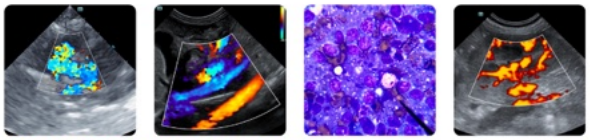


PATIENT

Apache Nunez

SPECIES

Feline

BREED

Siamese Mix

SEX

Neutered male

AGE

5 years

WEIGHT

9.62 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Galanti

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Lutz

INVOICE

78354

DATE

7/3/26

PRESENTING CLINICAL SIGNS

History: Chronic weight loss and vomiting since early this year. Lost 1.5 lbs in the past 2.5 mos. Vomits EOD. Diarrhea once on Monday but owner does not think he has had diarrhea since then. Hematuria started this week after owners were out of town. Concern for GI lymphoma. Aspirate samples taken. Concern that hematuria is FIC.
Abnormal PE/Chem/CBC/UA Results: NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. 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, measuring 3.90×2.33 cm, with a cortical thickness of 0.45 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.92×2.35 cm, with a cortical thickness of 0.42 cm in the sagittal plane.

In both kidneys, the renal cortex is mildly 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. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

The adrenal glands are not confidently visualized.

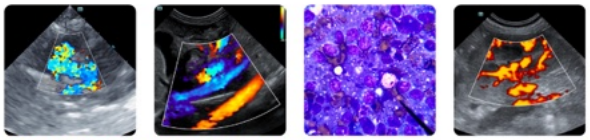
Spleen

Splenic thickness is 1.07 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. The wall is thin and regular. A small amount of mobile biliary sludge is present, extending toward the gallbladder neck and cystic duct. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal tract

The stomach is empty and folded, with a wall thickness of 1.38 mm and preserved wall layering.

The pyloric wall measures 2.61 mm.

The duodenal wall measures 2.0 mm.

The jejunal wall measures 2.43 mm with preserved wall layering.

The ileal wall measures 2.20 mm. Individual wall layers measure as follows: mucosa 0.85 mm, submucosa 0.80 mm, and muscularis propria 0.42 mm. Normal wall layering is preserved.

The ileocecocolic junction measures 3.18 mm, with the muscularis propria measuring approximately 0.89 mm.

No focal intestinal mass, loss of wall layering, obstruction, ileus, or foreign material is identified.

The colon measures approximately 1.29 mm in wall thickness and is diffusely fluid-filled.

Pancreas

The pancreas measures approximately 6.09 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent mesenteric fat. The pancreatic duct measures approximately 0.48 mm in diameter. No peripancreatic hyperechoic mesentery, peripancreatic fluid accumulation, or focal pancreatic lesions are identified. No sonographic evidence of pancreatitis is identified.

Free Abdomen

No abdominal effusion or peritonitis is identified.

Multiple abdominal lymph nodes are enlarged and diffusely hypoechoic, including the gastric, pancreaticoduodenal, hepatic/portal, cranial mesenteric, and ileocecocolic lymph node groups.

The cranial mesenteric lymph nodes measure approximately 0.85–0.96 cm in thickness and are elongated and hypoechoic.

The ileocecocolic lymph nodes are diffusely enlarged and hypoechoic, with the largest measuring approximately 1.0×0.5 cm.

An additional hypoechoic heterogeneous mass-like structure measuring approximately 2.64×2.11 cm is identified within the mid-abdomen. A clear association with the gastrointestinal tract cannot be established. This structure is suspected to represent markedly enlarged and/or coalescing abdominal lymph nodes.

The iliac trifurcation region appears normal.

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PRIMARY FINDINGS

- Multifocal abdominal lymphadenopathy.
- Ill-defined hypoechoic heterogeneous mesenteric mass-like structure measuring approximately 2.64×2.11 cm, suspected to represent markedly enlarged or coalescing abdominal lymph nodes.

SECONDARY FINDINGS

- Mild diffuse fluid distension of the colon.
- Mild bilateral renal cortical hyperechogenicity.
- Small amount of mobile biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

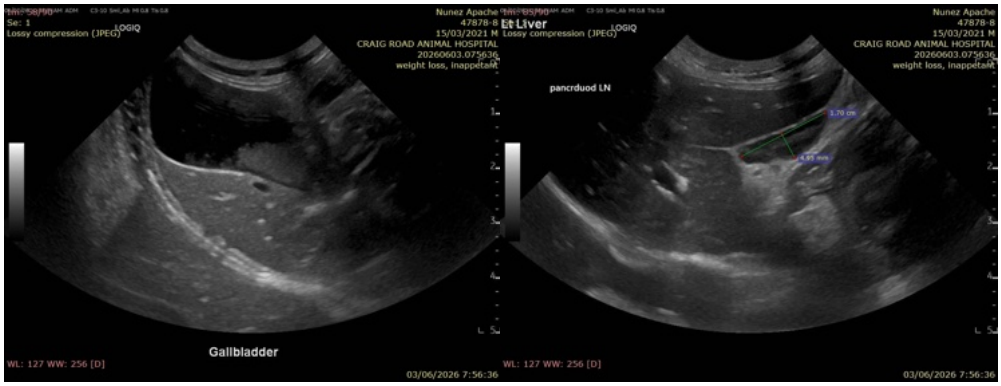
The gastrointestinal tract does not demonstrate significant mural thickening, loss of normal wall layering, or other convincing ultrasonographic evidence of primary intestinal disease.

Marked multifocal abdominal lymphadenopathy is present, involving multiple abdominal lymph node groups, with an associated mid-abdominal mass-like structure suspected to represent markedly enlarged or coalescing lymph nodes. Differential considerations include lymphoproliferative disease (including lymphoma), severe reactive lymphadenopathy associated with chronic inflammatory gastrointestinal disease, and less likely infectious or granulomatous lymphadenitis.

Recommendations

- Await cytologic evaluation of the submitted aspirates.
- If cytology is nondiagnostic, tissue biopsy should be considered.
- If not recently performed, FeLV and FIV testing is recommended.

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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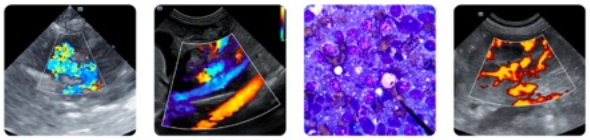

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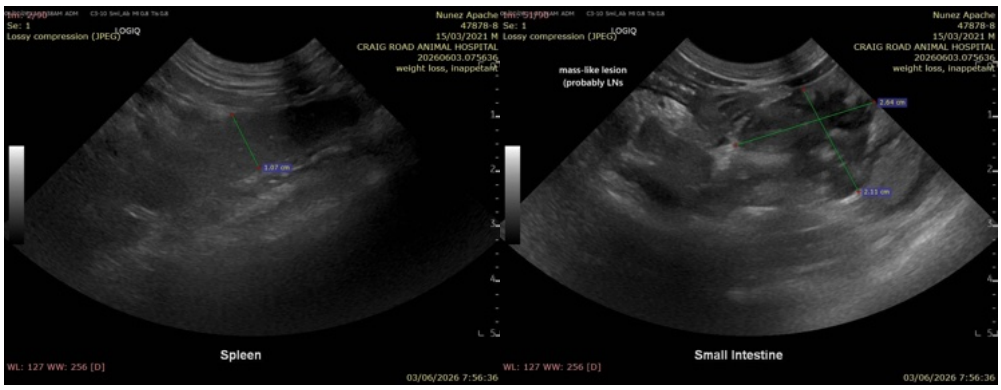

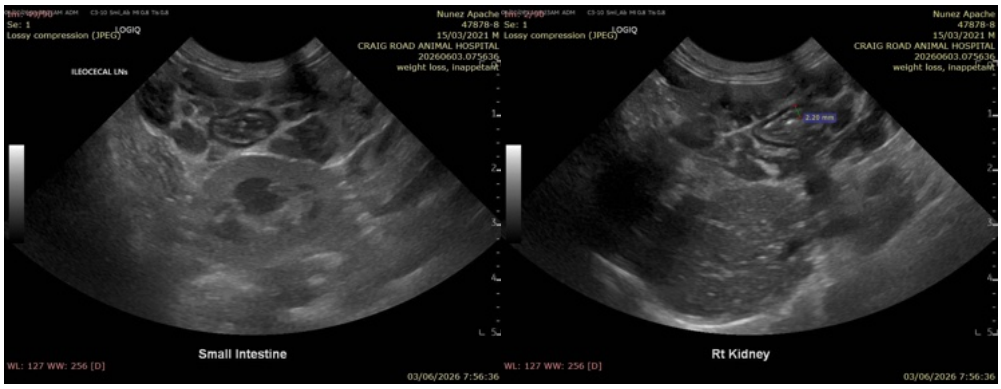

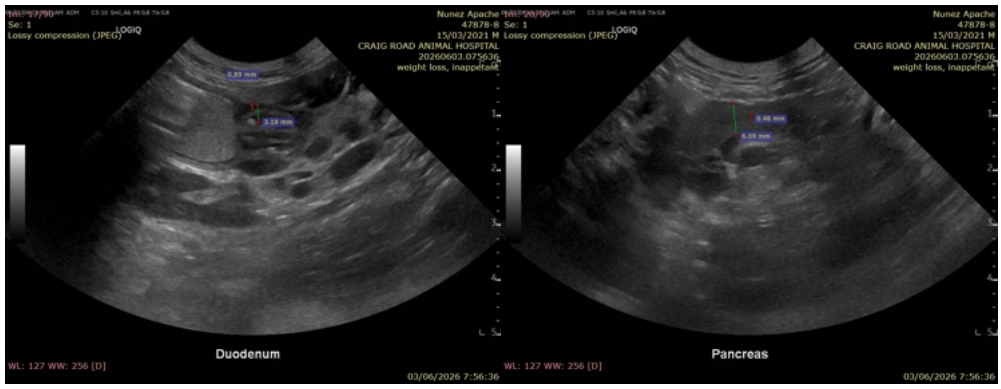

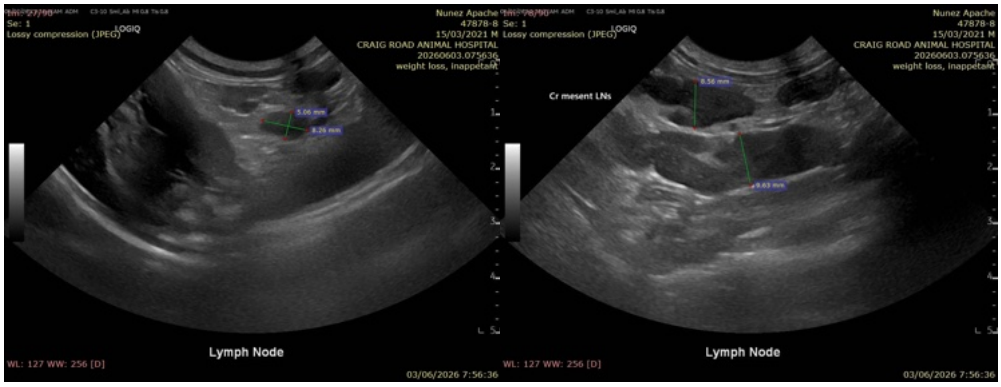

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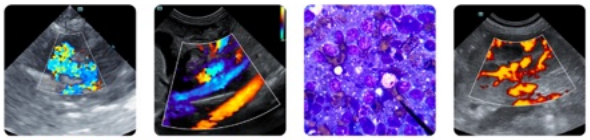

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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