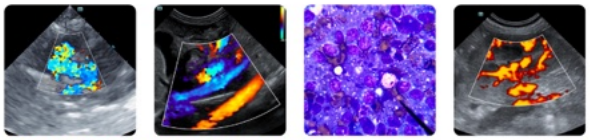


PATIENT

Delilah Hicks

SPECIES

Feline

BREED

Persian

SEX

Spayed female

AGE

11 years

WEIGHT

6.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

John Ammeraal

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Ammeraal

INVOICE

69887

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Appetite has been decreased about 2 weeks. rDVM radiographs suggested enteritis. Mid/Caudal movable abdominal mass noted. Chem 22 normal HCT 25.5%, Eosinophils 1970/uL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.03 x 2.14 cm, and the thickness of the cortex is 0.41 cm, in the sagittal plane. The right kidney is normal in shape and size: 4.33 x 2.30 cm, and the thickness of the cortex is 0.38 cm, in the sagittal plane. Renal cortices are isoechoic to the liver. Corticomedullary ratios and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates normal renal perfusion.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.43 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measures 0.35 cm at the cranial pole and 0.31cm at the caudal pole.

Spleen

Splenic thickness is 0.64 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

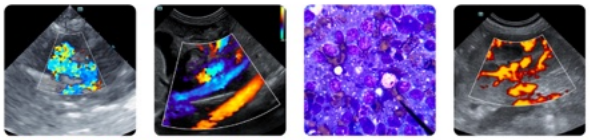
The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is moderately distended with a thin wall and contains biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded with preserved wall layering and a wall thickness of approximately 2.58 mm. The pylorus measures 3.27 mm.

The duodenum measures 2.72 mm. The duodenal papilla measures approximately 2.27 × 3.63 mm.



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The jejunum measures up to 3.91 mm, with the following wall layer measurements:

- Mucosa: 0.85 mm, Submucosa: 0.74 mm, Muscularis propria: 1.71 mm

The ileum measures approximately 3.12 mm:

- Mucosa: 0.53 mm, Submucosa: 0.81 mm, Muscularis propria: 1.67 mm

A focal intestinal segment demonstrates wall thickening up to 3.85 mm with loss of normal wall layering. The ileocecal junction is not visualized.

The colon measures approximately 0.79 mm and contains a small amount of formed feces.

Pancreas

The pancreas measures approximately 6.9 mm in thickness. The pancreatic parenchyma is mildly hypoechoic relative to adjacent omental fat. The pancreatic duct measures approximately 1.81 mm. No peripancreatic fat reaction or free fluid is identified.

Peritoneal Cavity

A large, heterogeneous, well-defined mass measuring at least 5.16×3.32 cm is identified in the region of the cranial mesenteric lymph nodes, with marked internal vascularity.

The pancreaticoduodenal lymph node measures approximately 0.39 × 0.40 cm, and the right gastric lymph node measures approximately 1.27×0.63 cm; both maintain normal shape and echogenicity.

Very mild abdominal effusion is noted between hepatic lobes. No ileocecal lymph nodes are visualized. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Large, heterogeneous, highly vascular cranial mesenteric lymph node mass.
- Diffuse jejunal and ileal wall thickening with marked muscularis hypertrophy.
- Focal intestinal segment with complete loss of wall layering.

SECONDARY FINDINGS

- Mild pancreatic hypoechogenicity with mild pancreatic duct dilation (nonspecific).
- Mild abdominal effusion.
- Gallbladder biliary sludge.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings are most consistent with severe infiltrative gastrointestinal disease with marked mesenteric lymph node involvement. The combination of a large, vascularized cranial mesenteric lymph node mass, diffuse small intestinal wall thickening with muscularis-predominant hypertrophy, and a focal intestinal segment with loss of normal wall layering is highly suspicious for lymphoma.

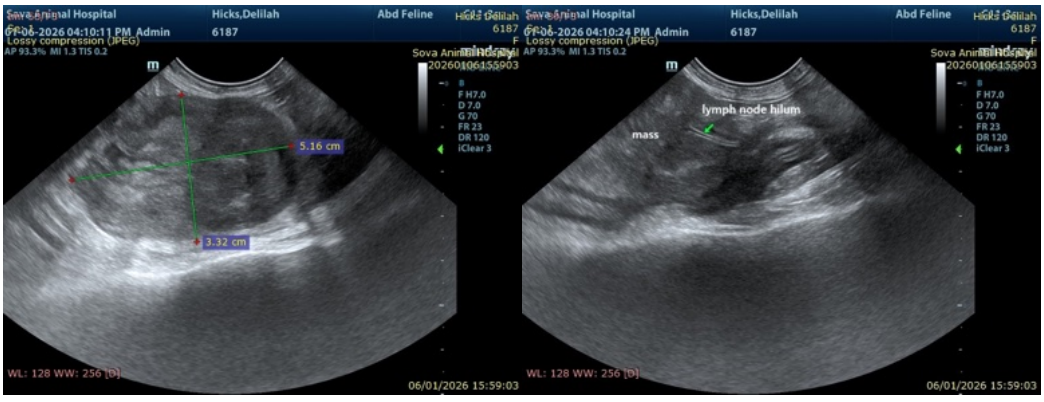
The movable mid-to-caudal abdominal mass detected on physical examination corresponds to a large, well defined, vascularized, heterogeneous mass centered in the cranial mesenteric lymph node region. Concurrent intestinal abnormalities include diffuse muscularis thickening of the jejunum and ileum with increased muscularis-to-mucosa ratios, and a focal intestinal segment with complete loss of wall layering, findings that are highly suspicious for infiltrative intestinal disease. In cats, this pattern is most consistent with chronic inflammatory enteropathy with muscularis-predominant involvement versus intestinal lymphoma, particularly small-cell lymphoma.

Pancreatic findings (mild hypoechogenicity and mild ductal dilation without peripancreatic fat reaction) are nonspecific and may represent chronic or secondary change; these findings are unlikely to explain the severity of the clinical signs or the abdominal mass.

The mild abdominal effusion is minimal and nonspecific but may reflect regional inflammation or lymphatic obstruction secondary to the mesenteric mass.

Recommendations

- Ultrasound-guided fine-needle aspiration or biopsy of the cranial mesenteric lymph node mass should be prioritized, as this lesion is large, accessible, and most likely to yield a definitive diagnosis.
- Intestinal biopsies should be considered, particularly if lymph node sampling is nondiagnostic, recognizing that full-thickness biopsies provide superior evaluation of muscularis-predominant disease.



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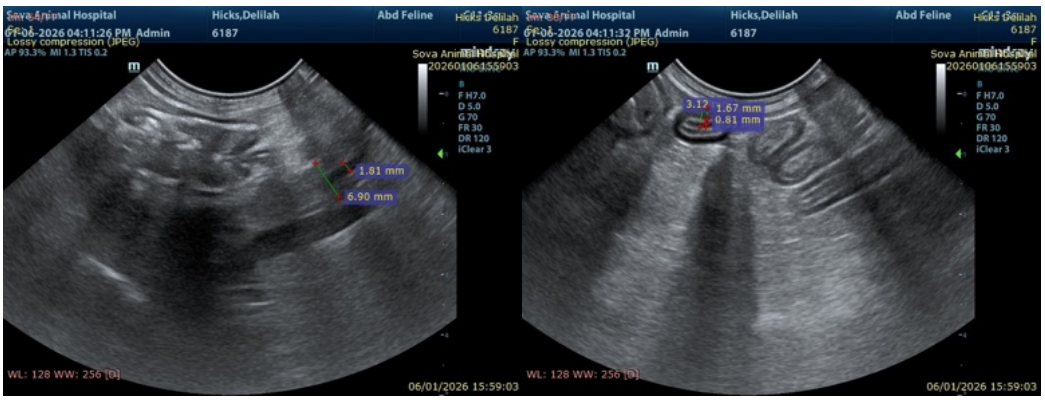

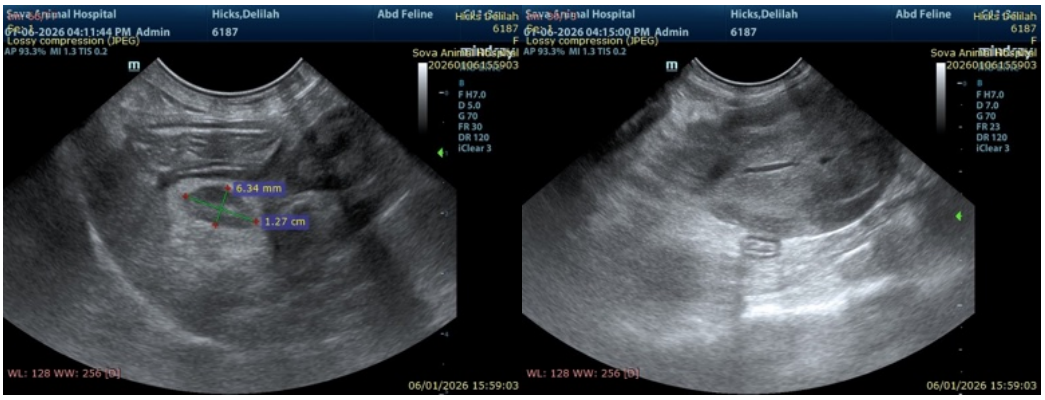

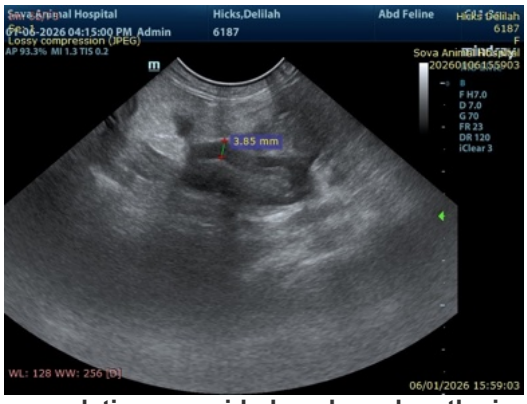

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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