

**DATE PRESENTING CLINICAL SIGNS**

2/10/23 2/6/23 cranial- mid abdominal mass on PE; recent hx of lethargy + weight loss

**PATIENT**

Lil Bit Ebaugh

Current Medications: None listed.

Radiographs: stomach displaced cranially. intestines also appear to be displaced. mass effect caudal to stomach

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Feline

**BREED**

DSH

**Urinary System**

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder had a very small volume of urine and was pushed caudally by the mass. No masses, inflammatory changes or calculi are observed.

**SEX**

Spayed Female

**AGE**

5/1/13

The kidneys measure at the low end of normal with the left measuring 3.2 cm and the right measuring 3.5 cm. The left kidney has a very subtly deformed capsule, consistent with prior infarct. Normal shape and architecture otherwise with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, or hydroureter.

**WEIGHT**

5.1 Pounds

**Adrenal Glands**

The left adrenal gland measures large at 0.48 cm. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

**INTERPRETED BY**Jessica Midence, DVM,  
DACVIM (SAIM)

The right adrenal gland measures large at 0.56 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

**Spleen**

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

**HOSPITAL NAME**

Jacksonville VH

**Liver**

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

**REFERRING VET**

Dr. Kablis

**INVOICE**

45072

The gallbladder lumen is distended. The wall is a normal thickness and smooth. Small volume of anechoic bile present. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal**

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

The jejunum measures thick with some sections up to 0.29 cm (normal is up to 0.25 cm), and some areas have a thickened muscularis. There is very mild loss of layering in some sections as well. Caudally in the area of the mass, there is one loop of bowel with fluid stagnating within the lumen, consistent with some degree of ileus.

Sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The pancreas was mildly hypoechoic, but there was no observable hyperechoic fat present.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The omentum is of normal uniform echogenicity.

In the caudal abdomen, the mesenteric lymph nodes are enormous, measuring as large as 5.4 cm in length x 2.48 cm in width. This mass of lymph nodes has a lobular appearance (consistent with lymphadenopathy) and crosses midline with a blood vessel coursing through the center of the cluster of lymph nodes. The lymph nodes are hypoechoic with fine hyperechoic speckling. There is hyperechoic fat around the lymph nodes as well as a small volume of effusion cranial to the lymph nodes as well.

### **PRIMARY FINDINGS**

- Enormous caudal abdominal lymph nodes with effusion and regional steatitis – likely large cell lymphoma.

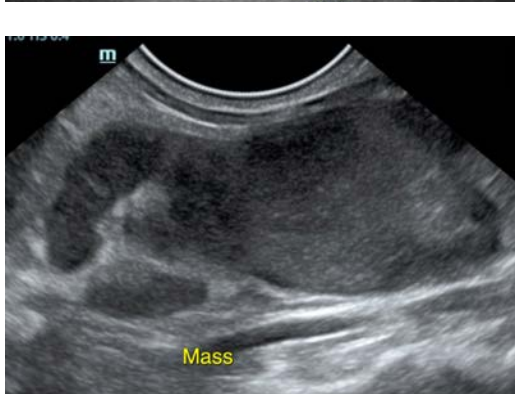
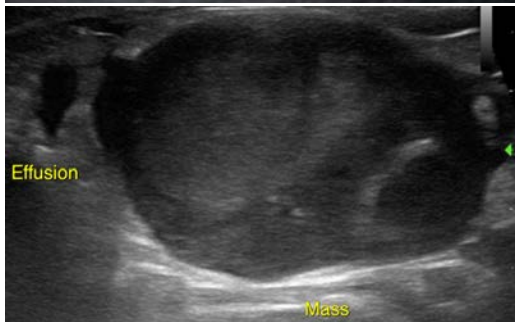
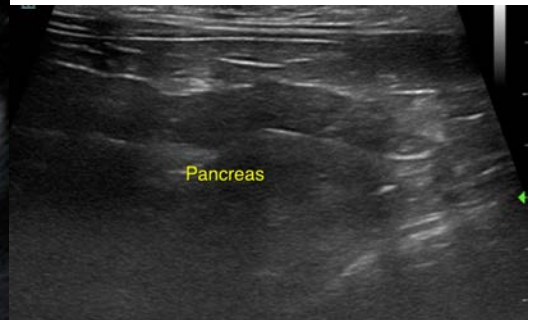
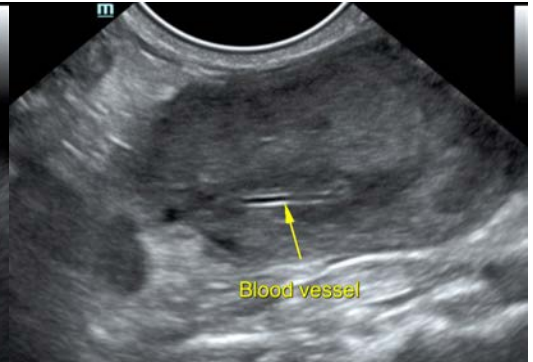
### **SECONDARY FINDINGS**

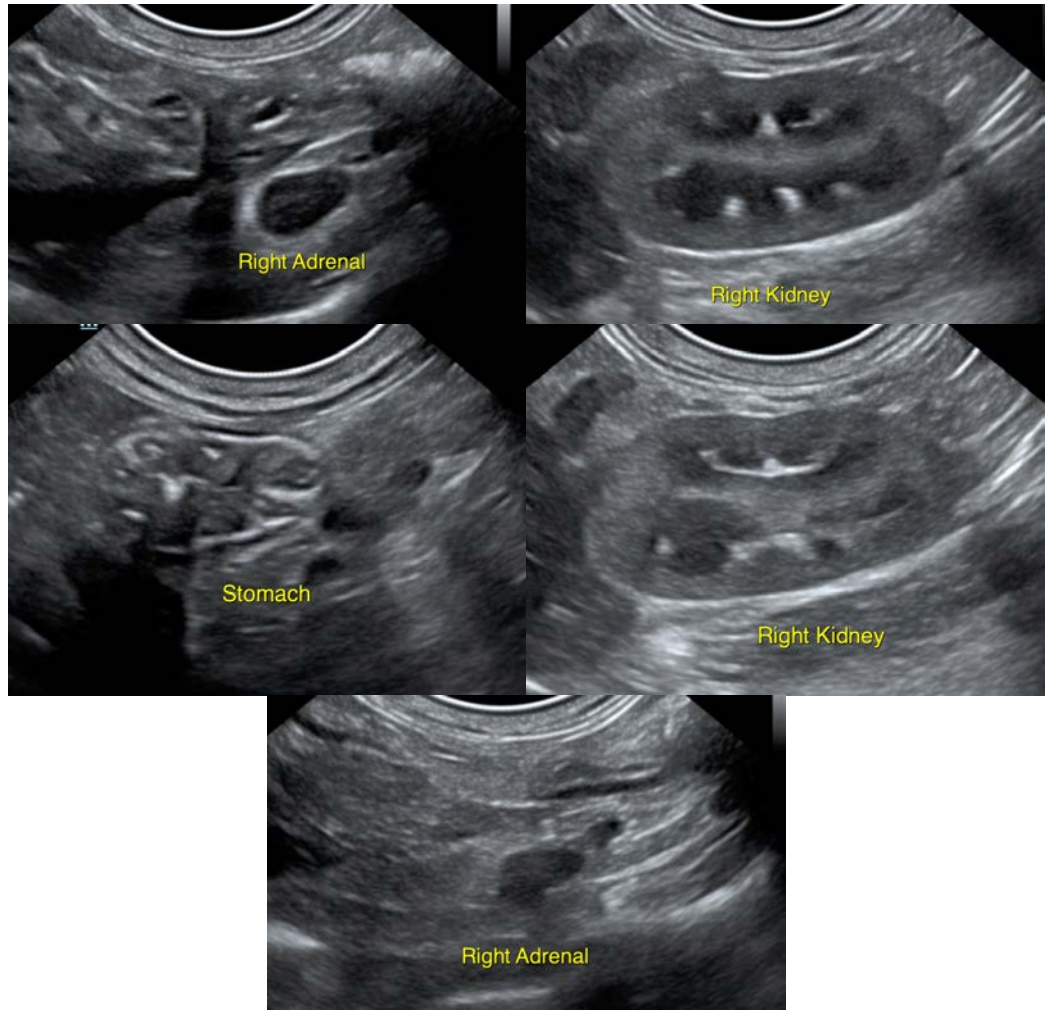
- Adrenomegaly
- Mild pancreatitis
- Small kidneys
- Enteritis with some ileus

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mesenteric lymph nodes are enormous and hypoechoic with regional inflammation and effusion. Large cell lymphoma is highly suspected, but other round cell neoplasms could be considered. Fine needle aspirate is recommended. Given the size, appearance, location, and the suspicion for large cell lymphoma, this cluster of lymph nodes would not be amenable to surgical excision.

The changes to the kidneys are mild degenerative changes. The mild pancreatitis is also considered incidental. The changes to the intestinal tract are mild as well and could be secondary to the systemic illness. The adrenal glands measure large, which could be secondary to chronic physiologic stress or normal variation for this patient. The adrenal glands maintained a normal shape and otherwise normal appearance, but infiltration with lymphoma cannot be ruled out, given their increase in size.





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.

Jessica Midence, DVM, DACVIM (SAIM)  
[info@SonoPath.com](mailto:info@SonoPath.com)