PATIENT

Poni Punja

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years

WEIGHT

3.86 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Somal

INVOICE

35893

DATE

2/20/26

PRESENTING CLINICAL SIGNS

- Poni has been presented with complaint of on and off diarrhea, started 2 months ago
- O said some days pasty stool, some days its watery
- O noticed some blood in stool as well
- Vomited here and there, not since O is back
- O travels for work, Said Poni gets stressed when she is away
- Poni stays with pet sitter, or at home
- Has been hiding as well
- Grade 4/6 heart murmur
- Mild dehydration; slightly tacky MM
- Muscle loss
- Comfortable on abdominal palpation, no obvious mass palpable
- Current Medications
- Mirtazapine, Entero aid, Solensia, VIt B12
- Primary Question to Be Answered in This Exam: Evidence of lymphoma?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

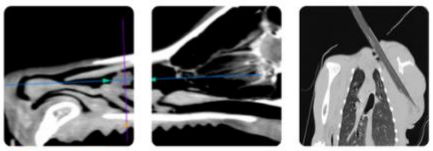
The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The left kidney measured 3.59 cm in length. The right kidney measured 4.38 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 0.38 cm in thickness. The right adrenal gland measured 0.44 cm in thickness.

Spleen

The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.



PATIENT

Poni Punja

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years

WEIGHT

3.86 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Somal

INVOICE

35893

DATE

2/20/26

Liver

The liver is of normal size, shape and position. Echogenicity is generally normal. There is a very small, somewhat poorly defined, hypoechoic nodule visualized in the central liver, measuring 0.5 cm x 0.6 cm. There are no specific masses seen.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is diffusely increased, and wall layering is distinct with a prominent muscularis layer. There is a loop of bowel visualized in one image, which is more severely thickened with a more significantly thickened muscularis layer than others, measuring up to 0.42 cm in thickness. This measurement is taken in transverse view, which can overestimate intestinal thickness. There is not loss of wall layering, but the degree of thickness and difference from other loops is concerning for an intestinal mass.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

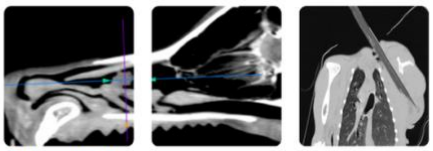
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Diffuse small intestinal thickening with prominent muscularis. Focal area of increased intestinal thickness, concerning for possible developing mass.
- Small hypoechoic liver nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal changes are most consistent with infiltrative disease of the small intestine with inflammatory bowel disease or GI lymphoma being the top differentials. The focal area of increased thickening is concerning for a developing mass. Unfortunately, it does not appear assessable to FNA, though ultrasound guided FNA could be attempted. Ultimately, GI biopsy may be required to further differentiate. Ultrasound cannot differentiate between small cell lymphoma and inflammatory bowel



PATIENT

Poni Punja

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years

WEIGHT

3.86 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Somal

INVOICE

35893

DATE

2/20/26

disease, and GI biopsies are recommended for definitive diagnosis, especially if there is a poor response to empirical efforts or recurrence of clinical signs after initial control. Endoscopic biopsy is less invasive but may miss lesions due to inability to obtain samples from all sections of the GI tract, especially the jejunum which is the most common site of development of disease. Surgical biopsies are more likely to be diagnostic but are more invasive. A GI panel (TLI/PLI/cobalamin/folate) will help determine the severity of SI dysfunction, and need for vitamin supplementation.

Empiric treatment for IBD includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, GI support as needed (anti-nausea, appetite stimulant). Treatment with steroids (budesonide vs prednisolone) is often required – biopsies should be acquired prior to treatment with steroids. Steroids may ultimately be tapered to the lowest effective dose or discontinued in some cases.

The clinical significance of the small liver nodule is uncertain. It does not have features concerning for a metastatic or aggressive neoplastic lesion. FNA could be attempted, though would likely be challenging due to depth and location. Serial monitoring with ultrasound could alternatively be used to monitor for progression.

PATIENT

Poni Punja

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years

WEIGHT

3.86 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Snelgrove VS

REFERRING VET

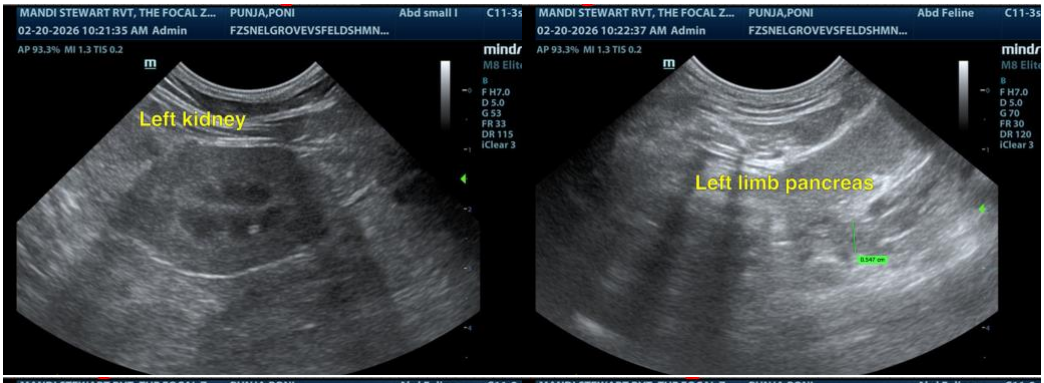
Dr. Somal

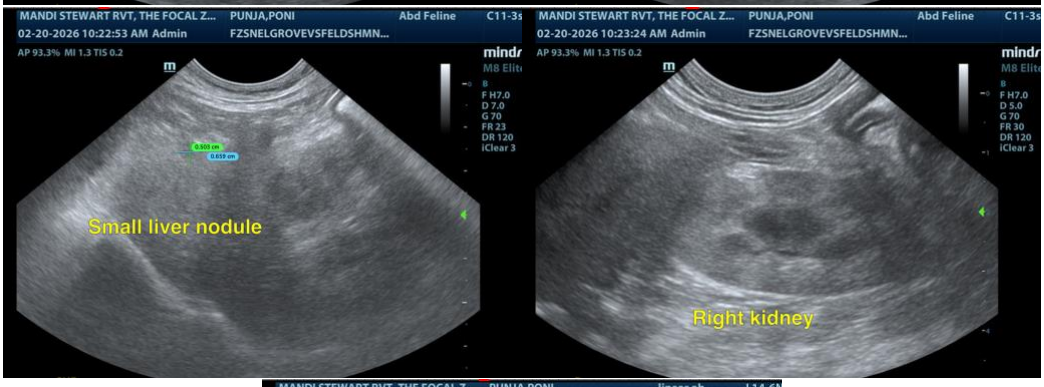
INVOICE

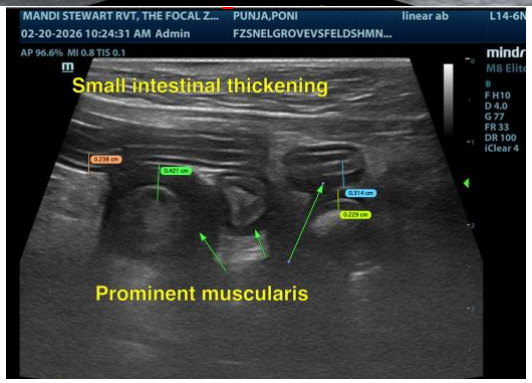
35893

DATE

2/20/26







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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com