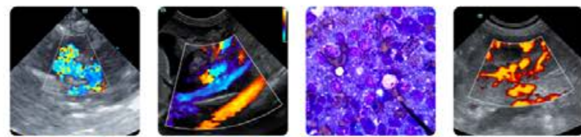


PATIENT

Romeo DiBianco

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

13 Years 10 Months

WEIGHT

10.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

North Jersey Animal Hospital

REFERRING VET

Dr. Chiu

INVOICE

73877

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Weight loss, suspect triaditis, hyperbilirubinemia. Icteric, Thin BCS 4/9. Meds: Amoxicillin, Buprenorphine, Sam-E

Abnormal PE/Chem/CBC/UA Results: WBC 17k/ul, Neut 12.35 k/ul, Bands suspect, Mono 0.77 k/ul, Glob 6.7 g/dl, ALT 280 u/l, ALP u/l, GGT 11 u/l, Billirubin 7.4 mg/dl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** were enlarged with hyperechoic parenchymal changes and cortical remodeling. Left kidney measured 4.26 cm. Right kidney measured 4.05 cm. Blood flow to the kidneys was subnormal.

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. Right measured 0.47 cm. Left measured 0.20 cm.

Spleen

The **spleen** was mildly enlarged (up to 1.6 cm) and folded upon itself caudally, with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

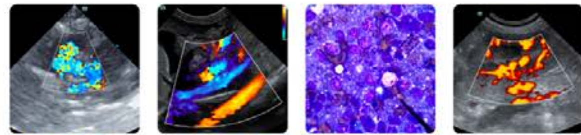
The **liver** was swollen and hypoechoic with irregular increased portal markings noted. The gallbladder was double layered and echogenic. Vascularity appeared normal. Hepatic lymph nodes were enlarged, rounded and hypoechoic.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable intestinal thickening. Colonic wall thickened noted with loss of mural detail noted, measuring up to 7.0 mm. Enlarged, rounded mesenteric lymph nodes noted.

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.



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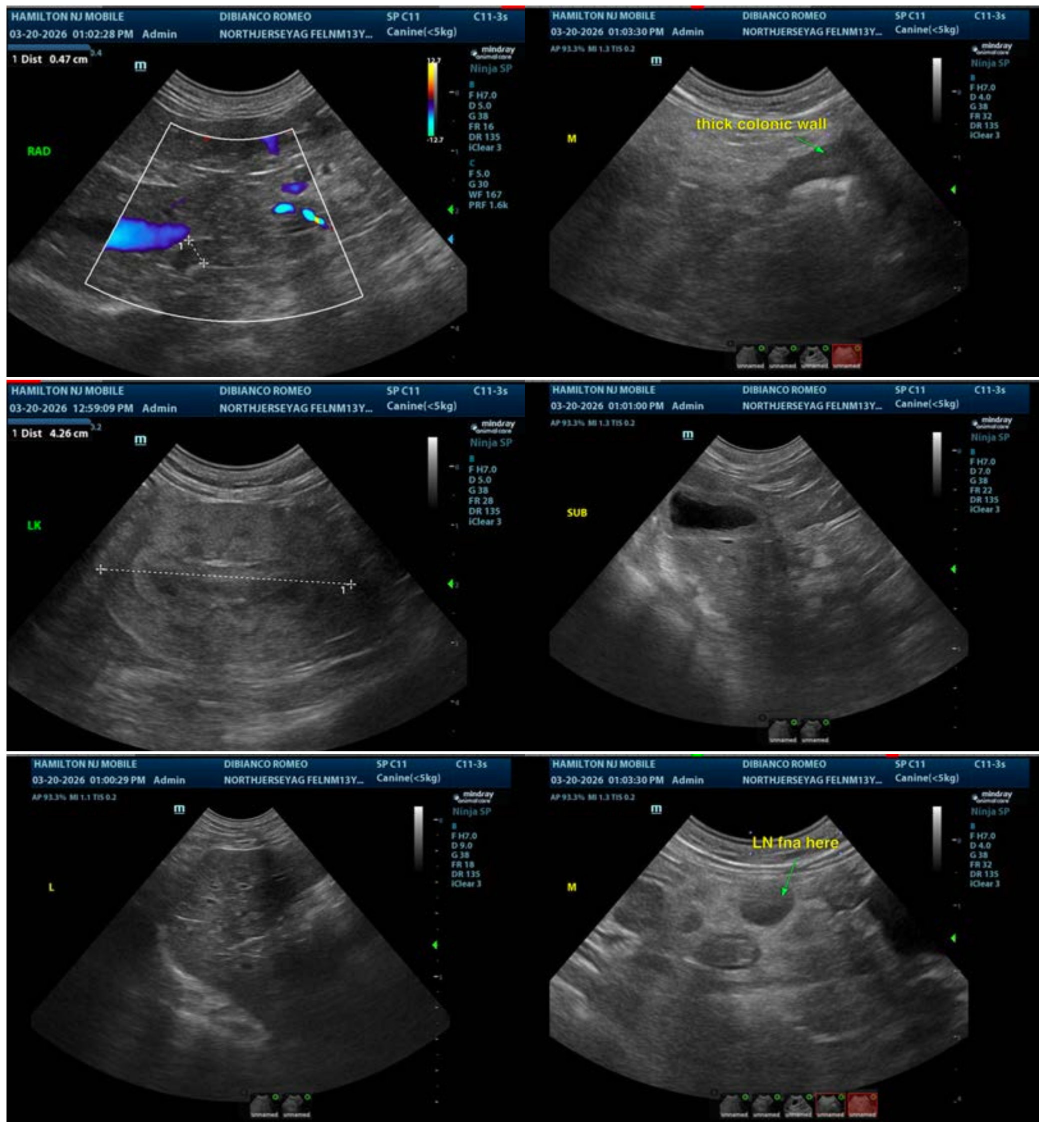
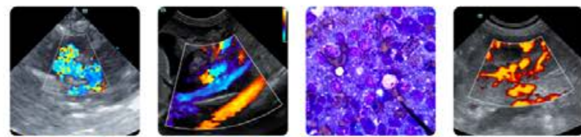
ULTRASONOGRAPHIC FINDINGS

- Enlarged, hyperechoic kidneys with cortical remodeling.
- Enlarged, micronodular spleen.
- Swollen, irregular liver with chronic cholecystitis gallbladder pattern.
- Variable small intestinal and colonic thickening.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric infiltrative pattern, strong concern for round cell neoplasia involving spleen, lymph nodes, proximal colon, and liver. Cholangiohepatitis, colitis, lymphadenitis, splenitis all possible yet less likely. Sampling is essential after coagulation panel. 25-gauge FNA of the spleen and 22-gauge FNA of the liver indicated. Ultrasound guided FNA of the mesenteric lymph nodes also indicated.





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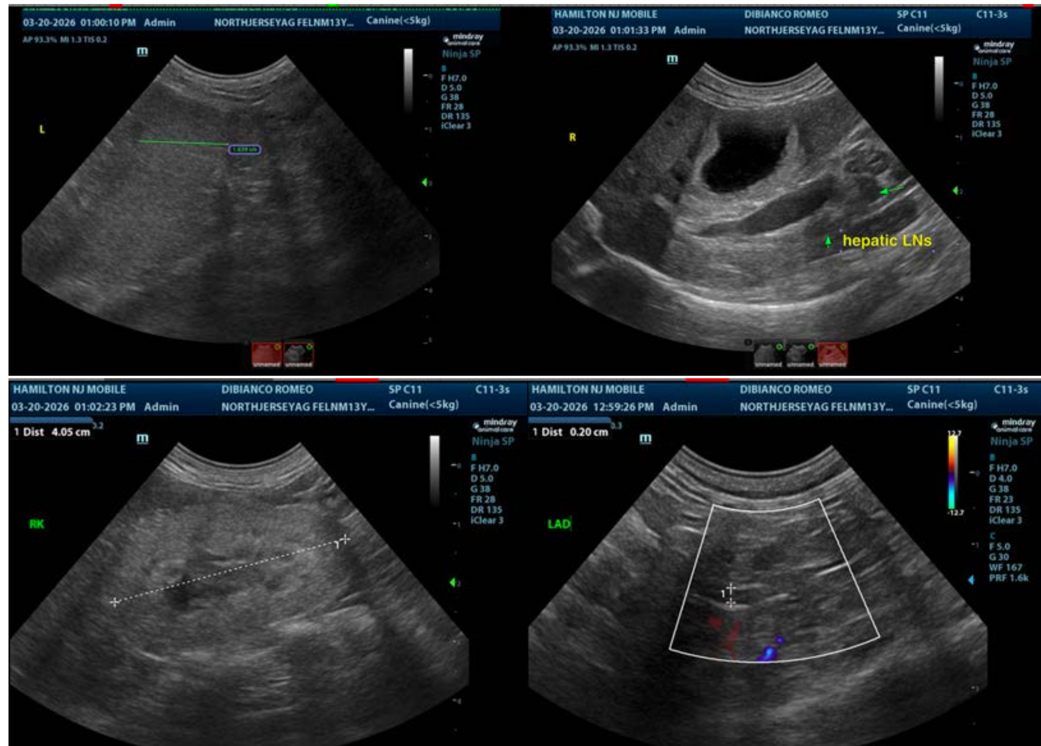

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com