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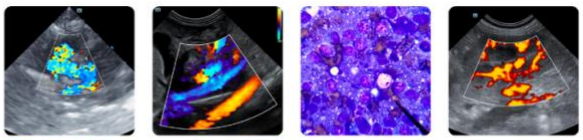

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Logan Levy

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

09/24/2015

WEIGHT

7.1

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Kind Care AH

REFERRING VET

Dr Adri Casagrande

INVOICE

22290

DATE

11-21-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: weight loss and food sensitivity; on and off constipation and diarrhea
Abnormal lab-work values: (will be emailed) Albumin 2.1. Globulin 2.8. UPC 0.1 USG 1.048. Inactive sediment. T4 normal.
Current Medications: Prednisolone, which originally helped, but is no longer working
Radiographic Findings: Rads Feb 2025
Patient was sedated with alfaxalone and butorphanol for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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 (4.02 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.26 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.94 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, a light micronodular pattern is observed throughout the organ. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are unremarkable. The colonic wall is normal to borderline thickened (up to 0.2 cm) with

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retention of the normal layering pattern. The colonic lumen contains granular-appearing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas
The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. A 0.29 cm hypoechoic nodule is visualized. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
Several enlarged hypoechoic mesenteric lymph nodes are visualized (one measuring 5.49 x 1.51 cm). Surrounding mesentery is hyperechoic.

Free Abdomen
Trace free fluid is observed.

Other
A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The mesenteric lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of lymphoid hyperplasia or lymphadenitis.
- The splenic parenchymal changes could be consistent with emerging neoplasia (i.e., lymphoma, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other).
- Trace asites

Secondary Findings

- Minor bilateral age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. The hypoechoic pancreatic nodule trends toward the benign (i.e., benign nodular hyperplasia) with a lower possibility of emerging neoplasia.
- The colonic wall thickening is most consistent with colitis with a lower possibility of emerging neoplasia.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

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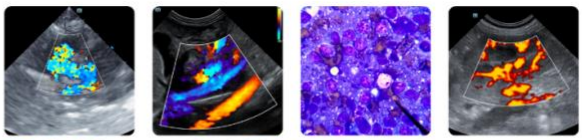

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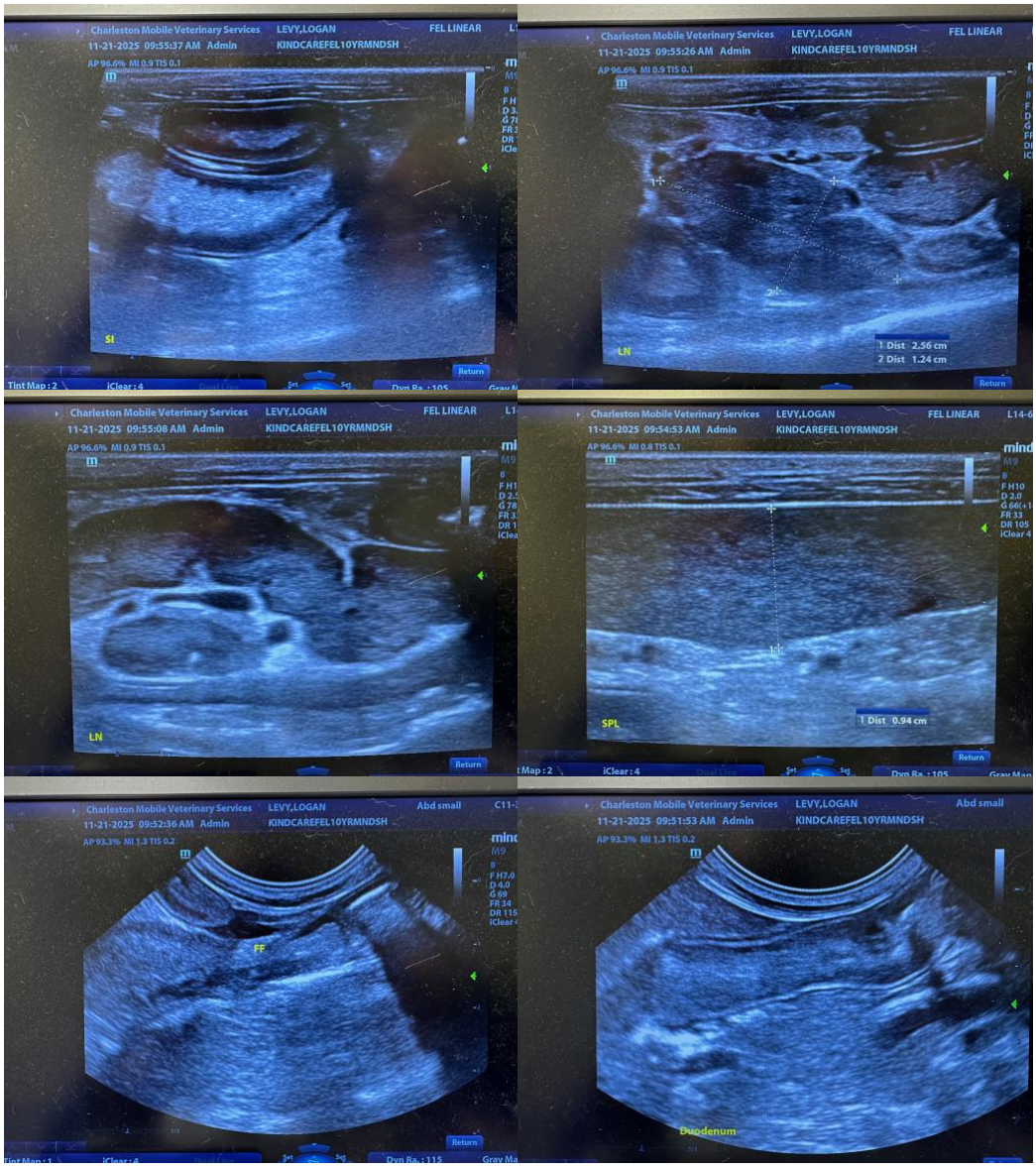
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine-needle aspiration of the mesenteric lymph nodes can be considered (assuming normal clotting status). A 25-gauge needle should be used. If tissue sampling is not pursued, palliative care (i.e., adjustment in prednisolone dose, and other symptomatic measures) can be considered. Also consider a GI panel including serum cobalamin and folate, TLI and PLI.



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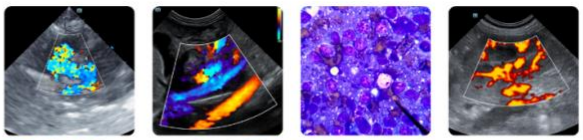

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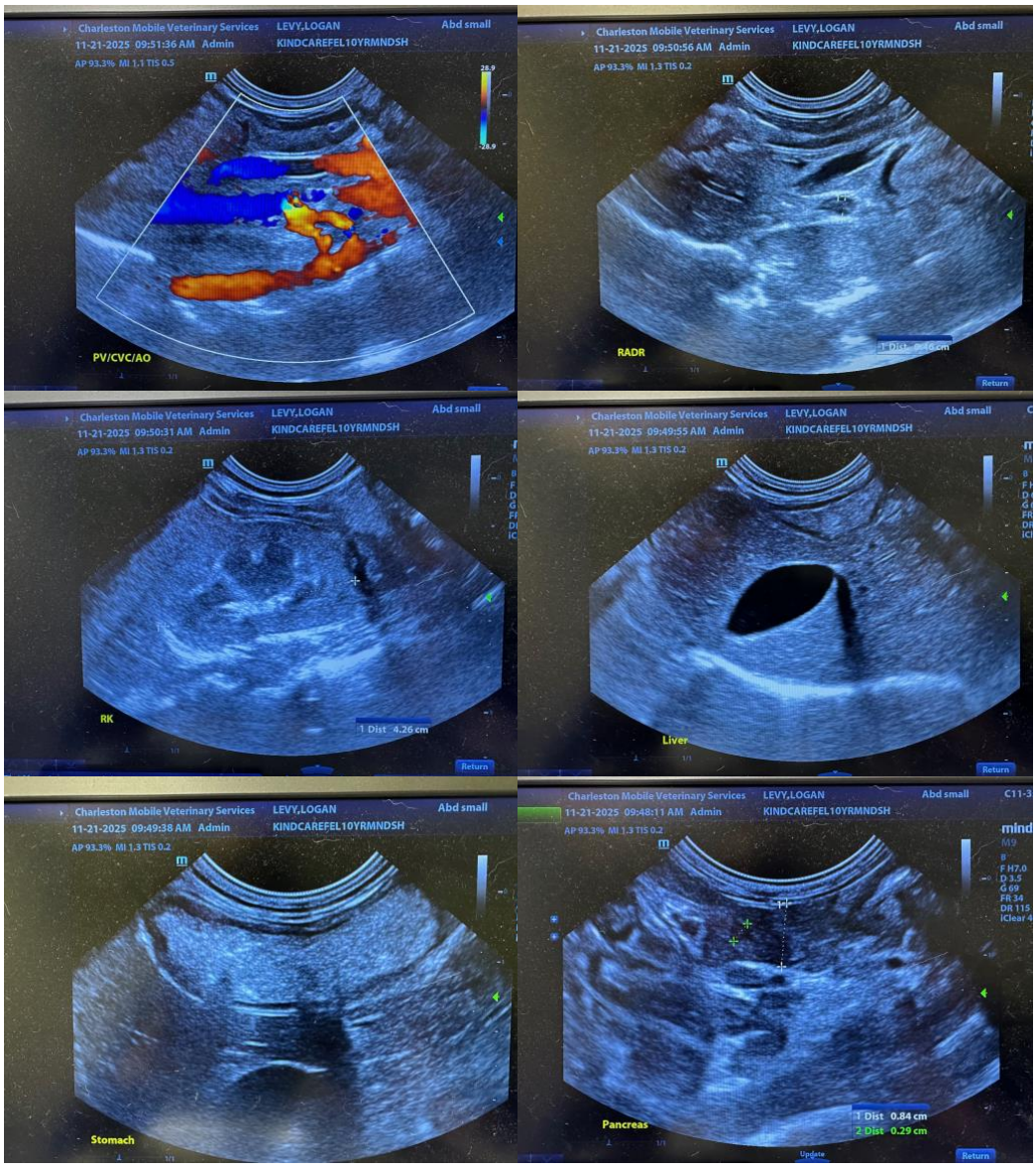

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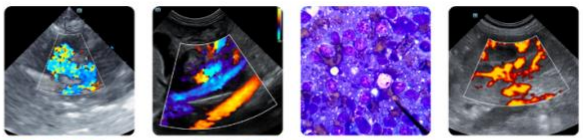

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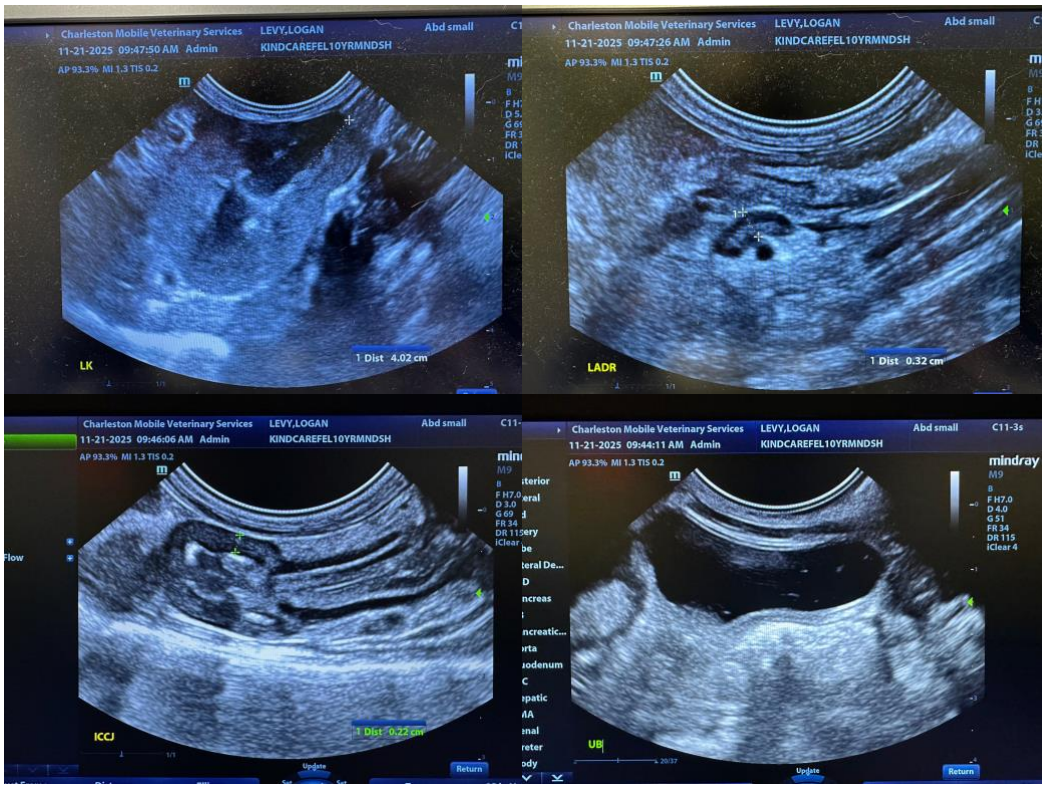

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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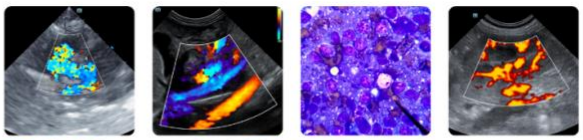

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