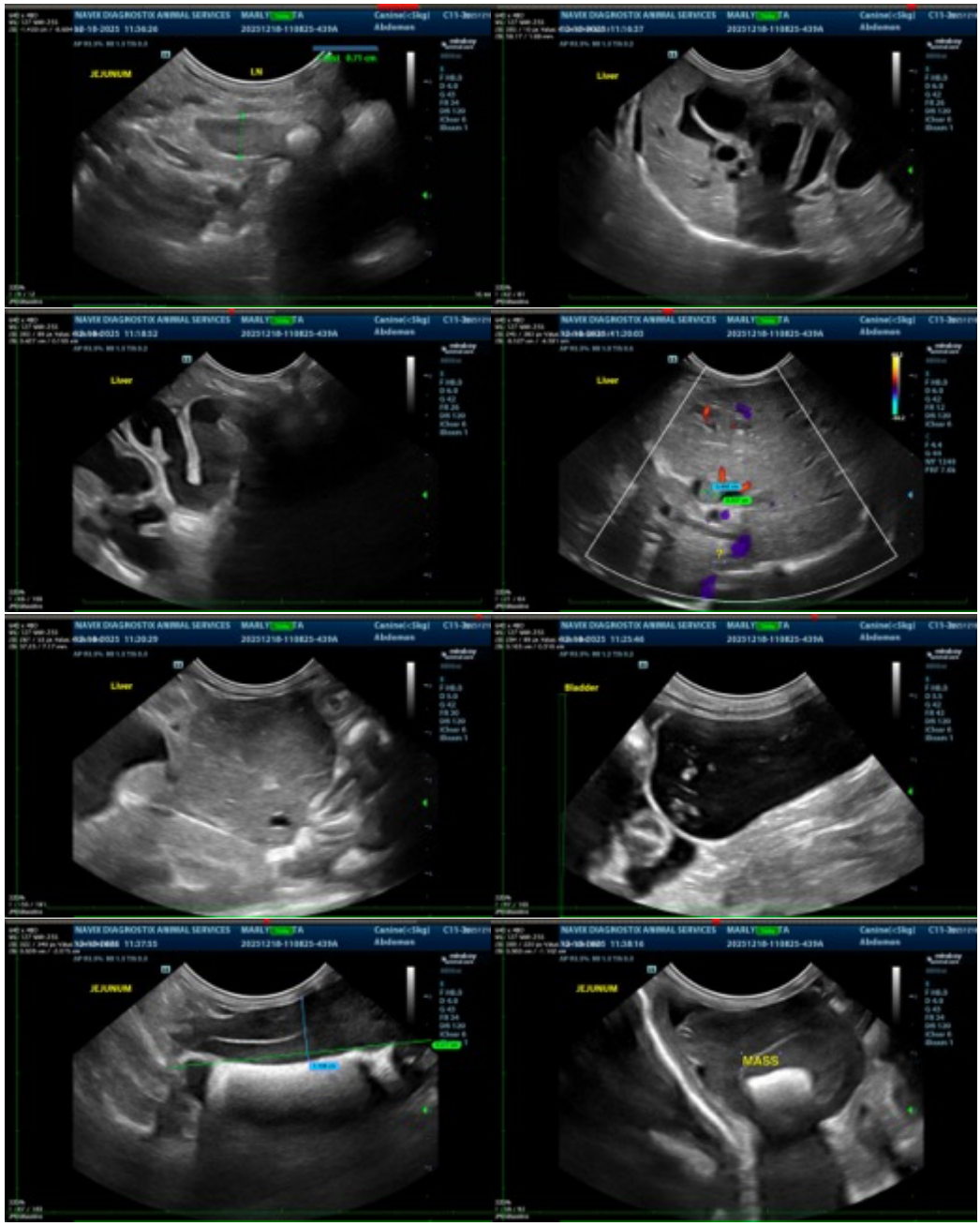


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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