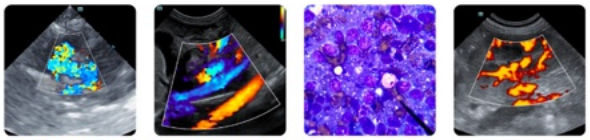


PATIENT

Finn Vangorder

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

6 years

WEIGHT

10.96 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Danielle Shemanski DVM, MA

HOSPITAL NAME

Wester New York VS

REFERRING VET

Dr. Lann

INVOICE

69466

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: History Finn presents for an abdominal ultrasound. The owner reports weight loss over the last week to a week and a half. His appetite has been decreased, but it has improved with an appetite stimulant. His energy level was lethargic but has been normal for the last few days. He is urinating and defecating normally. He is moving around, jumping, and purring. Renal pathology noted on bloodwork. CLINICAL SIGNS: Decreased energy, decreased appetite, weight loss, and confirmed 6cm mid abdominal mass MEDICATIONS: None, but just finished an antibiotic for the UTI
Cytology of the mass was performed and described as a "discrete cell neoplasia. "IDEXX noted plasma cell tumor vs atypical lymphoma - Bloodwork abnormalities include: - Non-regenerative anemia (HCT 18.4%, reticulocytes low-normal) - Monocytosis (0.74 K/uL) - Hypoalbuminemia (Albumin 2.6 g/dL) - Azotemia (Creatinine 1.8 mg/dL, BUN 17 mg/dL) - Hyperphosphatemia (Phosphorus 7.8 mg/dL) - Hyperglobulinemia (Globulins 9.4 g/dL), leading to hyperproteinemia (TP 12 g/dL) - ALT - didn't read - Total bilirubin 1.1 mg/dL - Urinalysis: SG 1.016 with proteinuria (with blood and cocci present) - FeLV/FIV: Negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

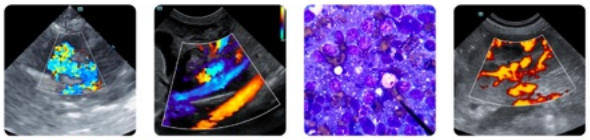
The kidneys are bilaterally enlarged (left measured 4.6 cm, right measured 5.4 cm), increased echogenic appearance, normal cortico-medullary differentiation, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.54 cm in width. The right adrenal gland measured 0.46 cm in width.

Spleen

The spleen is enlarged and measured 1.3 cm in width, but maintained a smooth homogenous parenchyma, echogenic appearance and a regular curvilinear capsule. Focal, mottled echogenic mass measuring 2.1 cm in size originating off the body of the spleen. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.



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Liver

The liver is diffusely enlarged with rounded edges, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric and splenic lymph nodes measuring up to 1.2 x 2.0 cm in size with a rounded shape and hypoechogenic appearance.

No ascites evident.

Large, irregular, mottled echogenic vascularized mass measuring 6.0 x 8.0 cm in size in the midabdomen not associated with any obvious organs.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly and splenic mass.
- Hepatomegaly.
- Abdominal mass.
- Intraabdominal lymphadenomegaly.
- Renomegaly.

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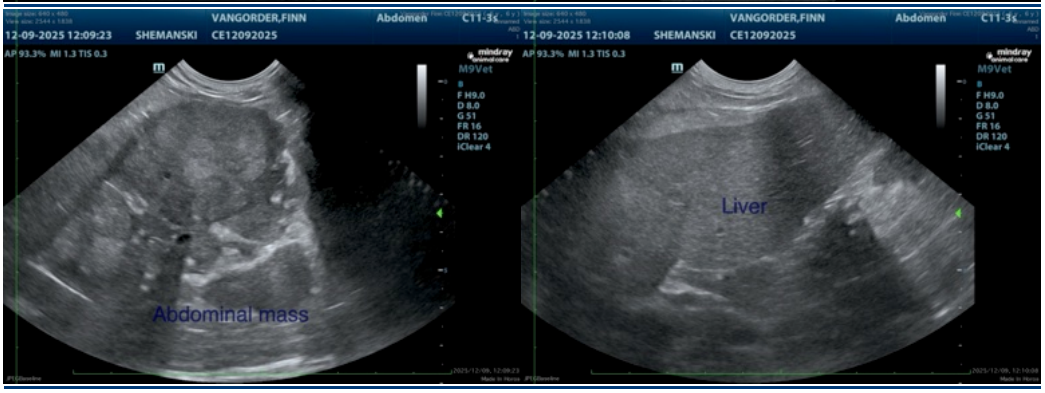
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With these finding the most likely etiology is lymphoma.

Further assessment would be FNA cytology of the mass, spleen, liver and lymph nodes and possibly three view thoracic radiographs.

Specific therapy would be dependent on an etiological diagnosis. Consultation would be dependent on an etiological diagnosis. Consultation with an oncologist would be recommended.



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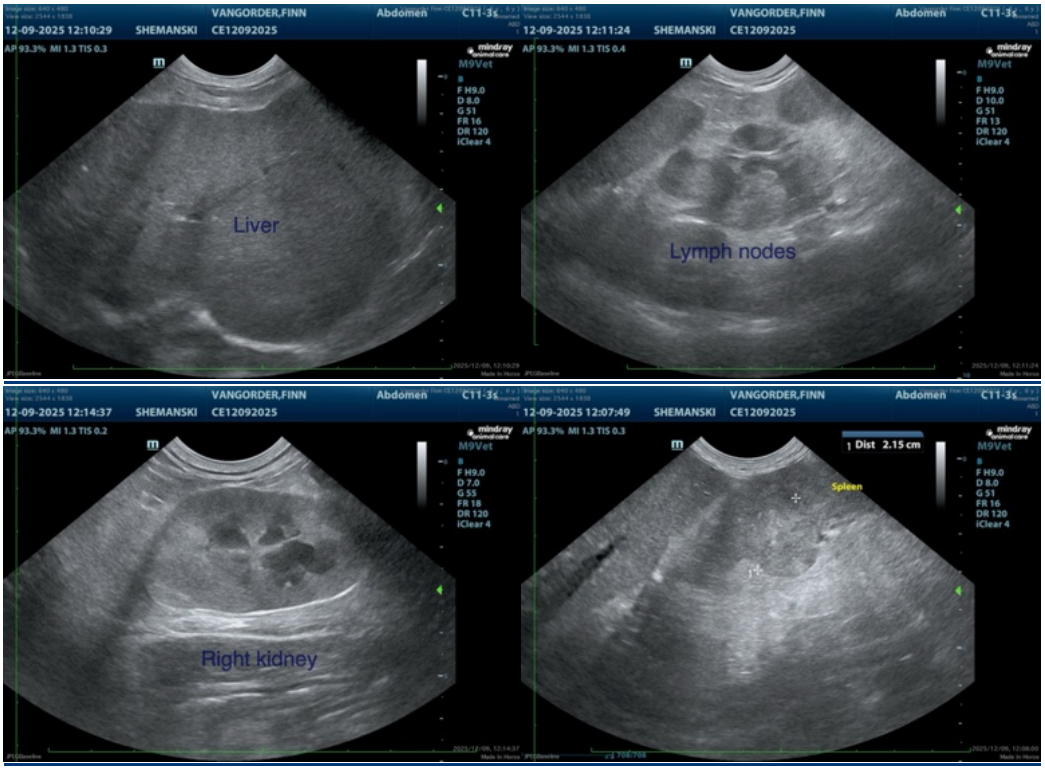

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com