



PATIENT

Tabatha Diaz

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8yr

WEIGHT

9lb6oz

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr Tudor Suciu

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr Tudor Suciu

INVOICE

23900

DATE

02/16/2026

PRESENTING CLINICAL SIGNS

- lethargy in the last 2 days
- anorexia for 3 days
- PU/PD
- one episode of vomiting liquid yesterday
- as per owners weight loss
- Abnormal PE/Chem/CBC/UA Results: At the physical exam: bilateral renomegaly, mid abdominal mass effect, dehydration 5-7%. High BUN (>120), high creatinine (6.31), , high phosphorus (>15), low calcium (7.9), low ionized calcium 1.09). High WBC (34.40) with neutrophilia (33.38). Normal hct (33%), normal hemoglobin (11.9)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The kidneys were enlarged in size with symmetrical contour and 1 to 3 cortex medulla ratio with adequate corticomedullary border demarcation. Mildly thickened hyperechoic cortex. Both kidneys exhibited mild hypoechoic halo and mild pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 5.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width.

Spleen

The spleen was not definitively visualized.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid without obstruction to pyloric outflow.

Segmental intestinal mural mass exhibiting thickened hypoechoic wall and loss of intestinal mural detail. Concurrent moderately to asymmetrically expansive ileocolic mass exhibiting thickened ileocolic wall and loss of wall detail measuring ~ 5 cm in diameter.



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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Transdiaphragmatic view of the caudal thorax revealed pleural effusion with focal transdiaphragmatic comet tail artifact.

Minor peritoneal effusion.

Multiple hypoechoic swollen non-homogenous mesenteric lymph nodes were present; an example of lymph node measured 3.3 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intestinal / ileocolic mural mass
- Associated hypoechoic mesenteric lymphadenopathy
- Bilateral renomegaly exhibiting hypoechoic halo
- Transdiaphragmatic pleural effusion and comet tail artifact
- Normal hypomotile stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplastic criteria involving the intestinal tract, bilateral kidneys, and lymph nodes is met with multicentric suspect high-grade lymphoma favored.

Assuming normal clotting status, FNA cytology of intestinal mass and accessible lymph node is warranted for further assessment with potential oncology consultation. Curative surgical options are precluded. Three view chest radiographs are recommended if not done to assess for thoracic pathology.



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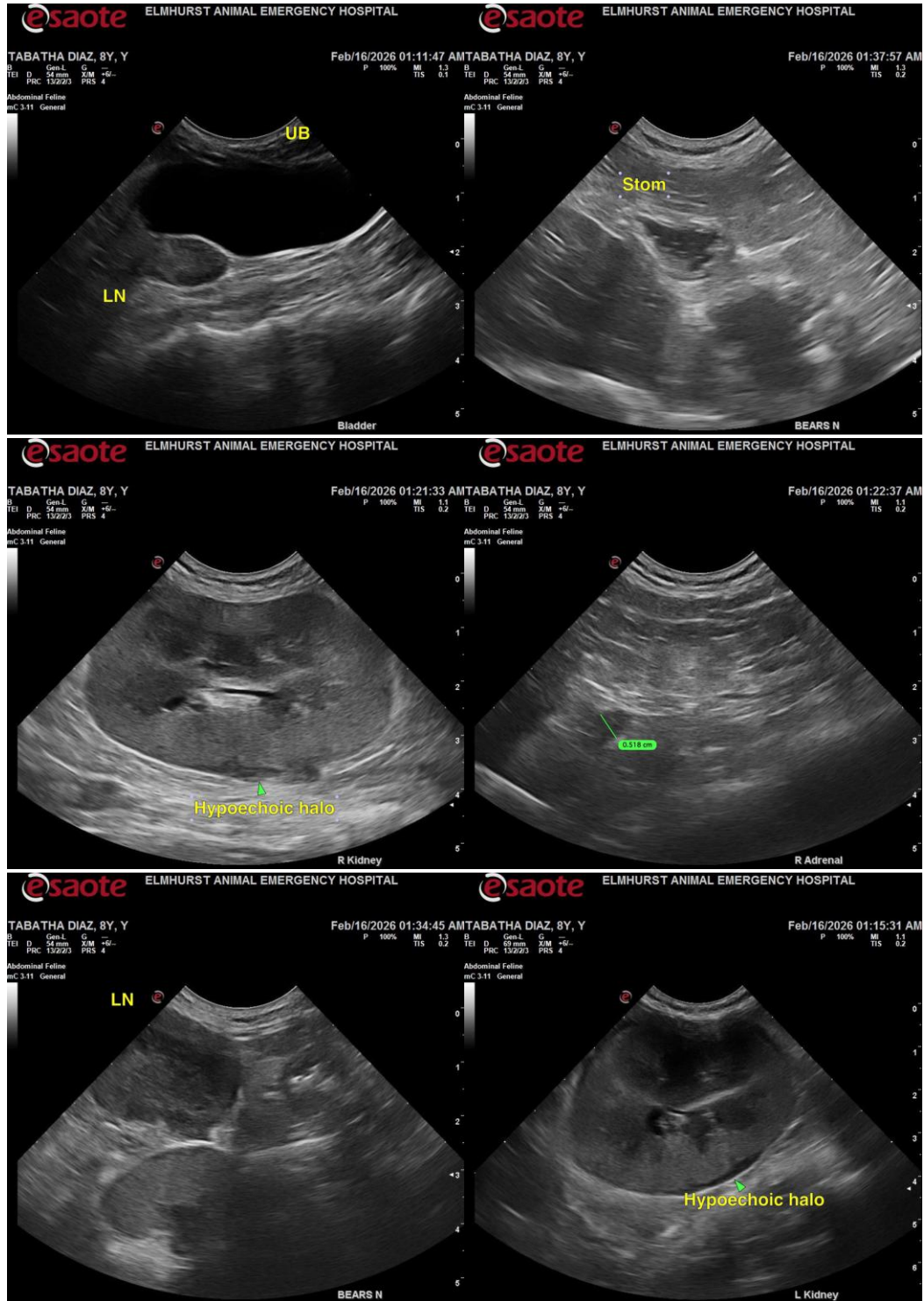
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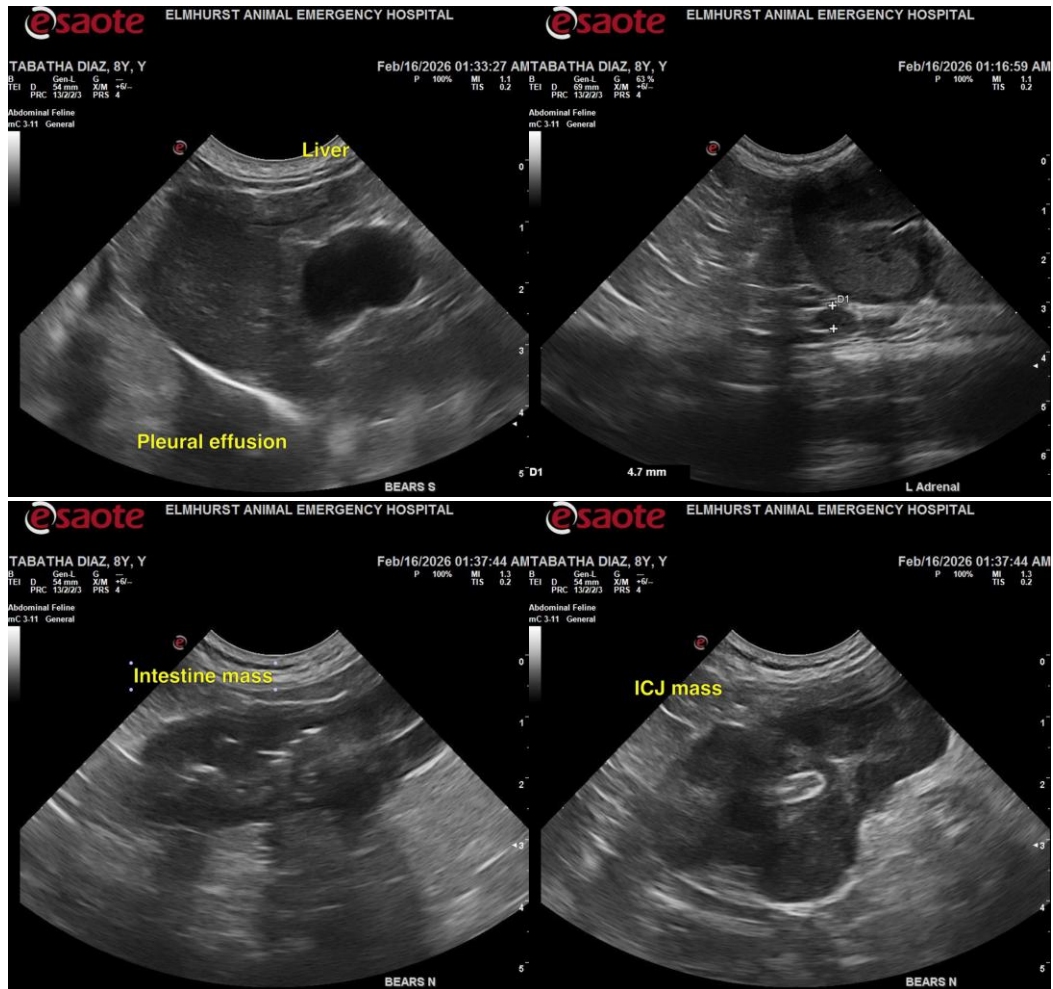
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com