



PATIENT

Luna Mahoney

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

5.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Lind-Wilson

INVOICE

35744

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: dx & tx for hyperthyroidism. Currently on transdermal methimazole. Anorexic, dehydrated, not eating #3 lb weight loss since Oct.

Abnormal PE/Chem/CBC/UA Results: T4 4.0 All else NSF Urine Specific Gravity - 1.062 in Oct.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented micropolypoid changes. Regional wall thickness measured up to 0.58 cm.

Both **kidneys** were swollen and irregular in contour. The left kidney measured 3.68 cm. The right kidney measured 4.1 cm. Some loss of corticomedullary definition was noted in the kidneys. Given the intestinal presentation, I'm concerned for potential emerging renal lymphoma.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.3 cm. The right adrenal gland measured 0.55 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen measured 0.7 cm.

Liver

The **liver** was mildly swollen. Focal hypoechoic nodular changes were noted. The gallbladder and common bile duct were unremarkable. 25-gauge FNA of the liver is indicated for screening purposes to assess if occult neoplasia is present also in the liver.

Gastrointestinal

The **stomach** itself was unremarkable. A small intestinal mass was noted with concentric mural thickening extending for approximately 4.0 cm x 2.3 cm with regional inflammation and loss of mural detail. Variable other areas of intestinal thickening were noted. Soft stool was noted in the colon.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen



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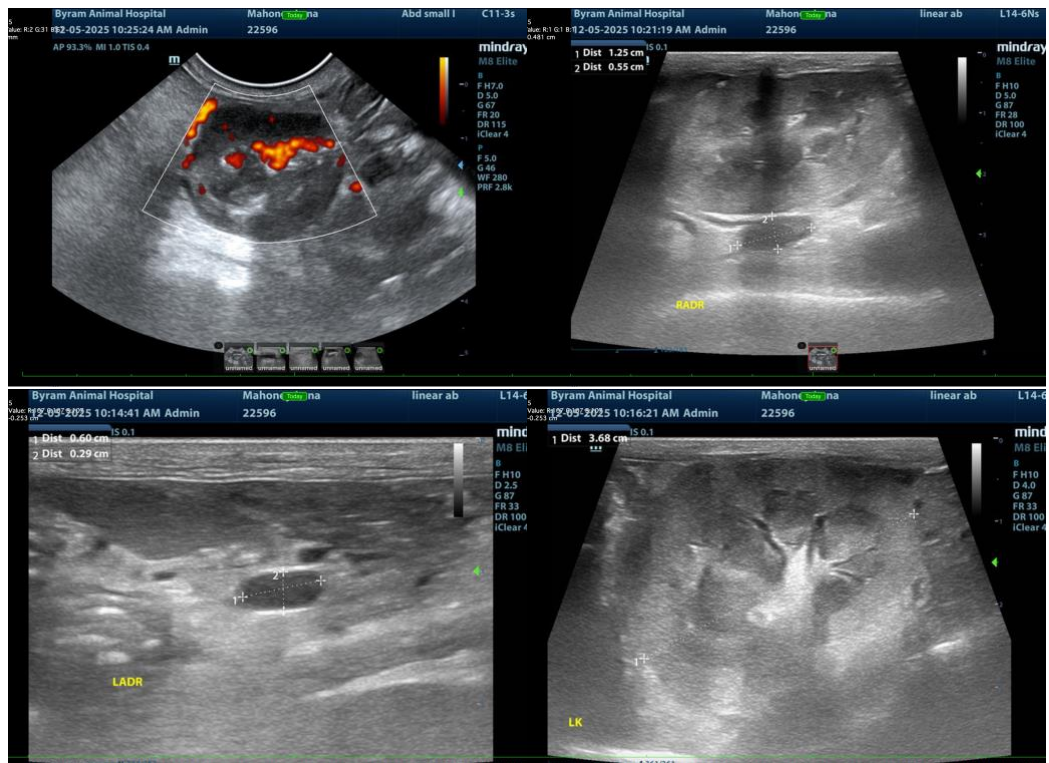
Slight areas of **free fluid** were noted in the abdomen. Reactive mesentery was also noted. Mesenteric lymph nodes were mildly enlarged.

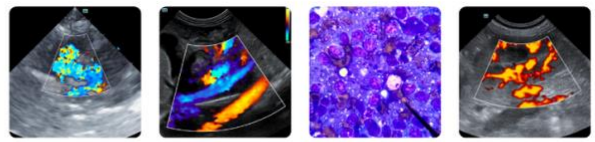
ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with potential hepatic and early renal involvement- round cell neoplasia is suspected
- Mildly enlarged mesenteric lymph nodes
- Free fluid and reactive mesentery
- Soft stool in the colon
- Micropolypoid urinary bladder changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the intestinal mass and liver is warranted. Concern for emerging lymphomatosis or similar. Immediate chemotherapeutic intervention is warranted.





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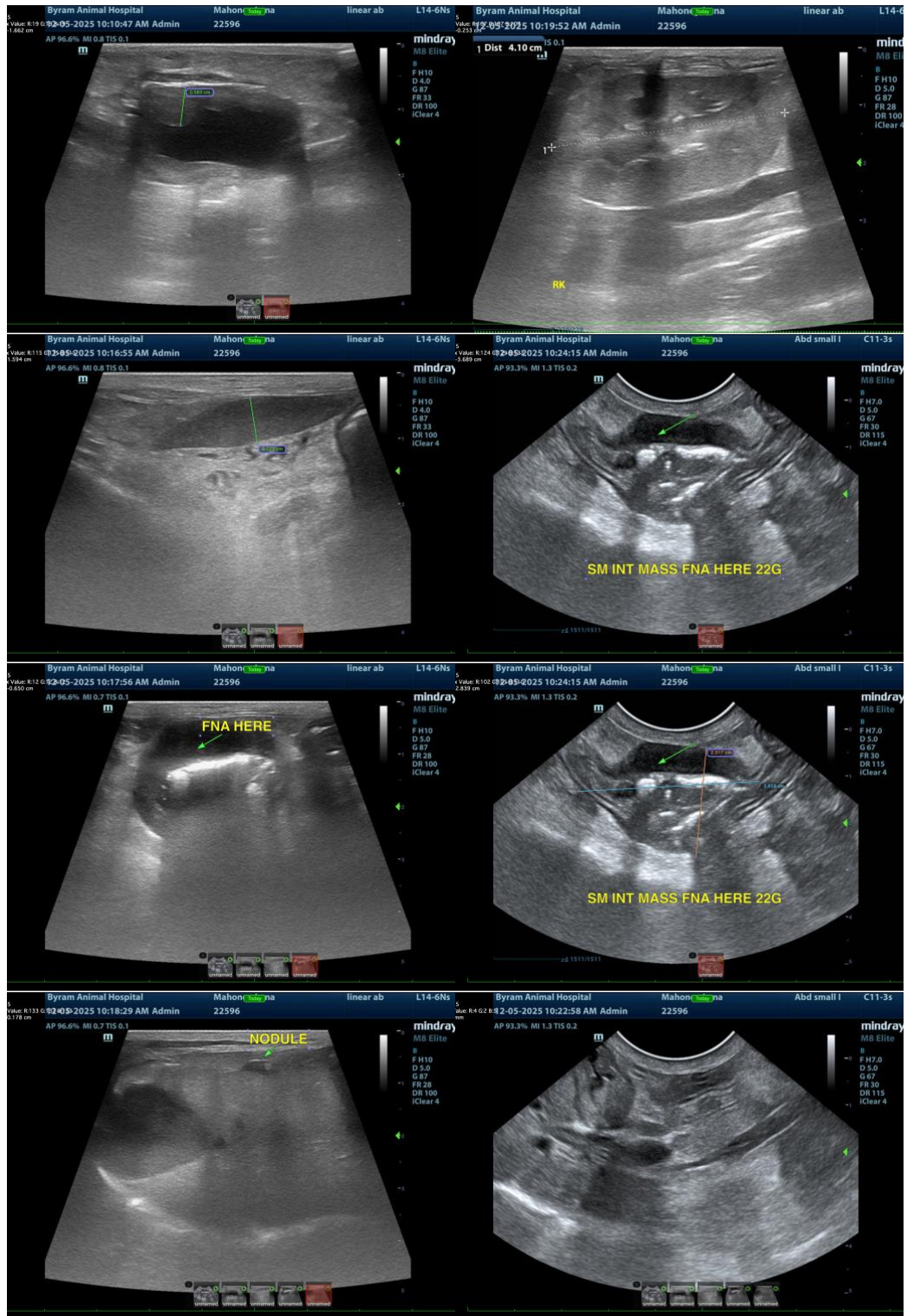
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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info@SonoPath.com