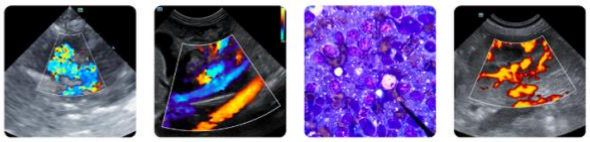


PATIENT

Marley Katri

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

11

WEIGHT

5.4 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Desen Ertunc, DVM

HOSPITAL NAME

Humboldt VMG

REFERRING VET

Sarah Schroer, DVM

INVOICE

22284

DATE

11-19-25

PRESENTING CLINICAL SIGNS

History: weight loss with no decrease in appetite, no vomiting/diarrhea

Abnormal PE/Chem/CBC/UA Results: Abnormal PE: BCS 2/9; possible mass or enlarged liver or spleen in right cranial abdomen CBC/chem/T4/UA/fecal shows mild leukocytosis (23,900) neutrophilia (18,618) and monocytosis (3,633); SDMA elevated at 20, Cr low at 0.7 and USG=1.061; low Na (138) and Cl (105), slightly elevated K (5.4); mild hypoproteinemia (TP=6.2)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.14 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is subjectively enlarged with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

No images provided.

Spleen

The spleen is normal in size (0.58 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent-in-size. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. (See also “Other” category).

The gallbladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

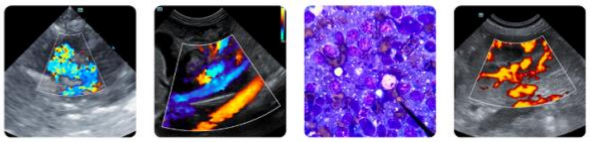
The gastric lumen is not overtly distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.34 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1:1 ratio in most segments. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The region of the pancreas is largely obscured by the mass effect in the cranial- to mid-abdomen.

Lymph Nodes

A 0.91 x 0.52 cm hypoechoic sublumbar lymph node is visualized. Several prominent-to-enlarged hypoechoic mesenteric lymph nodes are also seen (one measuring 2.42 x 1.60 cm). Surrounding mesentery



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is hyperechoic. One-to-two prominent-to-enlarged gastric lymph nodes area also seen (one measuring 1.24 x 0.94 cm). (See also "Other" category).

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A moderate amount of slightly echogenic free fluid is observed.

Other

In the cranial- to mid-abdomen, a >5.4 cm hypoechoic mass effect is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mass effect in the cranial- to mid-abdomen, the origin of which is unclear. It may represent an enlarged lymph node or cluster of lymph nodes, or may be arising from liver, pancreas, mesentery, other. Neoplasia (i.e., lymphoma, other) is suspected, with a low possibility of a non-neoplastic process.
- The abdominal lymphadenopathy is also concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of lymphadenitis or lymphoid hyperplasia.
- The small intestinal wall changes are more most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of inflammatory bowel disease.
- Diffuse peritonitis with ascites, likely secondary to the abdominal mass and lymph node pathology

Secondary Findings

- Mild bilateral, age-related renal changes with dystrophic mineralization
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the abdominal mass (assuming normal clotting status). A 25-gauge needle should be used. Depending on the cytology results, consultation with a board-certified oncologist may be indicated.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI to assess for maldigestion/malabsorption and pancreatic disease.

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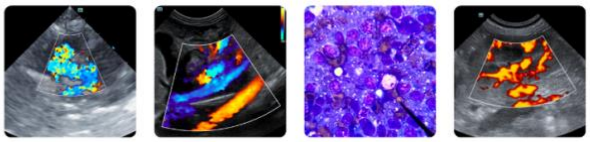

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Educational Teleconsultation Services™

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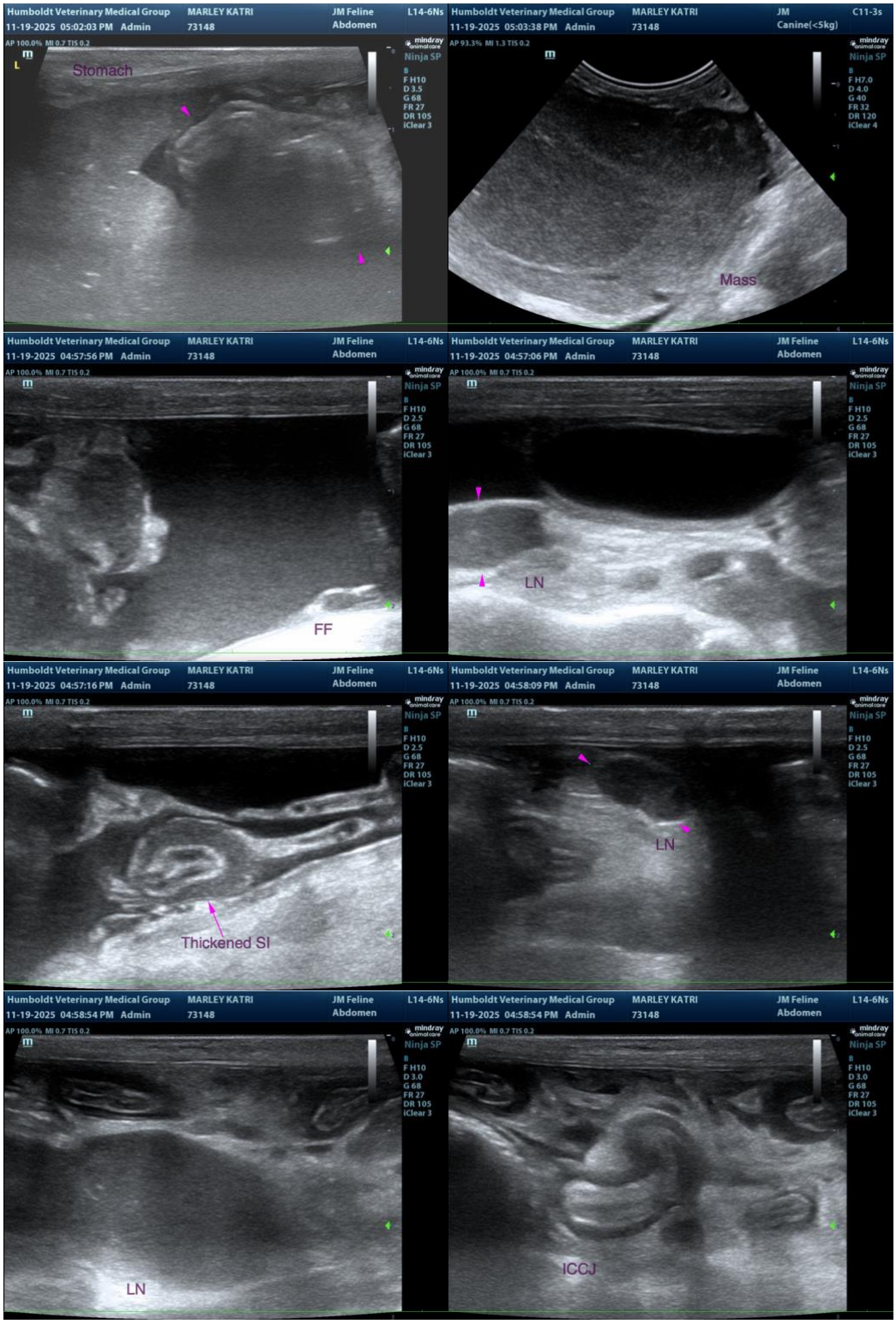

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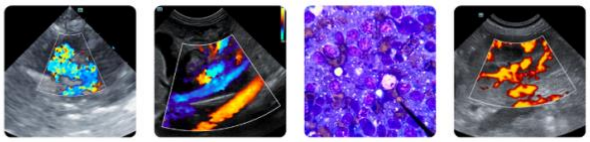

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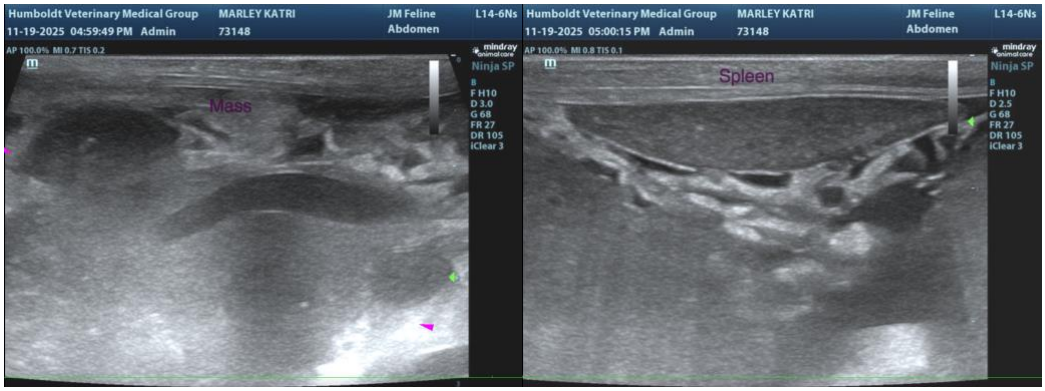

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com