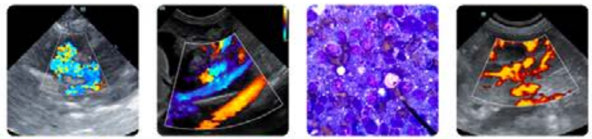


PATIENT
Mojo Buehler

SPECIES
Feline

BREED
Turkish Angora

SEX
Neutered Male

AGE
10 Years

WEIGHT
6.1 kg

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Petzoic Vet

REFERRING VET
Dr. Wedin

INVOICE
73235

DATE
2/24/26

PRESENTING CLINICAL SIGNS

ADR, hyporexia. Reported urinary concerns. Has become very aggressive

Abnormal PE/Chem/CBC/UA Results: Dehydrated Marked Leukocytosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with a small amount of dependent echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney is normal/borderline large, measuring 4.94 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are some poorly defined mineralized regions associated with the medulla, and some abnormal/irregular tissue area near the hilus. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is large and irregular in shape (likely due to previous infarcts), measuring 5.43 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is inflammation in the region around the kidney, likely associated with a mass effect in the region. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.35 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

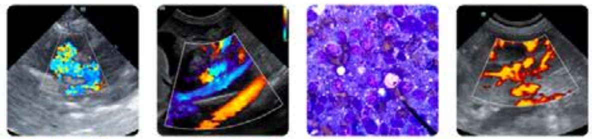
Spleen

The spleen is subjectively normal in size (0.67 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size and rounded. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a small cystic lesion on the right side of the liver measuring 0.62 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. 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 normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and appears to have a focal section of wall at the junction that appears thickened with reduced detail of wall layering. This area of bowel wall measures 0.49 cm in thickness. The transverse colon is distended with non-formed fecal material. The wall appears prominent and thickened, measuring at 0.35 cm. Distally, dorsal to the urinary bladder, the descending colon appears severely thickened with complete loss of layering. In this region, the colon wall measures at 0.61 cm.

Pancreas

The left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free fluid noted. There is a significant lymphadenopathy with a large medial iliac lymph node measuring 0.57 cm x 1.76 cm. A colic lymph node is visualized measuring 0.42 cm x 0.26 cm. A very large, irregular, hypoechoic mid caudal abdominal mass lesion is noted, most consistent with a large lymph node, measuring 3.2 cm x 5.52 cm. The omentum is diffusely hyperechoic, particularly around the mid abdominal mass lesion.

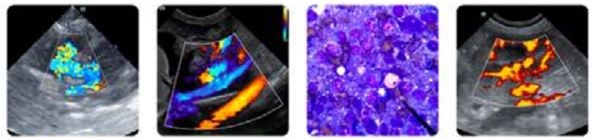
Other

There is a hypoechoic lesion visualized medial to the spleen with a hypoechoic center. The nature of this lesion is uncertain. This could represent an atypical lymph node. Continued monitoring is recommended.

PRIMARY FINDINGS

- Borderline large, irregular kidneys with decreased corticomedullary distinction and some mineralization (left kidney), and evidence of previous infarcts (right kidney) – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The large kidneys could be secondary to anatomic variation (big cat), inflammation, infection, or neoplastic infiltration.

- Large, hyperechoic rounded liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.



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- Severe thickening of the distal descending colon with loss of layering. Additionally, there is bowel thickening and reduced wall layering associated with the ileocecal junction and some areas of the transverse colon – Findings are most concerning for infiltrative neoplasia, although other differentials such as granulomatous disease, severe inflammation, etc. are possible.

- Diffuse mesenteric lymphadenopathy with a very large mid caudal abdominal mass effect/lymph node – Recommend a fine needle aspirate.

- Abnormal mixed echogenicity nodule/lesion visualized medial to the spleen – The significance of this is uncertain. Recommend continued monitoring.

- Small/moderate amount of free abdominal fluid.

SECONDARY FINDINGS

- Dependent echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

- Pancreatic changes consistent with pancreatic remodeling in the left limb.

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The distal descending colon appears severely thickened with loss of layering. These changes are concerning for possible neoplastic infiltration (round cell neoplasia, carcinoma, etc.), although other differentials such as FIP, eosinophilic infiltrate, severe colitis are possible. Consider a fine needle aspirate of a colon wall. Additionally, there is a very large mid caudal abdominal mass lesion/lymph node. Recommend a fine needle aspirate of this lesion as well for cytologic evaluation.

Both kidneys appear large and irregular with decreased corticomedullary distinction. Findings could be consistent with primary renal disease, neoplastic infiltration, or less likely anatomic variation. Recommend continued monitoring.

The liver is large, hyperechoic and rounded. If a diagnosis cannot be obtained based on sampling of the colon and lymph node, a fine needle aspirate of the liver could be considered. This could be consistent with mild fatty infiltration, neoplastic infiltration, etc.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

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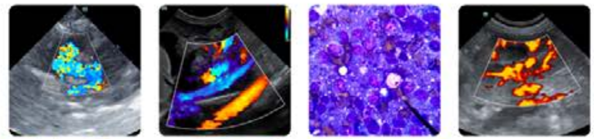

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

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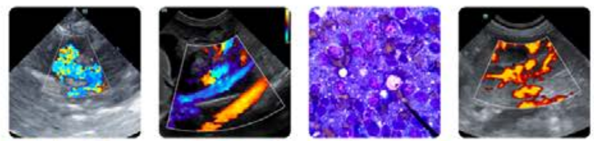

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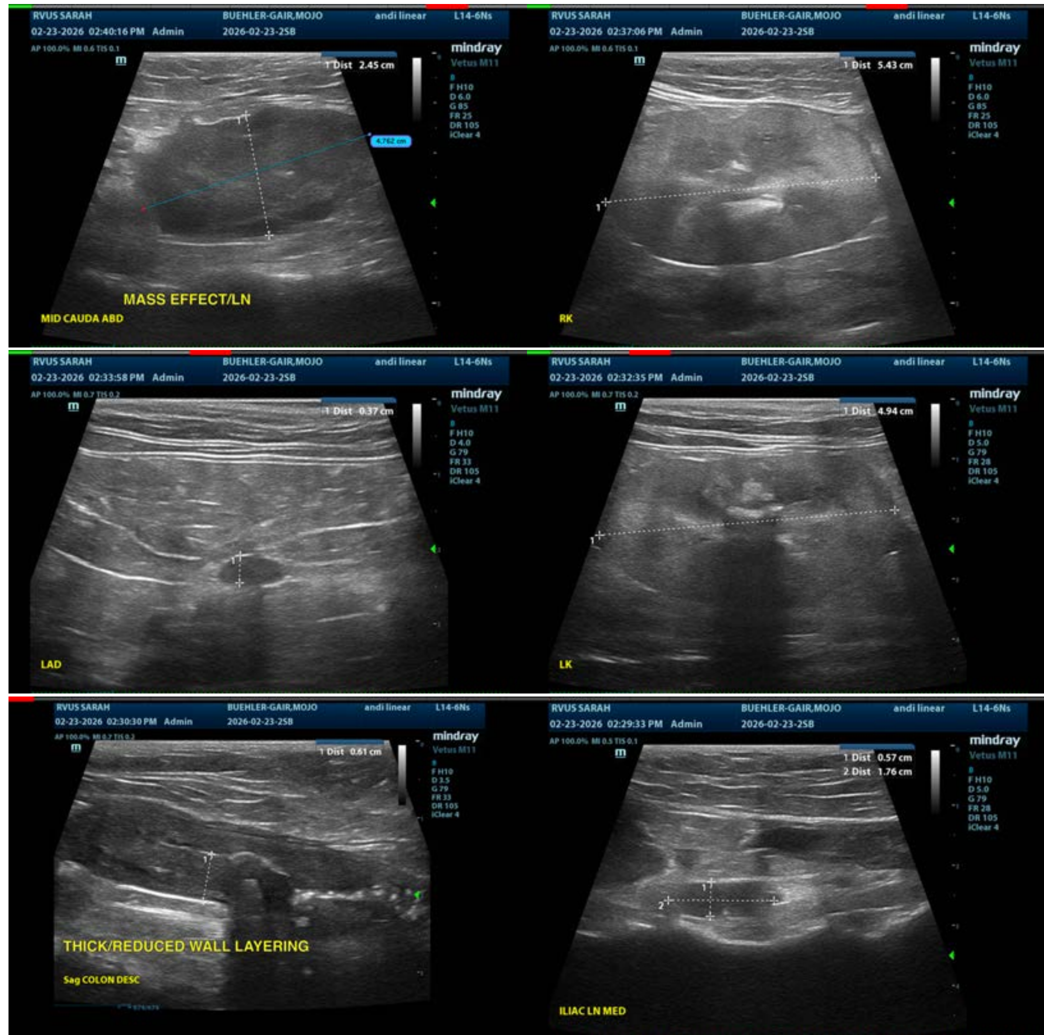

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com