

TVC-CASE-752059

Cat | Domestic Short Hair (DSH) | 12 years and 10 months | Male
(Neutered) | 24132

Finalized : 2025-02-04

Submitted : 2025-02-03

US - Abdominal ultrasound

Clinical Findings

Prior imaging on this patient?: No

Pertinent Clinical History:

FIV +ve. Chronic kidney disease - IRIS stage III based on most recent b/w (Jan 21, 25); acute progression since Oct 2024.

Intermittent hyporexia, painfulness in abdomen, vomiting, diarrhea- on/off since Oct 2024; currently clinically improved with supportive care (cerenia, mirtazepine, gabapentin).

Clinical Questions / Reasons for Examination:

Any explanation for reported symptoms?

Report

Study Details:

Routine abdominal ultrasound examination dated February 3, 2025, is provided for evaluation (78 images).

Findings:

Hepatobiliary: The liver is of normal size, contour, and diffusely increased echogenicity, being isoechoic to the spleen. Within the left liver there is a well defined and hypoechoic nodule (20 x 22 mm). The gallbladder is mildly distended with anechoic fluid and mild sedimented echogenic material, with a normal wall thickness.

Spleen: The spleen is mildly thick (10 mm), with a normal contour and echogenicity.

Urogenital: The cranioventral aspect of the left kidney has a mild amount of anechoic, suspect subcapsular fluid, with a hypoechoic parenchyma, and mild surrounding hyperechoic fat. The caudal two-thirds of the right kidney has a hypoechoic medulla/cortex. The urinary bladder has normal wall layering and thickness, with a normal anechoic urine pool, and a solitary gravity dependent hyperechoic feature (2.9 mm) that exhibits mild distal acoustic shadowing and twinkle artifact.

Adrenal glands: The adrenal glands are of normal size (left 3.6 mm, right 4 mm), contour, and echogenicity.

Pancreas: The pancreas is of normal size, contour, and echogenicity.

Gastrointestinal tract: The stomach contains a minimal amount of gas, and has normal wall layering and thickness. The pyloroduodenal junction is empty and normal. The aboral aspect of the jejunum has a focal circumferentially thick wall. The surrounding fat is mildly hyperechoic. The colon has a normal wall layering and thickness.

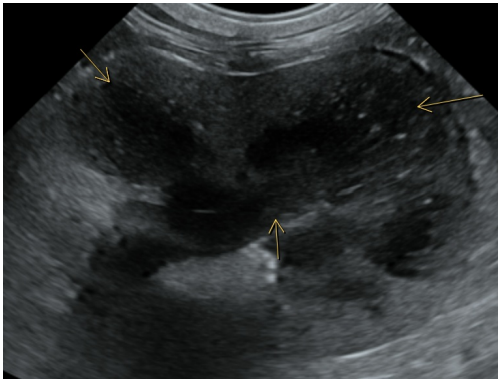
Lymph nodes: The imaged lymph nodes are of normal size, contour, and echogenicity.

Mesentery and Peritoneal Space: There is no evidence of peritoneal or retroperitoneal effusion.

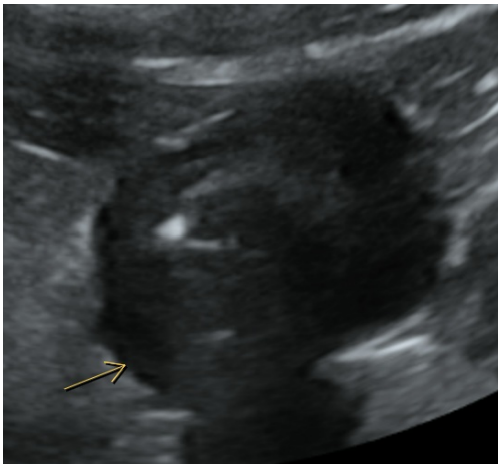
Vasculature: No abnormalities are noted.

Other:

Hypoechoic regions throughout right kidney:



Aboral jejunal circumferential mass:



Conclusions:

1. Focal circumferential aboral jejunal mass. Round cell neoplasia is prioritized (lymphoma, mast cell).
2. Hypoechoic lesions throughout the kidney with mild surrounding retroperitoneal steatitis. Round cell neoplasia is considered.
3. Mild splenomegaly. Infiltrative neoplasia, congestion, and splenitis are considered.
4. Diffuse hepatopathy. Vacuolar hepatopathy, hyperplasia, cholangiohepatitis, and infiltrative neoplasia are considered.
5. Solitary hypoechoic nodule. Neoplasia is considered, a benign lesion is not ruled out.
6. Small cystolith.

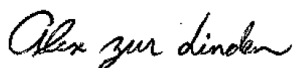
Recommendations:

Ultrasound guided fine needle aspirates of the jejunal mass, spleen, liver nodule, liver, and kidney(s) could be considered for cytological evaluation. Three view thoracic radiographs could be considered for metastasis evaluation. Treatment options would depend on cytology results. Consultation with an oncologist could be considered based on the cytology results. Continued supportive medical management is warranted given the reported clinical improvement while results are pending if pursued.

Virtual specialty consults are available through our trusted colleagues at [Balto Specialty Consults](#). Visit their website for a complete list of services and provide the Cygnus case number for preferred rates.

This report is based on the images provided and is inherently limited by factors such as machine settings, sonographer assessment, and other related variables. The interpretations made are contingent upon these factors and should be considered in the context of the patient's overall clinical picture.

Thank you for submitting this case. If you have any questions or concerns, or the report does not meet your clinical impression of the case please do not hesitate to reach out to radiology@cygnus.vet. This contact information is for veterinary use only.

Signature

Dr. Alex zur Linden, DVM, DACVR