

**PATIENT**

Shilo Fitzpatrick

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

8.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse LVT,  
CVT

**HOSPITAL NAME**

Banister Animal  
Hospital

**REFERRING VET**

Dr. Banister

**INVOICE**

15656

**DATE**

05/01/26

**PRESENTING CLINICAL SIGNS**

Eval abd for evidence of neoplasia- dx w/ lymphocytic leukemia. Current meds: Seavelgo

Abnormal PE/Chem/CBC/UA Results: WBC 77K, Lymphs 61K, HCT 21%

**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 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.6 cm length. The right kidney measured 3.5 cm 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 measures 3.6 mm width. The right adrenal gland measures 5.1 mm width.

**Spleen**

The spleen is diffusely thickened, measuring 1.5 cm at the hilus. The capsular margins are irregular and the parenchyma is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

**Liver**

The liver is diffusely hyperechoic and subjectively enlarged, with rounded margins and a homogenous echotexture. 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 and a small amount of freely moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

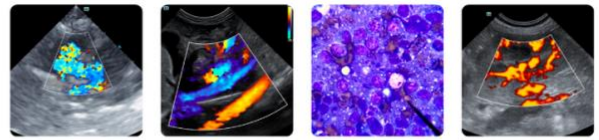
**Gastrointestinal**

The stomach is mildly distended with gas. The gastric wall is 1.8 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 3.0 mm for duodenum and 2.9 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon (1.7 mm) are of normal thickness with intact wall layering. The ileocecal junction is not seen.

**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 focal free fluid present throughout the abdomen. The associated omentum and intra-abdominal fat are hyperechoic. The aortic trifurcation has normal blood flow with no evidence of thrombosis. There is a 5.3 cm by 3.4 cm heterogeneous ovoid mass, which demonstrates significant vascularity on doppler interrogation. The mass is located in the mid-abdomen and does not appear to be associated with any organ.

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**PRIMARY FINDINGS**

- Large undifferentiated vascular mid abdominal mass- most likely representing an enlarged lymph node.
- Diffusely enlarged and rounded liver and spleen- suggestive of infiltrative neoplasia.
- Diffuse small bowel changes typical of infiltrative disease.
- Free fluid and steatitis throughout the abdomen, consistent with peritonitis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes on the ultrasound would support a diagnosis of multicentric lymphoma, affecting the liver, spleen, intestines, and potentially an enlarged lymph node.

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Fine needle aspiration of the liver, spleen, and suspected lymph node would be recommended for a definitive diagnosis. Three-view chest radiographs would also be recommended if not already performed.

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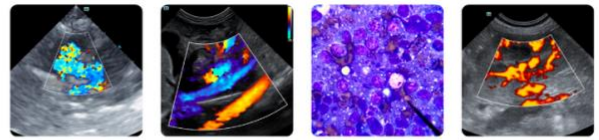
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com