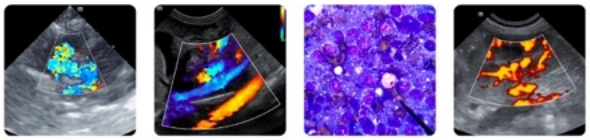


PATIENT

Diego Nazarko

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

8.8 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amanda Olson, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Williams

INVOICE

70219

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Patient presented in April 2025 for acute GI upset, BW was normal, and responded well to supportive care. Patient presented again 1/7/26 for annual exam and was doing well but had lost weight. BW showed elevated BUN, but otherwise uneventful. Patient presented again 1/14/26 after a few days of decreased appetite, very sedate for several days after one dose of gabapentin, and continued weight loss. Patient started on cerenia, elura, and sulcralfate. Since then, appetite improved but weight loss is persistent.
Abnormal PE/Chem/CBC/UA Results: 1/7/26: BUN 53 PSL 29 April 2025: ALT: 112 (10-100); Platelet Count: 196 (200-500); Lymphocytes: 980 (1200-8000)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The urinary bladder wall appears thin, smooth, and regular. The bladder lumen contains anechoic urine. The bladder neck and proximal urethra are unremarkable. There is no sonographic evidence of urolithiasis or inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.95×2.23 cm, with a cortical thickness of 0.28 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 4.12×2.32 cm, with a cortical thickness of 0.30 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

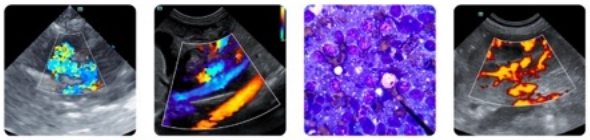
The left adrenal gland measures approximately 0.20 cm at the cranial pole and 0.22 cm at the caudal pole and appears within normal limits. The right adrenal gland is not clearly visualized.

Spleen

The spleen measures approximately 0.85 cm in thickness. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture, with a few small, well-defined, homogeneously hyperechoic nodules, the largest measuring approximately 3.28×4.03 mm. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a smooth contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.



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The gallbladder is normally distended. The gallbladder wall is thin, and the lumen contains predominantly anechoic bile with a small amount of biliary sludge. There is no sonographic evidence of dilation of the cystic duct or common bile duct.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of approximately 1.52 mm and preserved wall layering. The pylorus measures approximately 3.02 mm.

The duodenum measures approximately 2.06 mm.

The jejunum measures approximately 1.95 mm, with preserved wall layering:

- Mucosa: 0.83 mm, Submucosa: 0.64 mm, Muscularis propria: 0.44 mm

The ileum measures approximately 2.61 mm, with preserved wall layering:

- Mucosa: 0.89 mm, Submucosa: 0.73 mm, Muscularis propria: 0.89 mm

Additionally, a focal small intestinal segment, most consistent with ileum, demonstrates marked circumferential mural thickening with loss of normal wall layering, with the ventral wall measuring up to 0.81 cm, and a total intestinal diameter of approximately 1.44 cm.

The ileocecal junction is not clearly visualized.

The colon measures approximately 0.77 mm, with formed fecal material present in the descending colon.

Pancreas

The right pancreatic limb measures approximately 5.07 mm. The pancreatic duct is not dilated. The remainder of the pancreas is not clearly visualized.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed.

A pancreaticoduodenal lymph node measures approximately 2.93×3.74 mm.

A right gastric lymph node measures approximately 2.04×5.19 mm and appears within normal limits in shape and echogenicity.

Within the mesenteric region adjacent to the cranial mesenteric vessels, there is a poorly defined, irregular, markedly heterogeneous infiltrative soft tissue structure, consistent with severely abnormal mesenteric lymph nodes. The iliac trifurcation is normal.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Focal severe small intestinal mural thickening with loss of wall layering.
- Markedly abnormal, infiltrative cranial mesenteric lymphadenopathy.

SECONDARY FINDINGS

- Mild splenic hyperechoic nodules (incidental myelolipomas)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

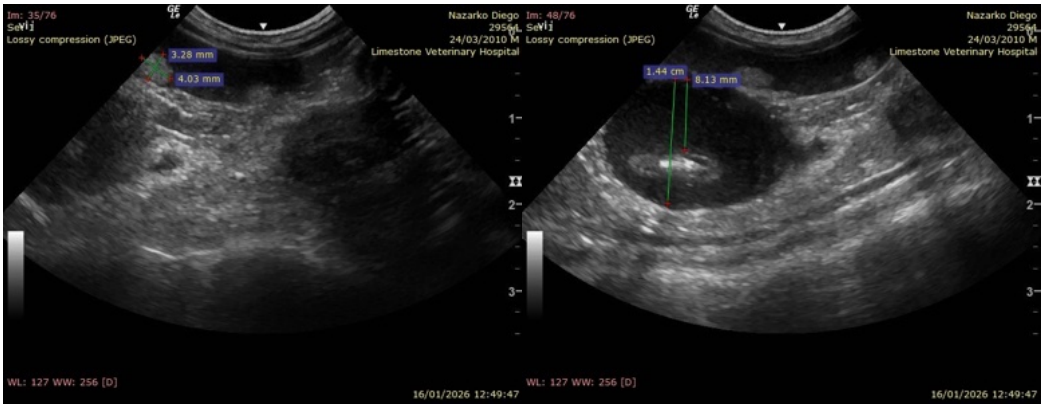
This abdominal ultrasound identifies a severe focal abnormality of the small intestine, most consistent with ileum, characterized by marked mural thickening with loss of normal wall layering, in association with markedly abnormal, infiltrative cranial mesenteric lymphadenopathy. The presence of this poorly marginated, heterogeneous mesenteric soft tissue mass adjacent to the cranial mesenteric vessels, together with segmental intestinal wall destruction, is highly suspicious for an infiltrative malignant process.

In a geriatric cat, this constellation of findings is most consistent with intestinal lymphoma with extensive mesenteric nodal involvement. Other malignant intestinal neoplasms, such as adenocarcinoma or carcinoma, are considered less likely differentials.

Mild splenic hyperechoic nodules are most consistent with incidental benign changes, such as myelolipomas, and are not considered clinically significant. Mild biliary sludge is also considered incidental.

Recommendations

- Ultrasound-guided cytology or biopsy of the abnormal mesenteric lymph nodes is recommended to obtain a definitive diagnosis, recognizing that nodal sampling is often more diagnostic and less invasive than intestinal biopsy in this context.
- If cytology is nondiagnostic or equivocal, surgical or full-thickness intestinal biopsy should be considered.
- Correlation with systemic staging and discussion with an internal medicine or oncology specialist is recommended to guide therapeutic options.



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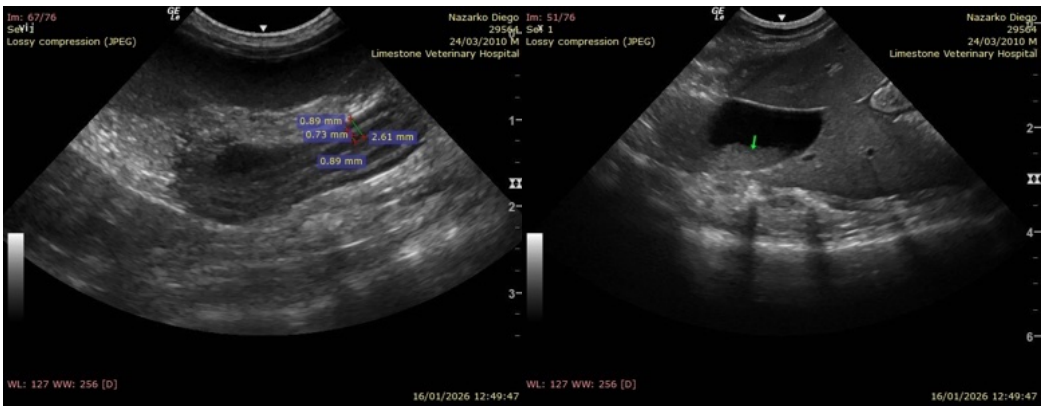

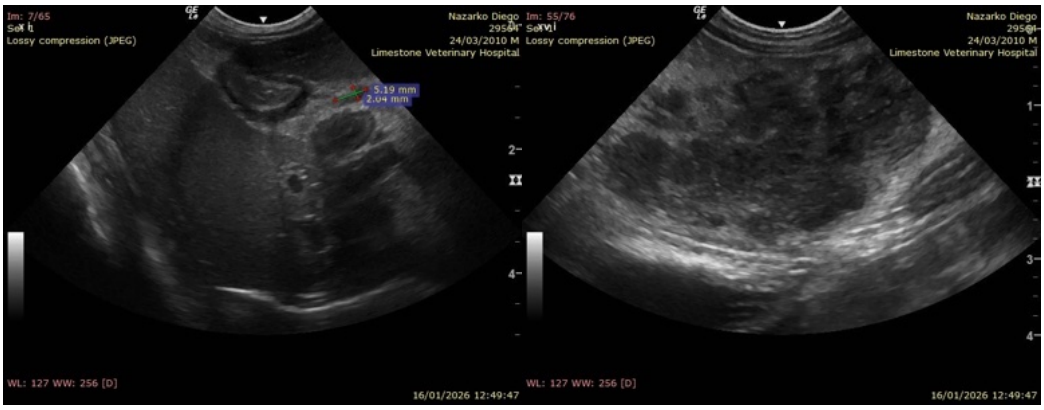

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com