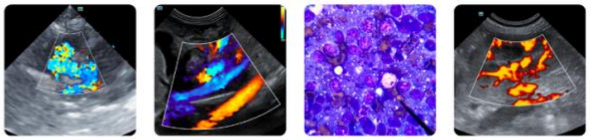


PATIENT

Stella Ladaga

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

6.06

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Whitcraft

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. Lutz

INVOICE

14207

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- History of weight loss. No vomiting or diarrhea. Intermittent hyporexia.

Abnormal PE/Chem/CBC/UA Results: Albumin 2, leukocytosis. Rest of CBC/Chem/T4/UA NSF

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: 2.86×1.80 cm, and the thickness of the cortex is 0.32 cm in the sagittal plane.
The right kidney is normal in shape and size: 3.28×1.98 cm, and the thickness of the cortex is 0.30 cm in the sagittal plane.

Both kidneys: the cortex is slightly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Not visualized.

Spleen

Splenic thickness is small (0.34 cm) and mildly hypoechoic. The parenchyma demonstrates a 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 appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

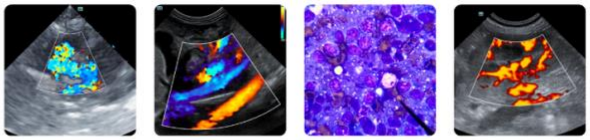
The gallbladder lumen is normally distended. The wall is thin and the contents contain a moderate amount of biliary sludge. The common bile duct measures 2.51–1.70 mm.

Gastrointestinal

The stomach is empty and folded, with mural thickness (2.14 mm) and preserved wall layering. The pylorus measures 4.25 mm.

A segment of small intestine demonstrates marked wall thickening up to 6.54 mm with loss of normal wall layering.
Jejunum: 2.47 mm. Mucosa: 1.39 mm. Submucosa: 0.60 mm. Muscularis propria: 0.48 mm

Ileum: 3.69 mm. Mucosa: 0.61 mm. Submucosa: 1.10 mm. Muscularis propria: 1.86 mm



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Additional intestinal segments show marked wall thickening measuring approximately 7 mm and 9.55 mm with complete loss of wall layering, producing a mass-like appearance. The clearly abnormal intestinal segment measures approximately 5 cm in length, although the total affected length may be greater.

Colon: 0.63 mm, with formed feces present in the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 5.55–7 mm, with a hypoechoic peripheral halo and hyperechoic center. Ileocecal lymph nodes are not visualized, and the surrounding regions appear unremarkable.

PRIMARY FINDINGS

- Severely thickened small intestinal segment with complete loss of wall layering and mass-like appearance
- Mildly enlarged cranial mesenteric lymph nodes (5.55–7 mm).

SECONDARY FINDINGS

- Moderate biliary sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The complete loss of intestinal mural stratification and the mass-like architecture strongly suggest an infiltrative intestinal process.

The principal differential diagnoses for this appearance include:

- High-grade intestinal lymphoma.
- Intestinal adenocarcinoma.
- Other less common infiltrative intestinal neoplasms.

The presence of enlarged cranial mesenteric lymph nodes with hypoechoic peripheral halo and hyperechoic center may represent reactive lymphadenopathy or possible metastatic involvement, although definitive characterization is not possible on ultrasound alone.

Overall, the findings are highly suspicious for intestinal neoplasia, with lymphoma considered the most likely differential.

Recommendations

Further diagnostic evaluation is recommended to obtain a definitive diagnosis. Possible options include:

- Ultrasound-guided fine needle aspiration of the abnormal intestinal segment.

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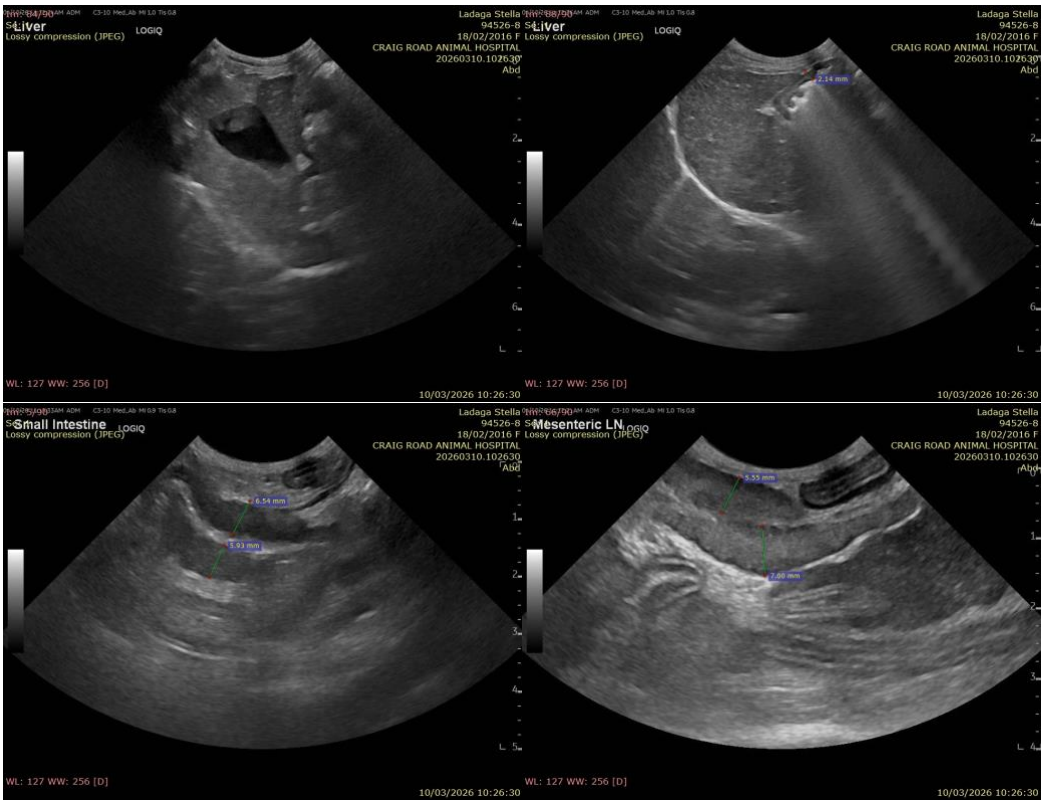
- Alternatively, surgical exploration with intestinal biopsy or resection may be recommended at the discretion of the attending clinician, particularly if obstruction develops or if cytologic sampling is nondiagnostic.
- If neoplasia is confirmed, thoracic imaging and staging diagnostics may also be considered.



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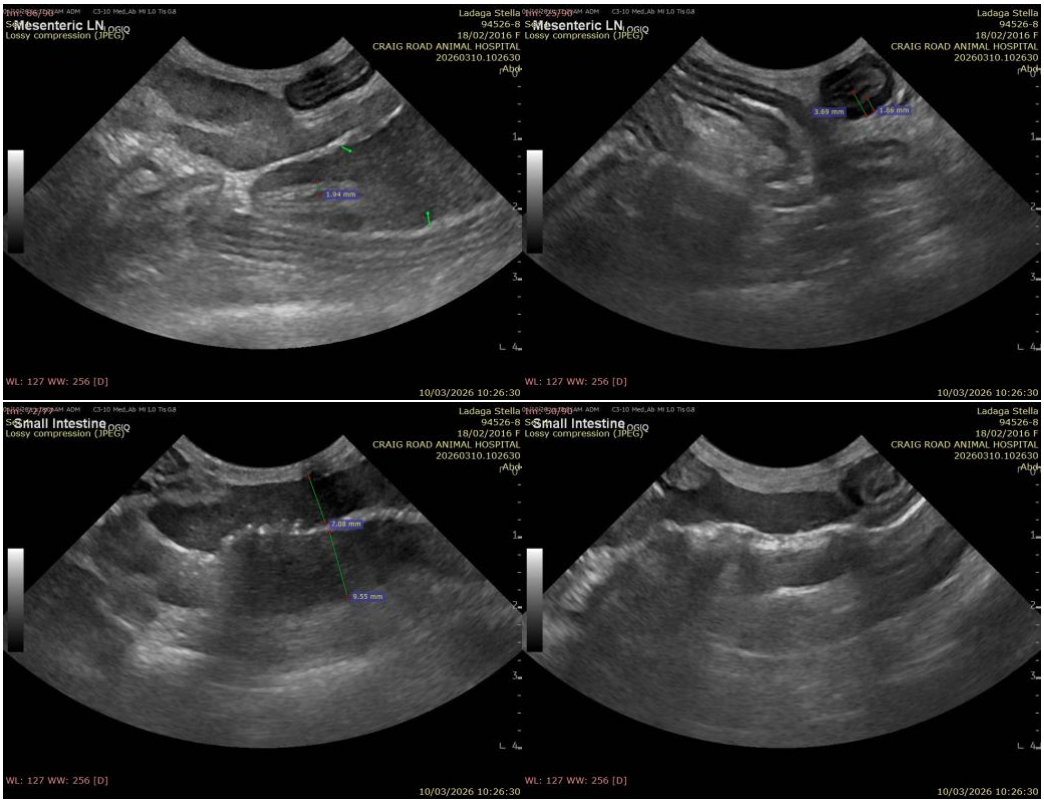

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com