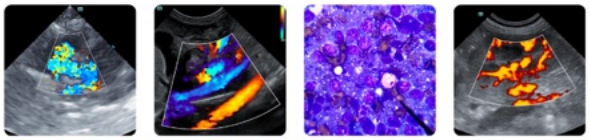


PATIENT

Maximus Pjura

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

8.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Hesham Elakbawy

HOSPITAL NAME

Lincoln Avenue Cat and Dog Hospital

REFERRING VET

Dr. Hall

INVOICE

78186

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Pt is a 13 yo 9 mo MN DSH who presented for progressive weight loss and muscle atrophy over the past few weeks-months. Pt also has chronic vomiting (once a day, usually in the middle of the night -- varies between food and bile). Pt still has great appetite and is drinking, urinating, defecating normally. Bloodwork overall was normal with only mild neutrophilia and monocytosis noted (T4, Probnp, liver and kidney values normal).
Abnormal PE/Chem/CBC/UA Results: CBC: - Neutrophils (20,427 - H) - Monocytes (1600)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 2.99×2.11 cm, with a cortical thickness of 0.32 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 2.65×2.36 cm, with a cortical thickness of 0.30 cm in the sagittal plane.

Both kidneys demonstrate cortical echogenicity that is mildly increased 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

The left adrenal gland measures 0.32 cm in dorsoventral diameter and is within normal limits. The right adrenal gland could not be confidently visualized.

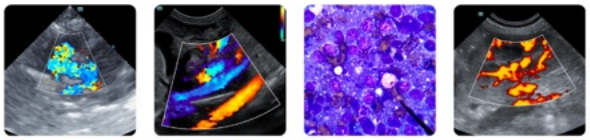
Spleen

Splenic thickness is 0.66 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 margins and a smooth contour. The hepatic parenchyma is homogeneous and of normal echogenicity and echotexture. A well-defined cystic lesion measuring 1.49×1.74 cm is identified within the hepatic parenchyma. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and smooth, and the contents are predominantly anechoic with a small amount of biliary sludge. The common bile duct measures 2.10-2.43 mm.



PATIENT

Maximus Pjura

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

8.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Hesham Elakbawy

HOSPITAL NAME

Lincoln Avenue Cat and Dog Hospital

REFERRING VET

Dr. Hall

INVOICE

78186

DATE

6/1/26

Gastrointestinal tract

The stomach is moderately distended with ingesta and gas. Gastric wall thickness measures 1.67 mm, and normal wall layering is preserved.

The duodenum measures 2.02 mm, the jejunum 2.11 mm, and the ileum 1.20 mm. Wall layering appears preserved within the intestinal segments that could be adequately evaluated. The ileocecocolic junction could not be confidently visualized.

The majority of the visualized small intestinal loops are markedly distended with fluid and demonstrate abnormal to-and-fro luminal motion. Although wall layering appears preserved in the nondilated segments, accurate assessment of mural thickness and wall layers is limited within the markedly distended intestinal loops. No definite foreign material, focal obstructive lesion, or discrete mural mass is identified. No convincing muscularis hypertrophy or loss of wall layering is observed within the evaluated segments.

Pancreas

The pancreas could not be adequately evaluated due to overlying gastrointestinal gas and marked intestinal distension.

Free Abdomen

No sonographic evidence of abdominal effusion or peritonitis is identified.

The cranial mesenteric lymph nodes are markedly enlarged and heterogeneous, measuring up to 2.35×1.16 cm. The ileocecal lymph nodes are also enlarged and hypoechoic.

The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Marked fluid distension of the majority of the visualized small intestinal loops with abnormal to-and-fro luminal motion.
- Severe cranial mesenteric lymphadenomegaly with heterogeneous echotexture and a mass-like appearance.
- Enlarged hypoechoic ileocecal lymph nodes.

SECONDARY FINDINGS

- Solitary hepatic cystic lesion.
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Marked diffuse fluid distension of the small intestine with abnormal to-and-fro luminal motion is identified. No discrete obstructive lesion or mechanical cause of obstruction is visualized. These

PATIENT

Maximus Pjura

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

8.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Hesham Elakbawy

HOSPITAL NAME

Lincoln Avenue Cat and Dog Hospital

REFERRING VET

Dr. Hall

INVOICE

78186

DATE

6/1/26

findings are most consistent with severe functional gastrointestinal dysmotility (ileus). Infiltrative intestinal disease remains a concern, as involvement of the enteric neuromuscular apparatus, including the myenteric plexus, may result in profound disturbances of intestinal motility and peristaltic coordination without producing a focal obstructive lesion.

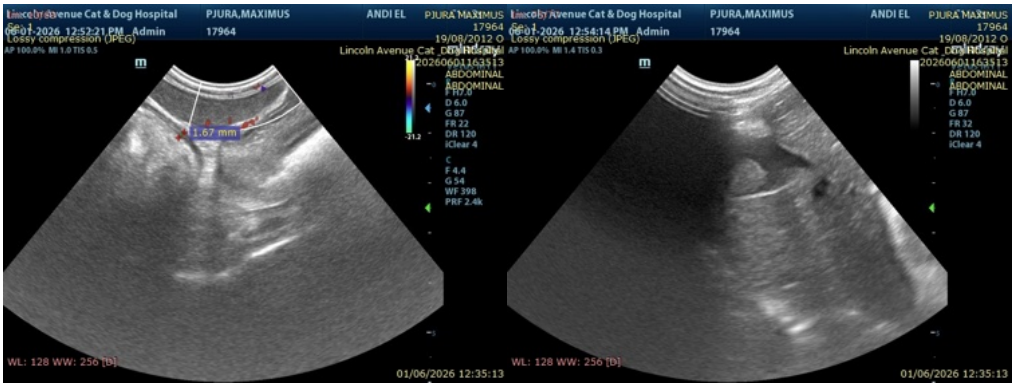
The severity of the lymphadenopathy, particularly the heterogeneous and mass-like appearance of the cranial mesenteric lymph nodes, is considered disproportionate to what would typically be expected with uncomplicated inflammatory gastrointestinal disease. While severe inflammatory enteropathy with reactive lymphadenopathy remains a differential consideration, infiltrative neoplasia, particularly lymphoma, is considered a leading differential diagnosis.

The hepatic cystic lesion is considered an incidental finding and is unlikely to be clinically relevant. Solitary hepatic cysts are commonly encountered in older cats and are often of minimal clinical significance when unaccompanied by additional hepatic abnormalities.

Recommendations

- Ultrasound-guided fine-needle aspiration of the enlarged cranial mesenteric lymph nodes is strongly recommended.
- If cytology is nondiagnostic, intestinal biopsies should be considered for definitive characterization of the suspected infiltrative gastrointestinal disease.
- Correlation with serum cobalamin, folate, and feline pancreatic lipase immunoreactivity (fPLI) may be considered as part of the overall gastrointestinal workup.

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



PATIENT

Maximus Pjura

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

8.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Hesham Elakbawy

HOSPITAL NAME

Lincoln Avenue Cat and Dog Hospital

REFERRING VET

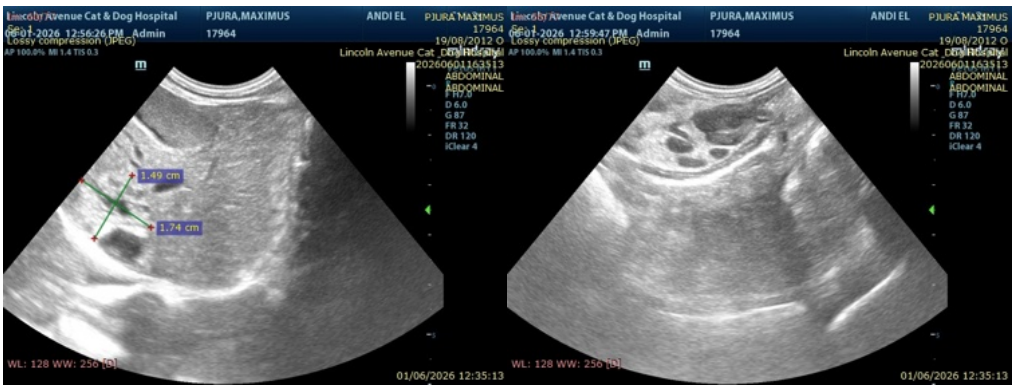
Dr. Hall

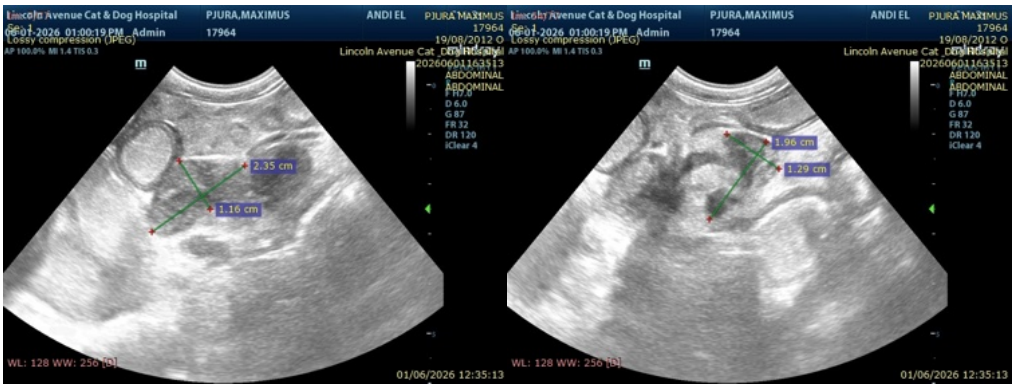
INVOICE

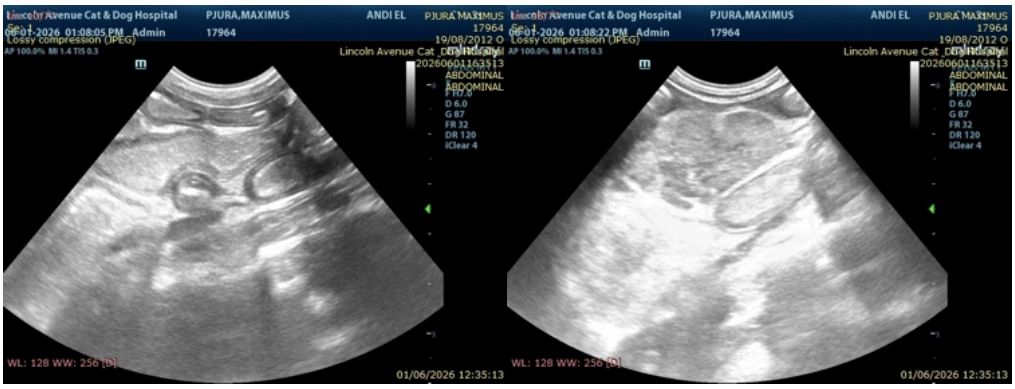
78186

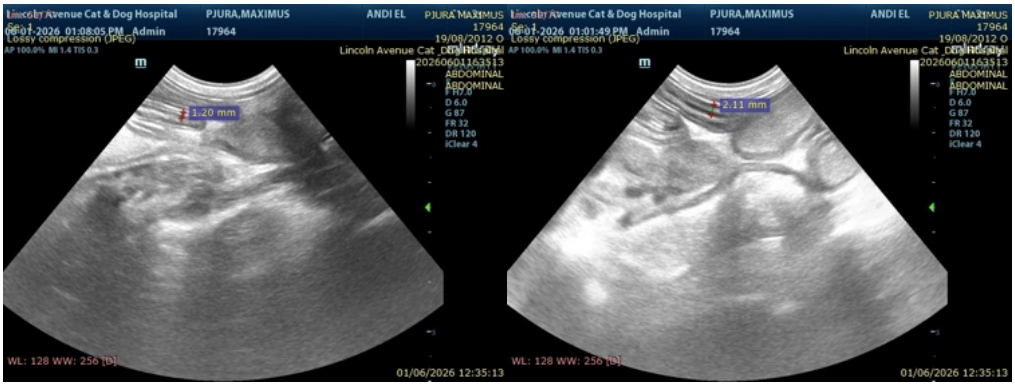
DATE

6/1/26

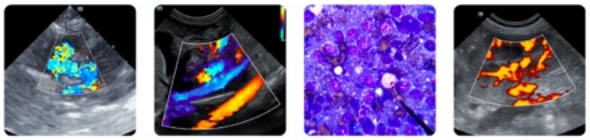








SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Maximus Pjura

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

8.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Hesham Elakbawy

HOSPITAL NAME

Lincoln Avenue Cat and Dog Hospital

REFERRING VET

Dr. Hall

INVOICE

78186

DATE

6/1/26

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