



**PATIENT**

Tango Szostak

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

5.98 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Headon Forest Animal  
 Hospital

**REFERRING VET**

Dr. Gibson

**INVOICE**

73206

**DATE**

2/24/26

**PRESENTING CLINICAL SIGNS**

Ventral neck (thyroid region) has firm swelling, larger on R (~4cm), poss extension to contralateral side of trachea (other lobe of thyroid?), P not reactive to palpation but slightly resents manipulation of neck

Lymphatic: Submand LN wnl bilaterally, R prescap LN enlarged (~2-3x normal), L prescap palpable but less enlarged. Popliteal LN wnl

Open mouth breathing that comes in waves. Started on Prednisolone and gabapentin for pain and inflammation. POCUS done and nsf.

Current Medications: Gabapentin 50-100mg PO q12h; Prednisolone 15mg/ml 1mL q24h

**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 occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also 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 (4.35 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 (4.47 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 (0.40 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively large in size (1.1 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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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.

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The visible small intestines are 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.

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

***Pancreas***

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The pancreas is very prominent/enlarged, diffusely hypoechoic to surrounding tissue, and has a markedly irregular undulating contour and overall subtly coarse parenchyma with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

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***Free Abdomen***

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

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There is no apparent pathologic lymphadenopathy noted in these images.

**PRIMARY FINDINGS**

- Splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Chronic low-grade smoldering pancreatitis is suspected.

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**SECONDARY FINDINGS**

- Very mild amount of echogenic urinary bladder debris.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

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A T4 +/- free T4 is recommended.

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Tissue sampling is recommended. Fine needle aspirates of the spleen +/- as well as the peripherally enlarged lymph nodes/cervical mass could be considered if patient's coagulation status is appropriate.

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Additionally, and/or alternatively, advanced imaging i.e., contrast CT scan of the cervical area could be considered.

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



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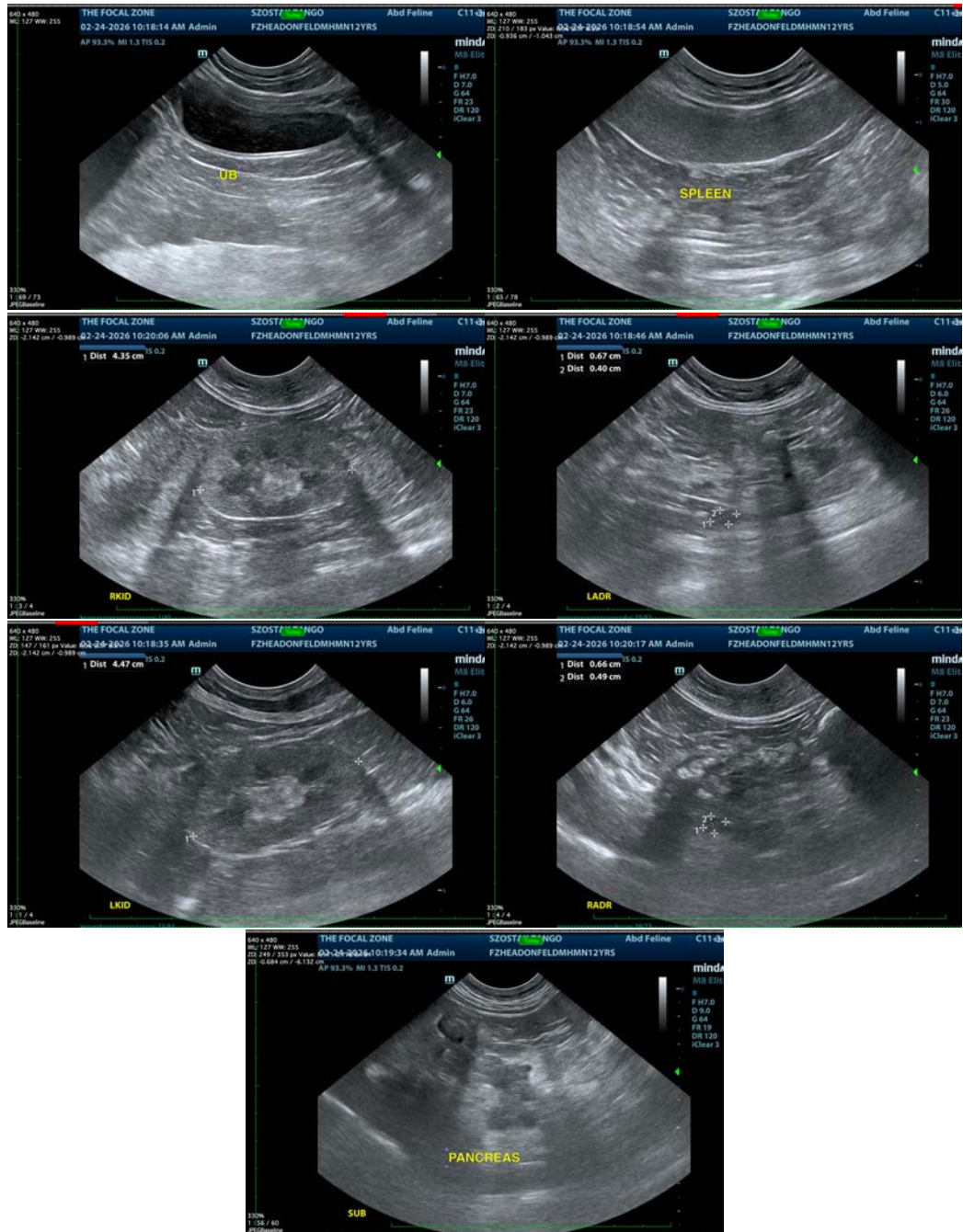
Dr. Gibson

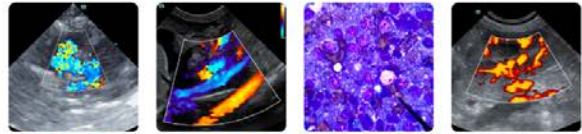
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)