



**PATIENT**

Willy Gaeta

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

9 Pounds

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

**IMAGING  
PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Drs. Jacob & Silverberg

**INVOICE**

46755

**DATE**

4/18/23

**PRESENTING CLINICAL SIGNS**

Recently diagnosed with hyperthyroidism, but continuing to lose weight despite treatment and now appetite is decreased.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The right kidney is surrounded by a hypoechoic subcapsular halo and exhibits a loss of normal corticomedullary differentiation. There is no evidence of pyelectasia, nephrolithiasis or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.3 cm in length. The right kidney is 4.7 cm in length.

**Adrenal Glands**

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measured 4.2 mm. The right adrenal gland measured 4.0 mm.

**Spleen**

The spleen is at the upper limits of normal size, with a subtly scalloped border and a smooth continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is 9.2 mm.

**Liver**

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**Gastrointestinal**

The stomach is empty. The gastric wall is normal in thickness (2.1 mm) with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

There is a 7.3 cm x 3.1 cm x 2.6 cm hypoechoic mass arising from the wall of the small bowel. The surrounding omental fat is hyperechoic. There is no evidence of intestinal obstruction. The rest of the intestines appear unremarkable, with a jejunal wall thickness at 2.2 mm and a duodenal thickness at 2.7 mm.

The visible portions of the colon are of normal thickness with intact wall layering. Colon wall measures 1.5 mm. The ileocecal junction is visualized and is normal.

**Pancreas**



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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. The omentum and intrabdominal fat are hyperechoic. The mesenteric lymph nodes were moderately enlarged and hypoechoic with a rounded shape, measuring up to 1.7 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- 7.0 cm small intestinal mass
- Enlarged right kidney with subcapsular halo
- Spleen with scalloped borders at upper limits of thickness
- Enlarged, rounded mesenteric lymph nodes

**AGE**

12 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

9 Pounds

The changes to the small intestine, kidneys, and spleen are suggestive of lymphoma, although other neoplastic etiologies are also possible. Fine needle aspirate of the affected organs would be recommended to confirm the diagnosis. Additional recommendations include:

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- Retroviral testing
- Thoracic radiographs
- If only palliative treatment is desired, then treatment with Prednisolone at 2-4 mg/kg once daily could be considered.

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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.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

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