



**PATIENT**

Freya Payne

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2013

**WEIGHT**

6.81 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

**INVOICE**

39192

**DATE**

6/30/22

**PRESENTING CLINICAL SIGNS**

Inappetence, anemic, low protein levels. Evaluate for IBD vs lymphoma. Labs + Radiographs attached.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The kidneys are significantly enlarged in size (left measured 4.64 cm, right measures 5.15 cm) with increased cortical echogenicity and disruption of normal corticomedullary architecture caused by multifocal heterogenous (primarily hypoechoic) nodules. A hypoechoic subcapsular rim "halo" is present. The pericapsular area is enhanced by hyperechoic fat and mesentery. No mineral is observed.

**Adrenal Glands**

The adrenal glands are unable to be visualized in these images.

**Spleen**

The spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. There is a hypoechoic mass off of the tail of the spleen that measures about 1.0 cm diameter. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

**Liver**

The 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.

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.

**Gastrointestinal**

The stomach is diffusely thick, measuring approximately 1.0 cm in thickness with a diffusely hypoechoic wall and complete loss of normal layering. The lumen of the stomach is empty.

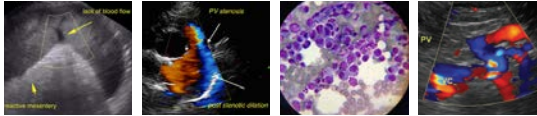
There are several focal bowel masses with similar appearing 1.0 cm thick, hypoechoic walls with complete loss of normal layering. The remainder of the bowel layering can be appreciated, but the muscularis layer is thick relative to the mucosal. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colonic wall appears to be normal. However, at the ileocecolic junction, there is an additional hypoechoic mass that appears to be bowel in origin with complete loss of layering.

**Pancreas**

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**Free Abdomen**



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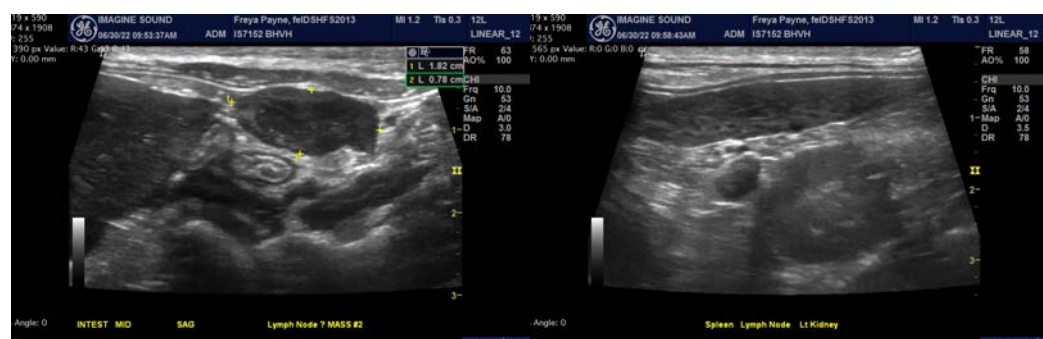
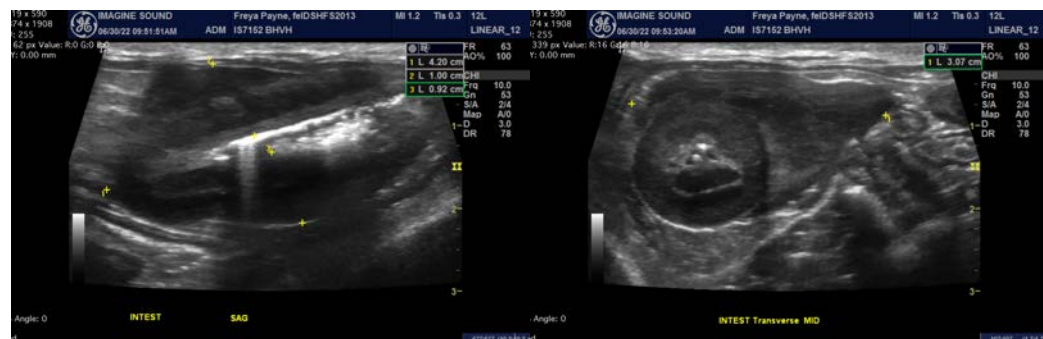
Lymph nodes are diffusely enlarged throughout the entire abdomen with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

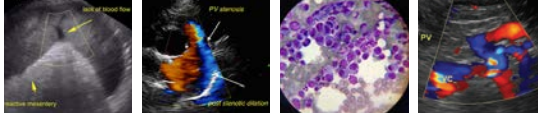
## ULTRASONOGRAPHIC FINDINGS

- Renal lymphoma – This appearance is highly suggestive of renal lymphoma. Other malignant neoplasia, severe nephritis and feline infectious peritonitis can at times mimic this presentation, but it's less common.
- Spleen honeycomb appearance - 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 infiltrative bowel masses – most consistent with infiltrative neoplasia such as lymphoma, given the loss of layering and the concurrent findings.
- Diffuse aggressive lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The top differential for the combination of pathologies reported here is lymphoma. Recommendations are to aspirate the enlarged lymph nodes, if patient's coagulation status is appropriate. If a diagnostic cytology is not obtained from the lymph nodes, the bowel masses and/or the spleen and/or the kidneys could be aspirated as well.





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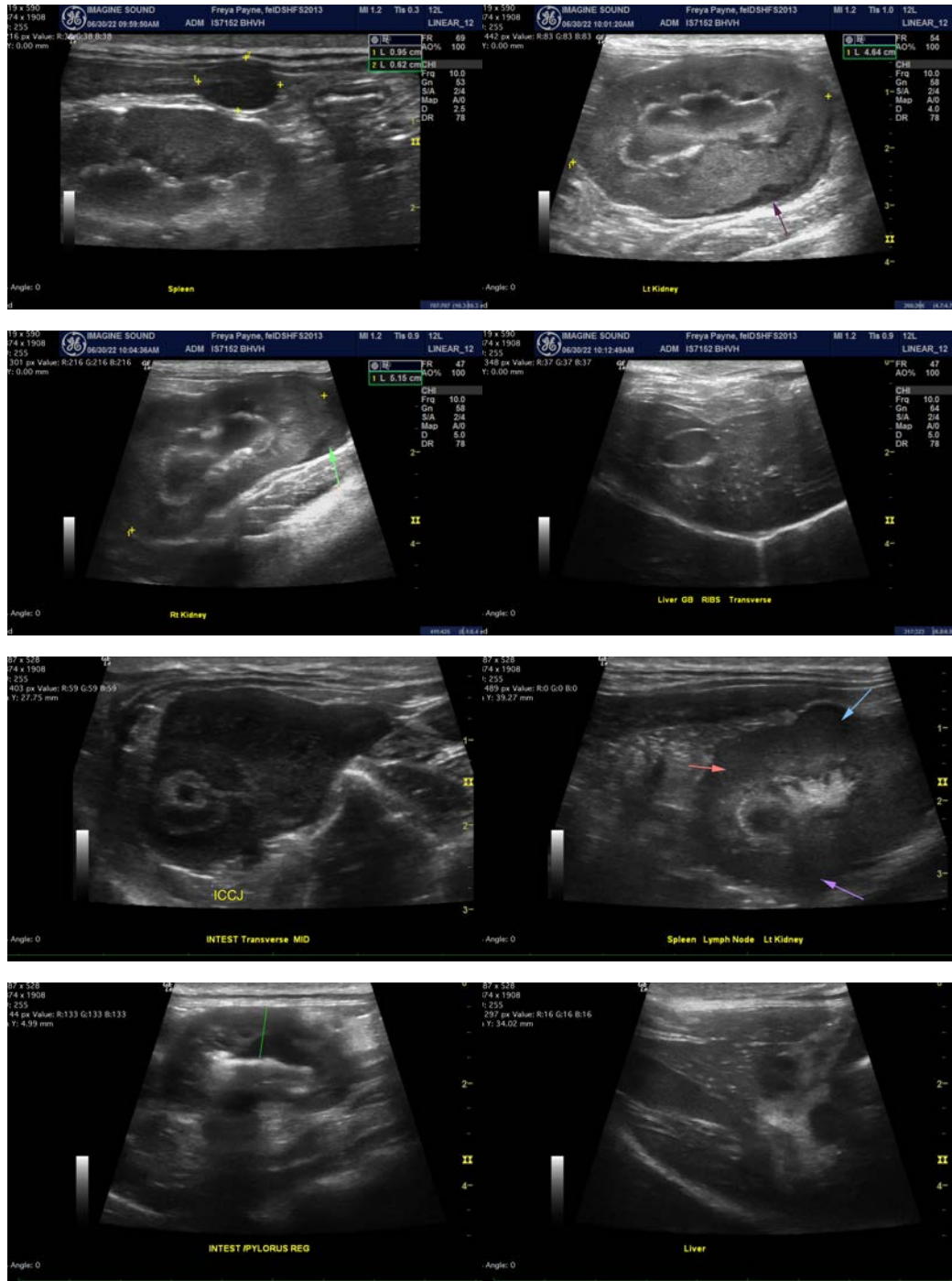
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
Beth.Johnson@sonopath.com