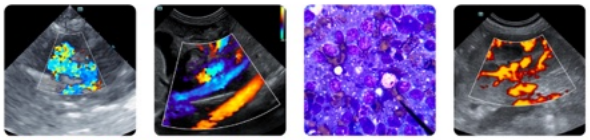


PATIENT

Chewy Barnes

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

13 years

WEIGHT

10.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Gardner

INVOICE

70321

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- PE on 12/18/25 revealed mass in central abdominal mass palpated measuring 2.5-3.25 inches across. Irregular contours, not perfectly symmetrical. Non-painful on palpation. Located in direct line between right and left kidneys, consistent with mesenteric lymph node location. O originally declined ultrasound so p did receive depomedrol injections on 12/18/25 and 1/12/26 and then elected to pursue imaging.
- 12/19/25 Chem- ALT 554 U/L, ALP 121 U/L T4- WNL Chem/CBC/Pro BNP from today pending (sent to Idexx)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth, and the urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

Left kidney: Normal in shape and size, measuring 4.39×2.41 cm. Cortical thickness is approximately 0.30 cm in the sagittal plane.

Right kidney: Normal in shape and size, measuring 3.97×2.53 cm. Cortical thickness is approximately 0.32 cm in the sagittal plane.

In both kidneys, the renal cortex is mildly hyperechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are identified.

Adrenal Glands

The adrenal glands are not clearly visualized.

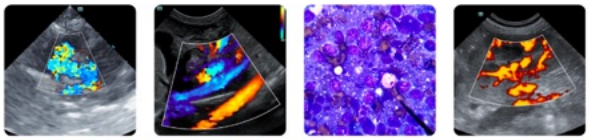
Spleen

Splenic thickness measures approximately 0.68 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture, with no focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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

The gallbladder is normally distended. The wall is thin, and the contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

Stomach: Empty, with a small amount of fluid and gas present. Mural thickness measures approximately 2.35 mm, with preserved wall layering.

Pylorus: Wall thickness approximately 3.20 mm.

Duodenum: Wall thickness approximately 1.81 mm, with preserved layering.

Jejunum: Wall thickness approximately 1.32-2.05 mm, with preserved wall layering. Mucosa 1.09 mm, submucosa 0.44 mm, muscularis propria 0.22 mm.

Ileum: Wall thickness approximately 1.08 mm, with preserved wall layering. Mucosa 0.50 mm, submucosa 0.56 mm, muscularis propria 0.43 mm.
The ileocecal junction is not visualized. No ultrasonographic evidence of obstruction, ileus, or foreign material is identified.

Colon: Wall thickness approximately 0.90 mm, with formed feces present in the descending colon.

Pancreas

The pancreas is not clearly visualized. The pancreatic regions evaluated do not show ultrasonographic evidence of inflammation.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed.

A heterogeneous soft tissue mass measuring approximately 3.61×2.62 cm is identified in the region of the cranial mesenteric lymph nodes, consistent with markedly enlarged lymph nodes. Individually, the lymph nodes measure approximately 1.12–1.23 cm in thickness, are rounded, hypoechoic, and markedly heterogeneous. Color Doppler evaluation demonstrates a mixed vascular pattern.

The ileocecal lymph nodes are not visualized. The iliac trifurcation has a normal appearance.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Markedly enlarged, rounded, hypoechoic, heterogeneous cranial mesenteric lymph nodes forming a central abdominal mass.

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity without associated structural abnormalities.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary and clinically most significant finding on this examination is the presence of markedly enlarged, heterogeneous cranial mesenteric lymph nodes forming a central abdominal mass, correlating well with the mass palpated on physical examination. The lymph nodes are rounded, hypoechoic, heterogeneous, and demonstrate mixed vascularity, features that are highly suspicious for a lymphoproliferative or neoplastic process.

In a geriatric cat, intestinal lymphoma with associated mesenteric lymphadenopathy is the leading differential diagnosis. Other considerations include metastatic neoplasia or, less likely, severe reactive lymphadenopathy. However, the size, loss of normal nodal architecture, heterogeneity, and rounded shape make simple reactive or inflammatory lymphadenopathy less likely.

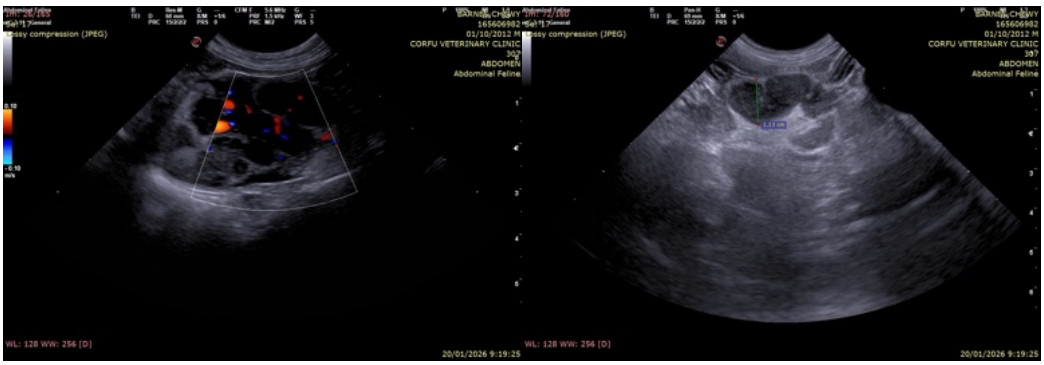
The gastrointestinal tract does not demonstrate overt mural thickening or loss of wall layering at this time. This does not exclude intestinal lymphoma, particularly intermediate- to large-cell forms that may primarily involve lymph nodes, or steroid-modified disease.

The liver, spleen, kidneys, and urinary bladder do not show ultrasonographic evidence of metastatic disease or secondary involvement at this time. Mild bilateral renal cortical hyperechogenicity is noted and is considered a common, nonspecific finding in older cats, without associated structural abnormalities.

Overall, the imaging findings are most consistent with a primary mesenteric lymph node neoplastic process, with lymphoma being the top differential diagnosis.

Recommendations

- Ultrasound-guided sampling of the mass is recommended to obtain a definitive diagnosis. Fine-needle aspiration may be considered as an initial step, with the understanding that prior corticosteroid administration may reduce diagnostic sensitivity.
- If cytology is nondiagnostic or equivocal, histopathology (core biopsy or surgical biopsy) should be considered, particularly if results will influence therapeutic decision-making.
- Correlation with pending laboratory results is advised to assess for systemic involvement or paraneoplastic effects.



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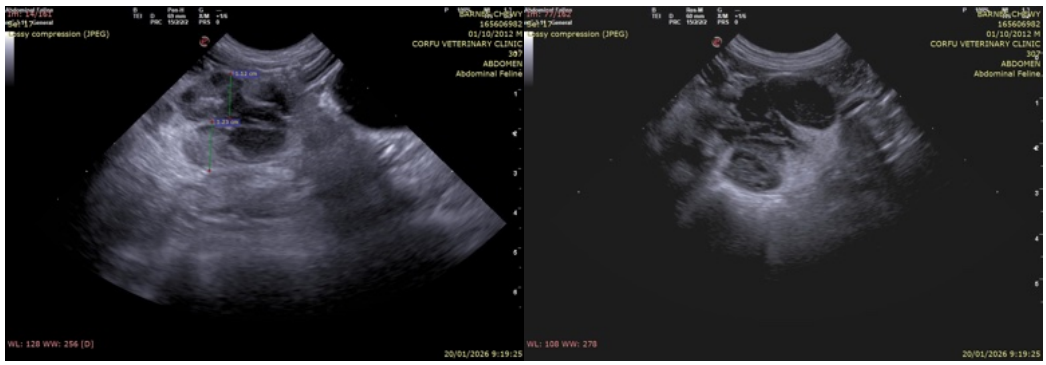

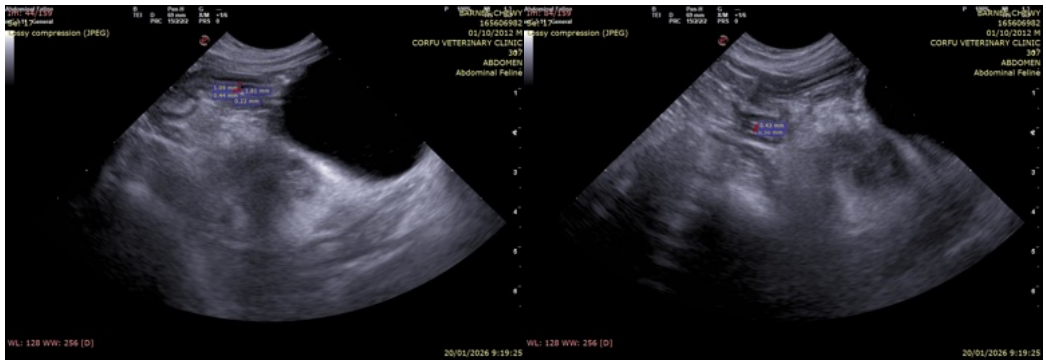

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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