



PATIENT

Santos Rattigan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

13.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon Animal
Hospital

REFERRING VET

Dr. Sreenivasa
Maddineni

INVOICE

72804

DATE

2/8/26

PRESENTING CLINICAL SIGNS

Losing weight and multiple urinary accidents in the house. Patient was not sedated for ultrasound.

Abnormal PE/Chem/CBC/UA Results: Most recent bw attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 changes were noted.

Both kidneys were enlarged in size with asymmetrical margination. Mild indistinct corticomedullary architecture and corticomedullary border demarcation noted. Both kidneys exhibited mild subcapsular to perinephric effusion. The right kidney measured 5.5 cm. The left kidney measured 5.1 cm.

Adrenal Glands

No obvious pathology in the area of the left and right adrenal glands.

Spleen

The spleen exhibited 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.

Liver

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. Focal mild lobar biliary tree mineral noted. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild, hyperechoic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented overtly normal visible wall. The stomach appeared mildly gas distended.

A large mid abdominal intestinal mural mass was noted exhibiting markedly thickened, hypoechoic wall and loss of mural detail, measuring approximately 6.3 cm x 6.2 cm. Peri intestinal hyperechoic omentum noted and minor volume effusion. Intact small intestine exhibited thickened wall with mild altered wall layer ratio owing to subjectively mildly thickened intestinal mucosa. Intact small intestine measured 0.36 cm in wall width. No evidence of intestinal obstructive pattern to the level of the colon.

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

Focal to intermittent mildly enlarged, irregular, non-homogeneous mesenteric lymph node noted, an example measured 2.9 cm x 1.4 cm.



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Pancreas

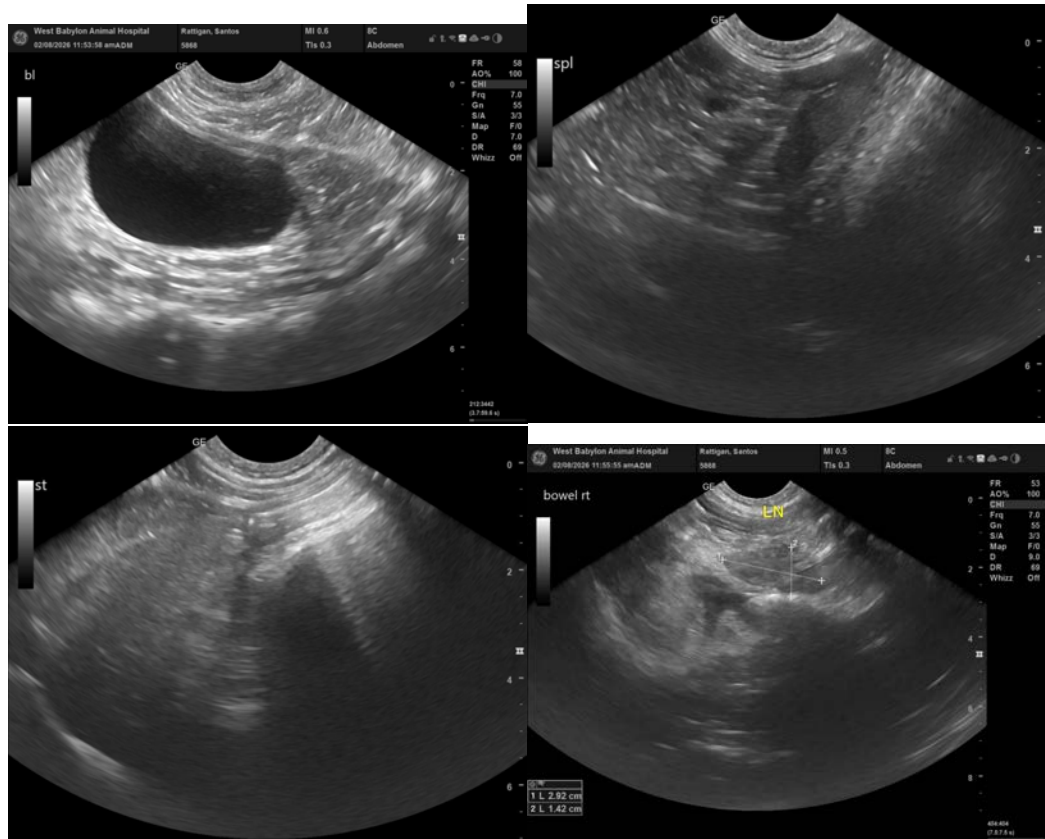
The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with concurrent thickened yet intact small intestinal wall.
- Bilateral renomegaly exhibiting intact renal architecture and subcapsular/perinephric effusion.
- Non-homogeneous mesenteric lymphadenopathy and mild peritoneal effusion.
- Pancreatic remodeling.
- Normal urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric intestinal and renal neoplastic criteria is met, with multicentric suspect high-grade lymphoma favored. Further assessment may include intestinal mass +/- renal cortex FNA cytology with possible oncology consult. Curative surgical options appear precluded.





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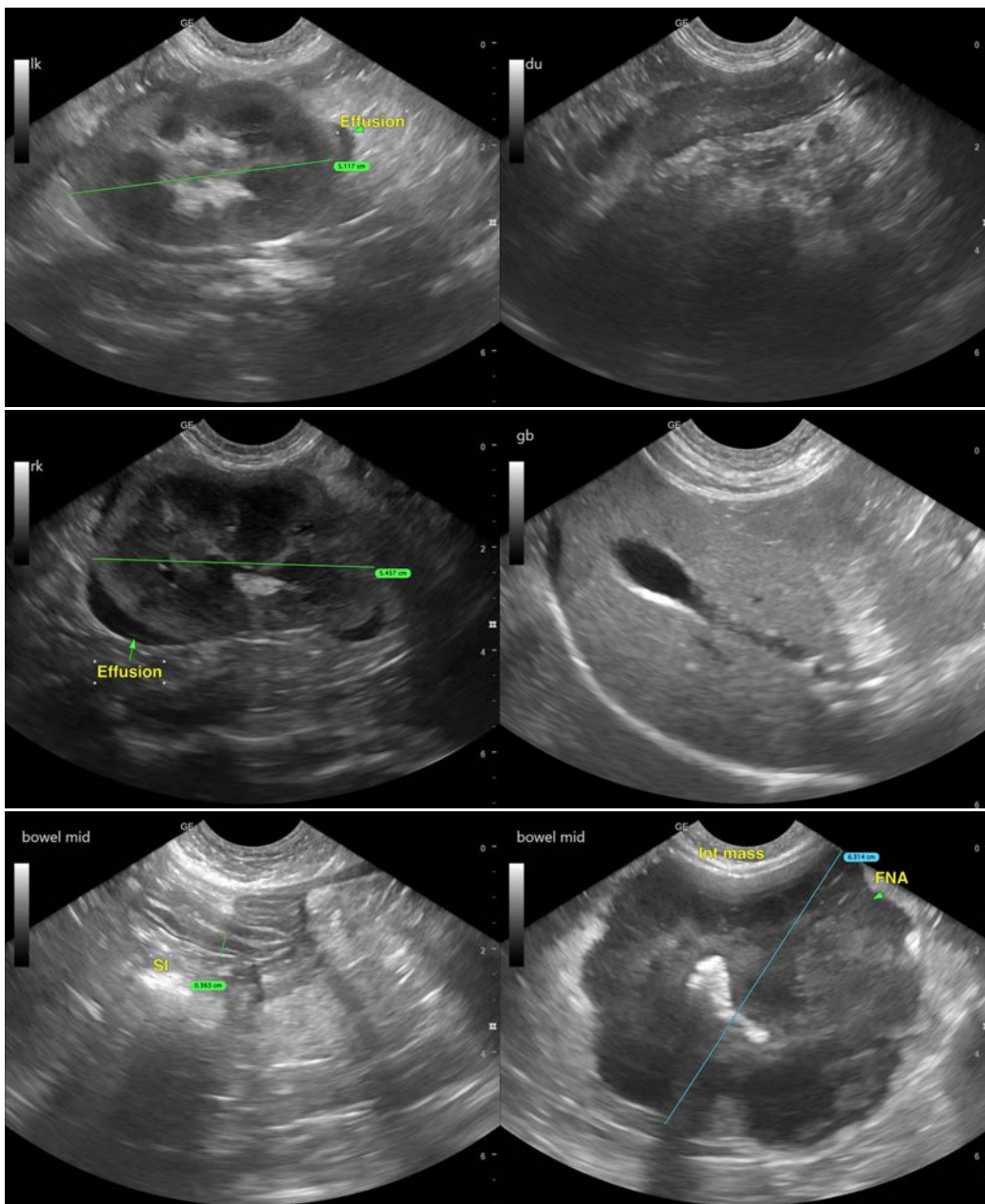
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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