



PATIENT

Napoleon Hinricher

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

12.4 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate Veterinary
Clinic

REFERRING VET

Dr. Krisy Kelley

INVOICE

12377

DATE

11/20/25

PRESENTING CLINICAL SIGNS

10/31/25 - History of vomiting approximately 4-5 months ago, which resolved after starting a hydrolyzed protein diet. At that time, bloodwork was performed at another clinic and was within normal limits, though a thyroid level was not checked. A lump on his side was aspirated and confirmed to be a lipoma. Due to poor grooming, osteoarthritis was suspected, and he was started on Solensia injections. Despite these treatments, the weight loss and poor grooming have continued. No improvement with Solensia. He has a history of significant inbreeding. As a kitten, he experienced a period of weight loss despite a good appetite, which resolved with dietary changes. On Hydrolyzed protein dry and wet food.

Abnormal PE/Chem/CBC/UA Results: 10/31/25 GLOBULIN 5.7 (HIGH) 2.3-5.3 WBC 19.4 (HIGH) 3.5-16. Neutrophils 16,490 (HIGH) 85 2,500-8,500 Senior blood work, fecal float, urinalysis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The left kidney was mildly enlarged while the right kidney was borderline enlarged. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with mild indistinct corticomedullary border demarcation with mild increased corticomedullary echogenicity expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was mildly enlarged in size, exhibiting a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.2 cm width level of the mid spleen.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid with no signs of ileus, obstruction or foreign material.

The visualized small intestinal segments exhibited intact mildly thickened wall layering and maintained wall layer ratio with propensity for mildly thickened mucosa layer. Small intestine wall measured 0.28 cm width. The ileocolic wall measured 0.39 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The left pancreas exhibited mildly prominent size, symmetrical capsule contour and mild homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Moderate to significantly enlarged, asymmetrical swollen hypoechoic mid abdomen mesenteric lymph nodes were present. The lymph nodes exhibited abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the mesenteric lymph nodes measured 3.5 cm x 2.5 cm. Surrounding hyperechoic perilymphatic omentum. No evidence of significant peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatosplenomegaly.
- Minor gallbladder debris (non-mucocele).
- Intact mildly thickened small intestine.
- Moderate to significant hypoechoic to swollen mesenteric lymphadenopathy.
- Mildly prominent hypoechoic left pancreas.
- Nonspecific chronic renal changes exhibiting bilateral borderline to mild renomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mesenteric lymphadenopathy meets neoplastic criteria with primary concern for lymphatic to multicentric round cell neoplasia i.e. lymphoma. Significant lymphadenitis, multicentric inflammatory or less likely FIP is not definitively excluded yet considered less probable. Assuming normal clotting status and using a 25-gauge needle, accessible lymph node and screening hepatosplenic FNA cytology are warranted for further clarification and potential for oncology consult if suspected neoplastic process is confirmed. Gastrointestinal support and consideration for a GI panel to include PLI, TLI, cobalamin and folate is recommended.



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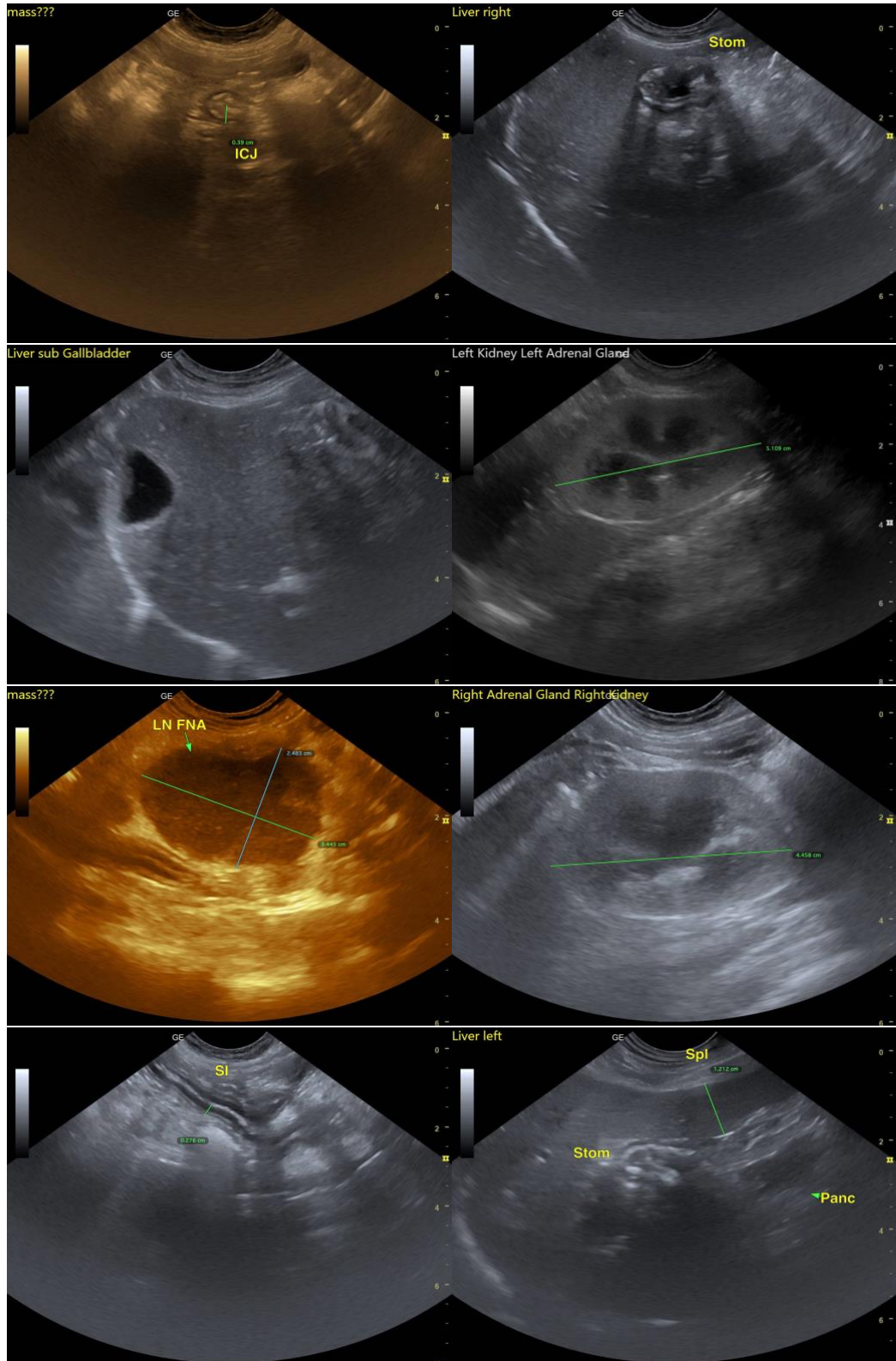
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com