



PATIENT

Santiam Wegter

PRESENTING CLINICAL SIGNS

Anorexic since Sunday, lethargic, wheezing.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with echogenic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

SEX

Neutered Male

The left kidney is very abnormal. It is enlarged, measuring 4.25 cm. The contour is slightly undulating, but otherwise smooth and normal in shape. The cortex is hyperechoic and significantly thickened. There are also several indistinct hypoechoic nodules, the largest measures 0.80 cm x 1.1 cm. There is decreased corticomedullary distinction. There is scant anechoic effusion at the cranial pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

AGE

3

The right kidney is also very abnormal. It is enlarged, measuring 4.7 cm. The contour is slightly undulating, but otherwise smooth and normal in shape. The cortex is hyperechoic and significantly thickened. There is decreased corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts, hydronephrosis, or perirenal effusion.

WEIGHT

3.93 kg

Adrenal Glands

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

The left adrenal gland is normal in size (0.43 cm). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.34 cm at the caudal pole and 0.38 cm at the cranial pole). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

IMAGING PERFORMED BY

Dr. Kristin Peterson

Spleen

The spleen is enlarged, measuring 1.3 cm at the hilus. The spleen is folded on itself and its echotexture is diffusely highly mottled. The capsule is smooth with no irregularities.

HOSPITAL NAME

Wilvet Salem

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears coarse and mildly hyperechoic with decreased portal markings. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

REFERRING VET

Dr. Kristin Peterson

INVOICE

46486

The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. There is a small amount of dependent echogenic debris present. The cystic and common bile ducts are normal/not visible.

DATE

4/7/23

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 visualized areas of duodenum and jejunum appear normal in thickness. The duodenum measures normal with distinct wall layering. The remainder of the jejunum also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign



PATIENT

Santiam Wegter

material. At the ileocolic junction, there is a large, hypoechoic, irregular mass that measures at least 4.6 cm x 1.96 cm. This mass is circumferential, but eccentrically thicker in one area. The ileocolic lymph nodes are diffusely enlarged and hypoechoic, measuring 2.18 cm x 2.24 cm altogether.

SPECIES

Feline

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.

BREED

DSH

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

SEX

Neutered Male

Free Abdomen

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

AGE

3

PRIMARY FINDINGS

WEIGHT

3.93 kg

- Ileocolic mass – suspect lymphoma.
- Mottled splenomegaly - suspect lymphoma.
- Renomegaly with nodules on the left – suspect lymphoma.
- Coarse, hyperechoic liver – possible lymphoma.

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

SECONDARY FINDINGS

- Echogenic urine
- Gallbladder sludge

IMAGING PERFORMED BY

Dr. Kristin Peterson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abnormalities on this ultrasound are highly concerning for lymphoma, given the number of organs affected. The mass at the ileocolic junction could also be consistent with other malignant tumor types as well (GIST, mast cell tumor, carcinoma, or eosinophilic sclerosing fibroplasia), but given the highly mottled spleen and the enlarged kidneys that are nodular with bright thickened cortices, lymphoma is considered most likely. The liver was a bit coarse, so it may be infiltrated as well. If aspirates would be safe based on lab work (normal platelets and coagulation times), then fine needle aspirates of the spleen, kidneys, and ileal mass +/- the liver could be considered for definitive diagnosis. Consider consultation with an oncologist.

HOSPITAL NAME

Wilvet Salem

REFERRING VET

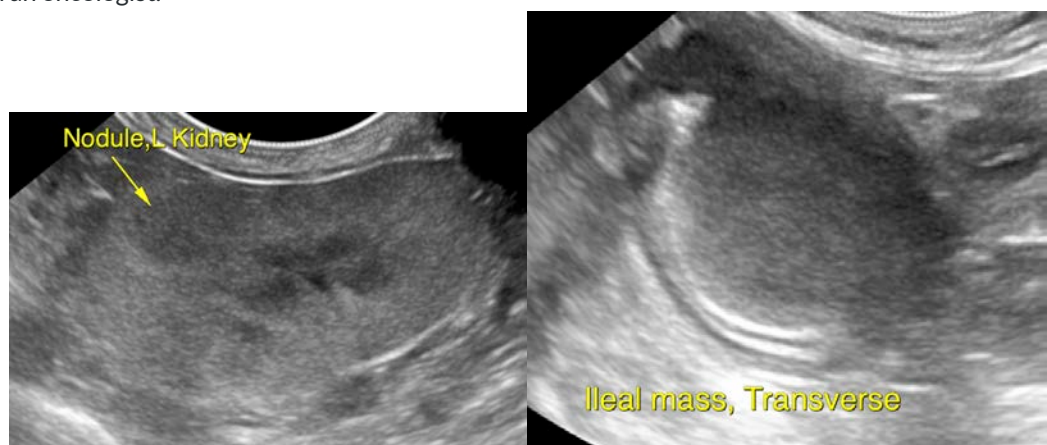
Dr. Kristin Peterson

INVOICE

46486

DATE

4/7/23





PATIENT

Santiam Wegter

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3

WEIGHT

3.93 kg

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Kristin Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

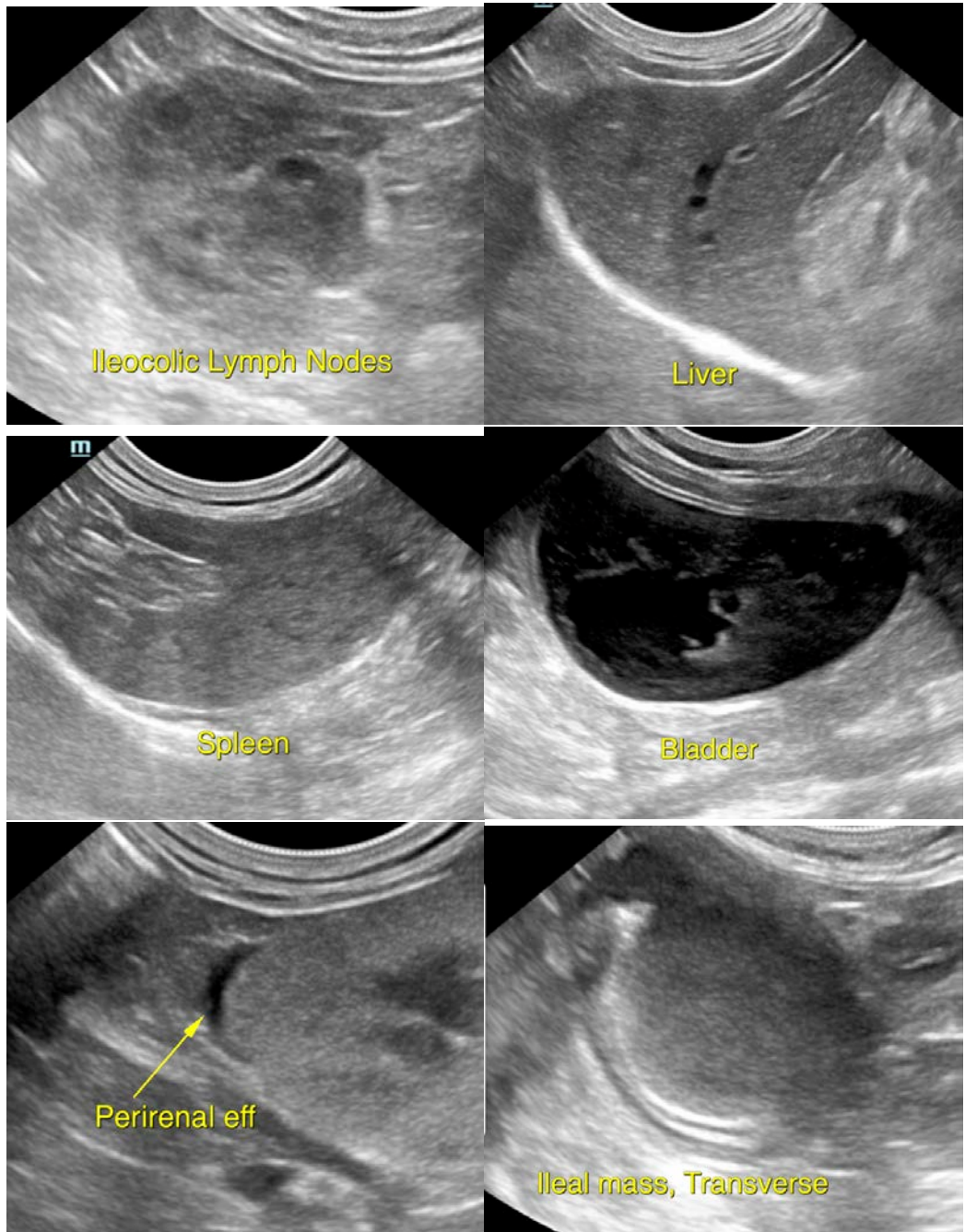
Dr. Kristin Peterson

INVOICE

46486

DATE

4/7/23





PATIENT

Santiam Wegter

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3

WEIGHT

3.93 kg

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Dr. Kristin Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

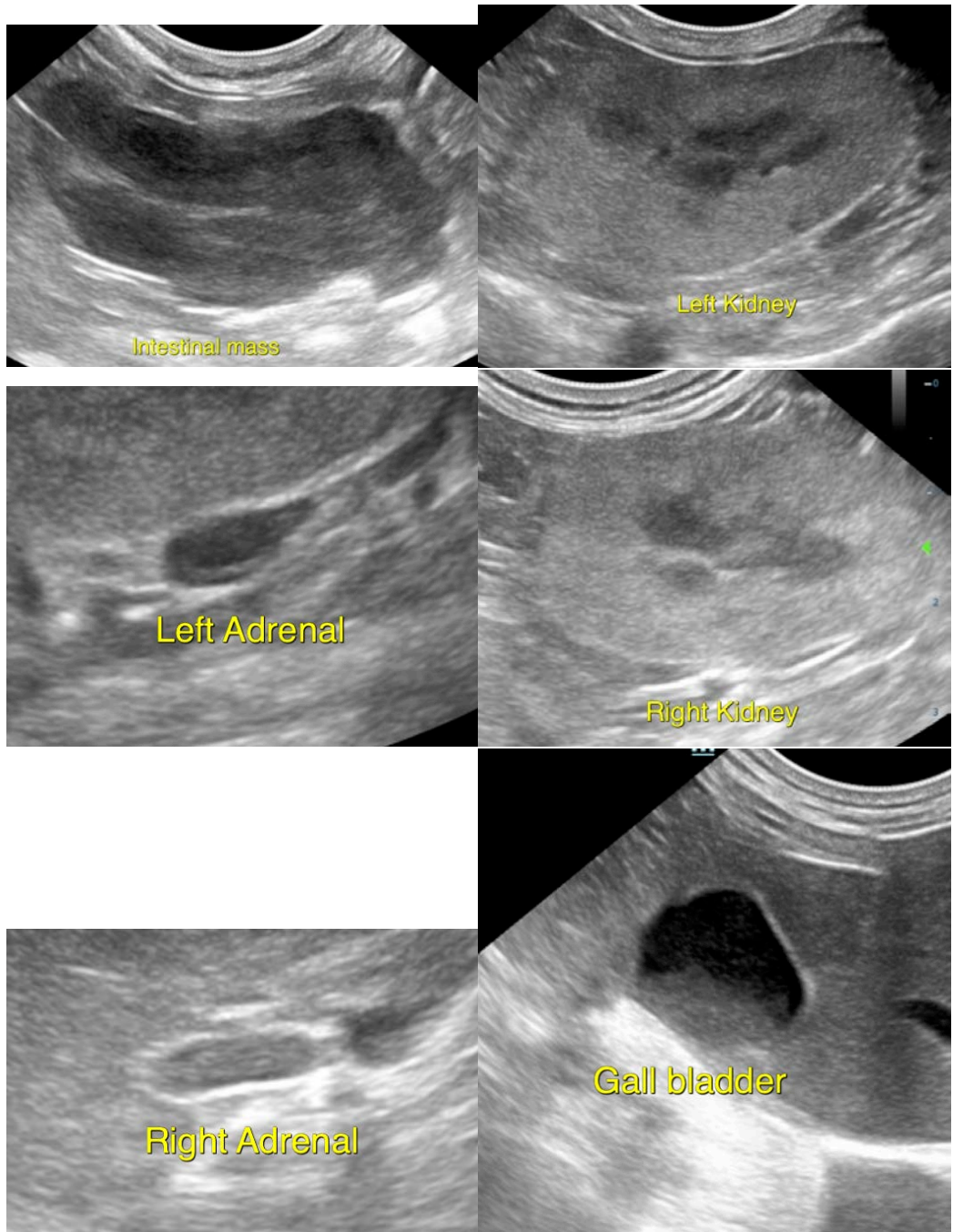
Dr. Kristin Peterson

INVOICE

46486

DATE

4/7/23



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