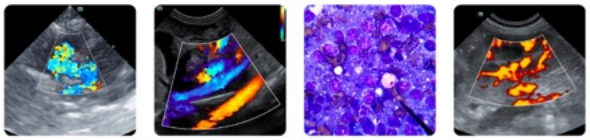


PATIENT

Larry David Klahr

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

10.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Graham Sager-Gellerman

HOSPITAL NAME

Back Bay VC

REFERRING VET

Graham Sager-Gellerman

INVOICE

74690

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: O reported decreased appetite about a week ago progressing to not eating; by Thu/Fri he would not eat and on Sat morning he did not acknowledge the auto-feeder.
Diet: Purina One salmon and rice long-term; O had planned a switch to senior food but has not changed yet; P is not very food-motivated.
No vomiting observed since last week, though attribution is difficult with two cats.
Drinking and urinating seemed normal per O; first night after returning from the vet there may have been two litter box visits in quick succession; no observed frequent squatting or straining.
No apparent abdominal discomfort; P rolled over for belly rubs.
Eyes became "gunky" around the time appetite decreased; O can clean without issue; hx of feline herpes with flare-ups during season change or when unwell.
Environmental/stress history: O was away last weekend (typically away on weekends); neighbor cared for cats; no new visitors or construction; birds active; no new stressors; P likes dogs.
No diarrhea noted.
Abnormal PE/Chem/CBC/UA Results: 4/21/26: CBC: mild non-regenerative anemia marked neutrophilia, left shift moderate monocytosis CHEM: wnl Pancreatic Lipase elevated (7 U/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

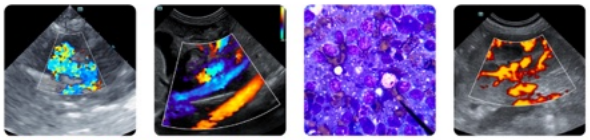
The left kidney is normal in shape and size, measuring 4.04×2.47 cm, with a cortical thickness of 0.38 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.86×2.64 cm, with a cortical thickness of 0.40 cm. In both kidneys, the cortex is hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Adrenal glands: the left adrenal gland measures 0.36 cm at the cranial pole and 0.35 cm at the caudal pole, within normal limits for a cat (<0.45–0.5 cm). The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness is 0.92 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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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 normally distended. The wall is thin, and the contents are anechoic. The common bile duct measures 3.41–3.79 mm, which is mildly dilated for a cat (generally <3 mm), although this may be influenced by fasting status or functional factors.

Gastrointestinal

The stomach is empty and folded, with mild intraluminal gas, a mural thickness of 1.40 mm, and preserved wall layering. The duodenum measures 2.13 mm. The jejunum measures 4.33 mm, with mucosa 1.78 mm, submucosa 0.53 mm, and muscularis propria 1.68 mm. This yields a muscularis-to-mucosa ratio of approximately 0.94, which is increased (expected <0.5–0.6 in cats), indicating significant muscularis thickening. A focal segment of the ileum is markedly thickened up to 2.52 cm, forming a hypoechoic mass with complete loss of normal wall layering. The ileocecal junction measures 5.23 mm in total thickness, with a markedly thickened muscularis layer measuring 3.08 mm. The colon measures 0.69 mm, with formed feces in the descending segment.

Pancreas

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

Free Abdomen

Within the mesenteric region of the mid-abdomen, adjacent to the mesenteric vessels, a large, irregular, heterogeneous, hypoechoic mass measuring approximately 3.00 × 3.74 cm is identified. This finding is most consistent with a markedly enlarged and infiltrated mesenteric lymph node, located near the ileal lesion. Surrounding mesenteric fat is increased in echogenicity. An additional enlarged lymph node measuring approximately 3.18 cm in thickness is also identified, abnormal in size and appearance.

No abdominal effusion is observed. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Focal ileal mass (up to 2.52 cm) with loss of wall layering
- Marked muscularis thickening of the jejunum (ratio ~0.94) and ileocecal region
- Mass-like, heterogeneous mesenteric lymph node
- Additional enlarged abdominal lymph node (~3.18 cm)

SECONDARY FINDINGS

- Mild dilation of the common bile duct (up to 3.79 mm)
- Bilateral renal cortical hyperechogenicity

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dominant finding is a large, focal ileal mass with complete loss of normal wall layering, which is highly consistent with infiltrative intestinal neoplasia. In a cat, this appearance strongly favors intestinal lymphoma, and the presence of a discrete transmural mass is more suggestive of a high-grade (large cell) form rather than low-grade disease, although definitive classification requires cytologic or histopathologic confirmation.

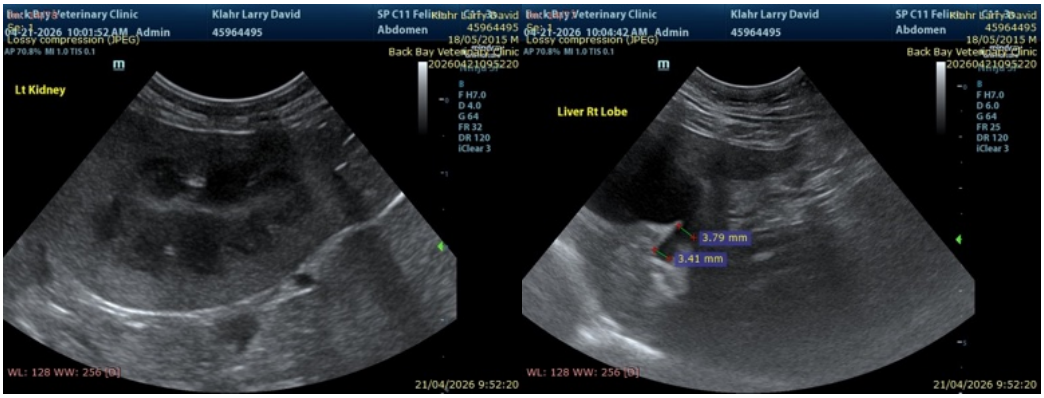
The presence of markedly enlarged and heterogeneous mesenteric lymph nodes, including a mass-like node adjacent to the ileal lesion, supports regional nodal involvement and indicates a multifocal or systemic process. The associated hyperechogenicity of the surrounding mesenteric fat further supports active regional inflammation or infiltration.

Additionally, there is diffuse muscularis thickening of the small intestine (jejunal ratio ~0.94), which exceeds accepted thresholds and is consistent with chronic enteropathy (IBD vs small cell lymphoma). In this context, the coexistence of diffuse changes with a focal mass raises concern for lymphoproliferative disease with mixed or progressive behavior, rather than a purely inflammatory process.

Recommendations

- Await results of ultrasound-guided cytology of the intestinal mass and lymph nodes, which are likely to provide a definitive diagnosis in this context.
- If cytology is inconclusive, biopsy may be required for full characterization.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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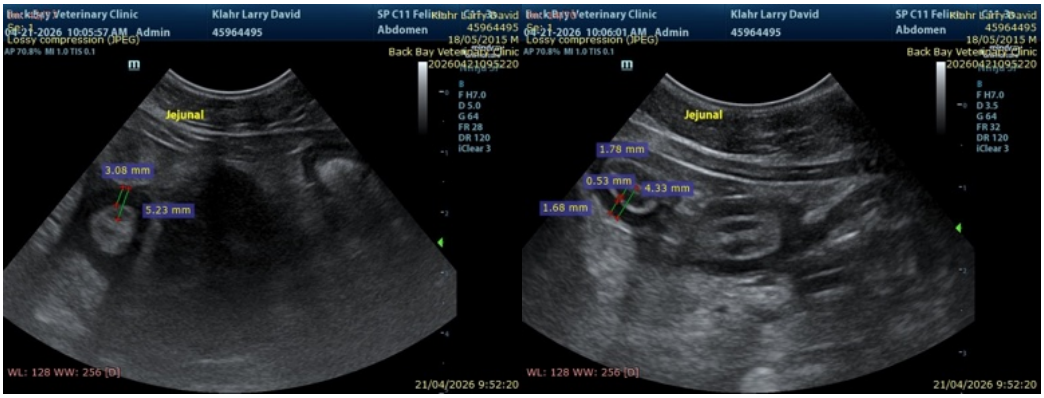

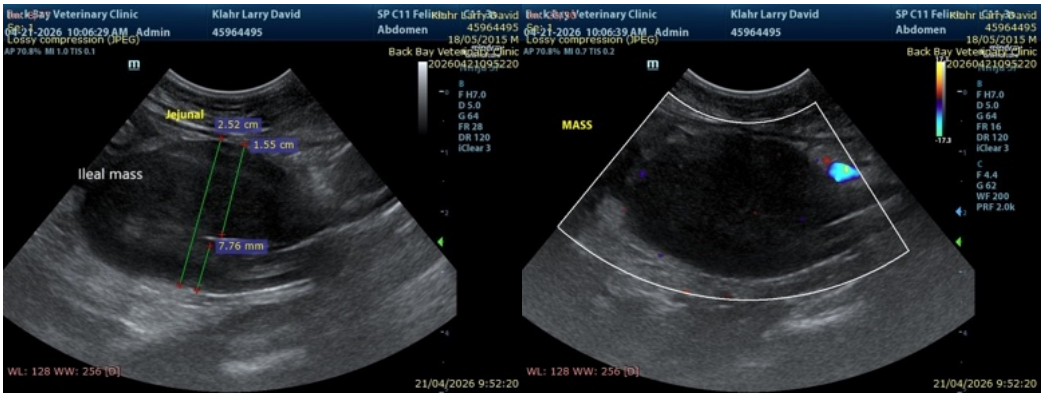

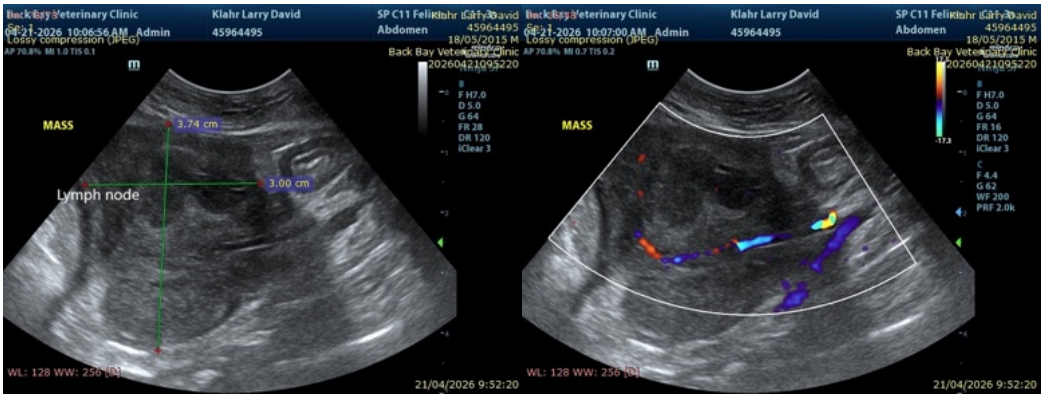

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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