



PATIENT

Tucker Schmidt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

11.03 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Robert Lann

INVOICE

69402

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Significant weight loss over the past few months, unresponsive to oral prednisolone from 9/2 to 11/10. Vomiting. Depo-Medrol 20 mg was given on 11/10. Ongoing vomiting twice a week. Owner reports a total weight loss of approximately 8 lbs in the last six months. He was previously very obese. He is now cachectic. He eats, but the appetite is decreased. He eats small amounts multiple times throughout the day, whereas he used to scarf down food. He is using his litter box every day. He has not historically been a vomiter; this was a red flag for the owner CLINICAL SIGNS: Presented for evaluation of weight loss. BCS 2/9. Lost a little over 2 lbs in three months. Initial labs showed pancreatitis and elevation of multiple liver values. The latter improved after treatment with Veraflox 25 mg for 14 days and Convenia when Clavamox could not be administered PO. MEDICATIONS: - Prednisolone 5 mg daily, which was just restarted. - Cerenia 16 mg, 1/2 tab twice a week for the past two months. - Mirtazapine 15 mg, 1/4 tab every three days, beginning 12/8.

Abnormal PE/Chem/CBC/UA Results: Diagnostics (12/2025): - Total T4: 1.8 ug/dL - Free T4: 0.9 ng/dL (range 0.7-2.6 ng/dL) - ALT: 153 U/L - ALP: 257 U/L - Neutrophils: 10.76 K/uL - Monocytes: 1.35 K/uL (elevated) - Basophils: 0.35 K/uL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is predominantly anechoic with suspended echogenic material. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.11×2.77 cm. Cortical thickness measures 0.50 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.46×2.66 cm. Cortical thickness measures 0.45 cm in the sagittal plane. Both kidneys demonstrate increased cortical echogenicity, resulting in increased corticomedullary distinction. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.25 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.27 cm at the cranial pole and 0.31 cm at the caudal pole.

Spleen

Splenic thickness measures 0.66 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



PATIENT

Tucker Schmidt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

11.03 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Robert Lann

INVOICE

69402

DATE

12/17/25

Liver

Some portions of the liver appear mildly globoid and heterogeneous, with areas of differing echogenicity, although these areas are not well defined enough to allow accurate measurement. Additionally, several hypoechoic nodules are identified, measuring approximately 1.12×1.21 cm. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The gallbladder wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. The common bile duct is dilated, measuring up to 6.25 mm. A structure occupying most of the ductal diameter is clearly identified, measuring approximately 1.45 cm in length and 0.5 cm in width. Although this structure is homogeneous and has an echogenicity consistent with biliary sludge, its shape raises mild concern. A neoplastic process arising from the ductal wall cannot be completely excluded, particularly given the absence of biliary sludge elsewhere within the bile duct or gallbladder. Immediately proximal to its entry into the duodenal papilla, the common bile duct diameter returns to normal, measuring 1.78 mm.

Gastrointestinal

The stomach is semi-distended with ingesta, with normal mural thickness (1.52 mm) and preserved wall layering. The pylorus measures 3.53 mm. Duodenum: 2.55 mm. Jejunum: 2.00 mm, with mucosa measuring 0.85 mm, submucosa 0.57 mm, and muscularis propria 0.90 mm. Ileum: 1.66 mm, with mucosa measuring 0.29 mm, submucosa 0.61 mm, and muscularis propria 0.68 mm. Normal wall layering is preserved. The ileocecal junction is not clearly visualized. The colon measures 1.08 mm and contains a small amount of formed fecal material in the descending segment.

Pancreas

Pancreatic thickness ranges from 4.6 to 5.6 mm. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct is not dilated. No ultrasonographic evidence of active inflammation or neoplastic disease is identified.

Peritoneal Cavity

Mild abdominal effusion is present. A heterogeneous, hypoechoic mass measuring approximately 4.4 × 2.7 cm is identified. Based on the available cine loops, the adjacent regions are not clearly visualized; however, the mass most likely corresponds to a mesenteric lymph node. The mass has a markedly irregular contour and is associated with pronounced hyperechogenicity of the surrounding omentum. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, irregularly contoured hypoechoic mesenteric mass/lymph node measuring approximately with marked hyperechogenicity of the surrounding omentum.
- Mild abdominal effusion.



PATIENT

Tucker Schmidt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

11.03 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Robert Lann

INVOICE

69402

DATE

12/17/25

- Multiple hypoechoic hepatic nodules with regional hepatic parenchymal heterogeneity.
- Moderate dilation of the common bile duct (up to 6.25 mm) with an intraluminal structure occupying most of the ductal diameter; duct diameter normalizes near the duodenal papilla.
- Small intestinal wall layering preserved, with relative prominence of the muscularis layer.
- Increased renal cortical echogenicity bilaterally with mild medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically relevant finding is a large, heterogeneous, irregularly contoured hypoechoic mass within the mesentery, measuring approximately 4.4×2.7 cm, most consistent with a markedly enlarged mesenteric lymph node or nodal mass. The associated pronounced hyperechogenicity of the surrounding omentum and the presence of mild abdominal effusion further support an active inflammatory or infiltrative process.

Additional findings include multiple hypoechoic hepatic nodules and regions of hepatic heterogeneity, which may represent infiltrative or metastatic disease. Concurrent biliary abnormalities are noted, including moderate dilation of the common bile duct with an intraluminal structure occupying most of the ductal diameter. Although the echogenicity of this structure is compatible with inspissated biliary sludge, its configuration is atypical, and a primary biliary wall lesion or neoplastic process cannot be definitively excluded. Normalization of the ductal diameter near the duodenal papilla suggests partial obstruction cranial to the lesion.

The gastrointestinal tract demonstrates preserved wall layering; however, the relative prominence of the muscularis layer of the small intestine, in combination with severe weight loss, vomiting, and minimal response to corticosteroid therapy, raises strong concern for an infiltrative gastrointestinal disorder rather than primary inflammatory disease alone.

Taken together, the constellation of findings are most concerning for alimentary lymphoma with regional lymph node and possible hepatic and biliary involvement. Other infiltrative or metastatic neoplastic processes remain differential considerations. Definitive diagnosis cannot be established based on imaging findings alone.

Recommendations

- Tissue sampling is strongly recommended for definitive diagnosis, with fine-needle aspiration or biopsy of the mesenteric mass/lymph node considered the highest diagnostic priority.
- Cytologic or histopathologic evaluation of hepatic lesions may be considered to further assess the extent and nature of hepatic involvement.
- Correlation with oncology consultation is advised to guide diagnostic planning, staging, and therapeutic options once tissue diagnosis is obtained.
- Continued clinical and laboratory monitoring of hepatobiliary parameters is recommended, particularly given the common bile duct dilation and intraductal material.



PATIENT

Tucker Schmidt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

11.03 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

**IMAGING
PERFORMED BY**

Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

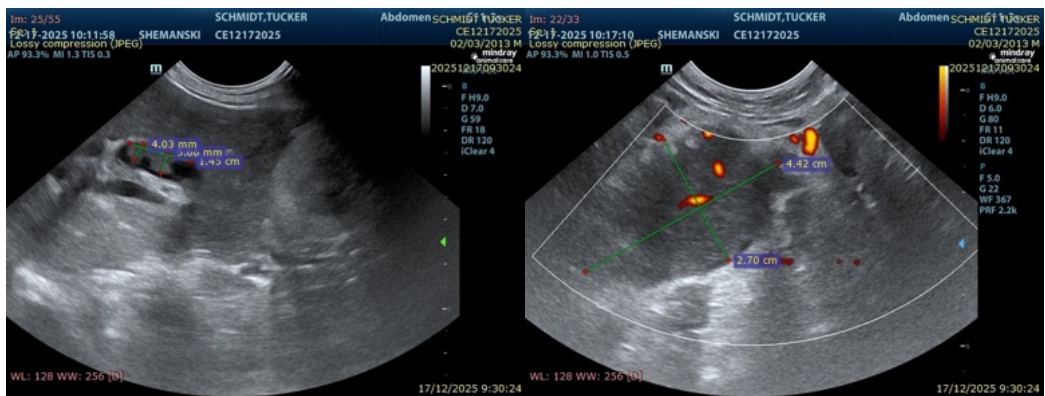
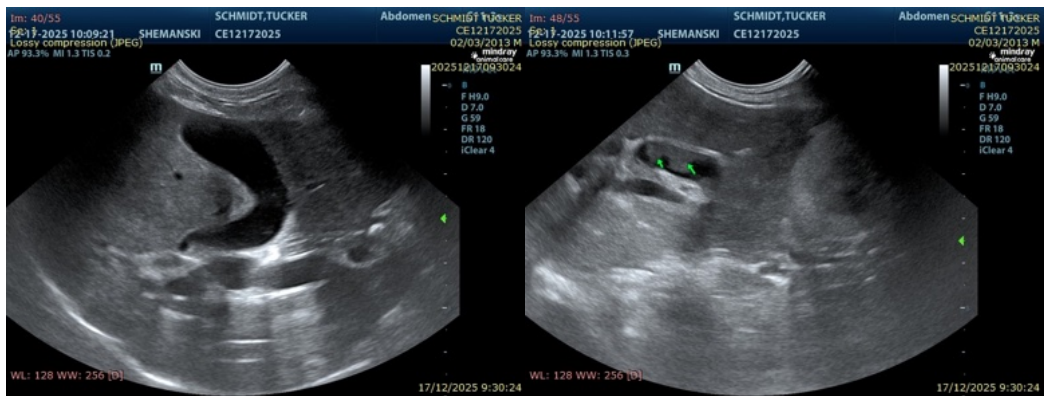
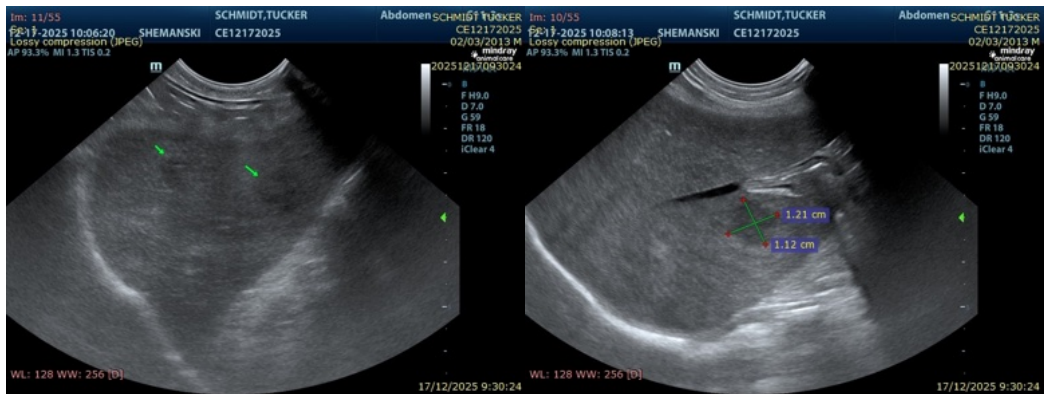
Dr. Robert Lann

INVOICE

69402

DATE

12/17/25





PATIENT

Tucker Schmidt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

11.03 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

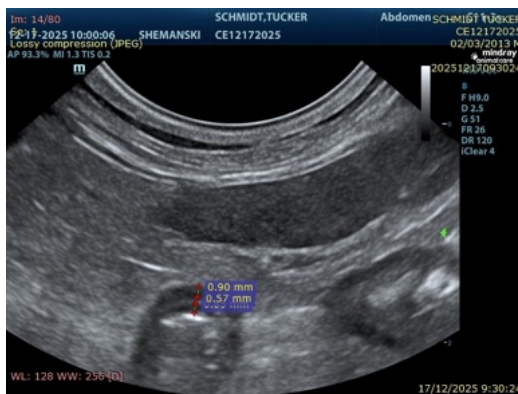
Dr. Robert Lann

INVOICE

69402

DATE

12/17/25



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