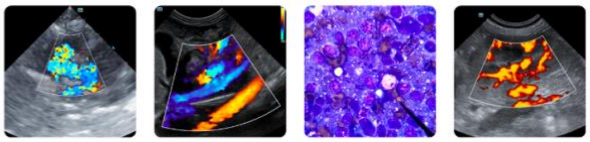


PATIENT

Sissy Lark

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

8

WEIGHT

10.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kimberly Morgan

HOSPITAL NAME

7 Fields VH

REFERRING VET

Kimberly Morgan

INVOICE

22304

DATE

11-23-25

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea for 2+ months. Has been on prednisolone off and on from another veterinarian office. Presented today for vomiting and continued diarrhea, now bloody
Abnormal PE/Chem/CBC/UA Results: Low alb 2.2; increased globulin at 8.6; increased neutrophils; thickened GI on palpation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.56 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.

The right kidney is normal in size (3.71 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.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.85 cm in width at the level of the hilus) with a normal capsular contour. 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

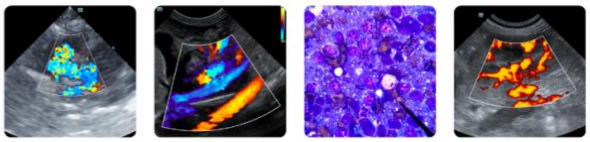
The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. At the level of the ileocecocolic junction, the wall is thickened (up to 0.45 cm) with suspected loss of the normal layering pattern. Surrounding mesentery is hyperechoic. Ther remaining colonic wall is normal. 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 isoechoic relative to surrounding omental fat and slightly mottled in appearance. There are a few



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questionable, ill-defined hypoechoic nodules/areas within the parenchyma. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

A 1.12 cm rounded, hypoechoic lymph node is observed just caudal to the stomach. In addition, a 0.62 cm gastric lymph node is seen. Several enlarged, irregular, hypoechoic mesenteric lymph nodes are also seen (one of the largest measuring 2.08 x 1.01 cm in its longest dimension). Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma, metastatic disease) or a benign process (i.e., lymphoid hyperplasia or lymphadenitis).
- The bowel wall thickening at the level of the ileocecocolic junction is also concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) with a lower possibility of a feline infectious peritonitis.
- The splenic parenchymal changes could be consistent with emerging neoplasia (i.e., round cell tumor), lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.The ill-defined hypoechoic parenchymal nodules are suggestive of benign nodular hyperplasia with a lower possibility of infiltrative neoplasia.
- Bilateral nonspecific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider obtaining fine-needle aspirates of the prominent mesenteric lymph nodes, spleen, +/- thickened bowel segment at the ileocecocolic junction (assuming normal clotting status). Twenty-five gauge-needles should be used. Depending on the cytology results, consultation with a board-certified oncologist and/or surgeon may be indicated.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI to assess for maldigestion/malabsorption and pancreatic disease.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Also consider feline leukemia, FIV and FIP testing.

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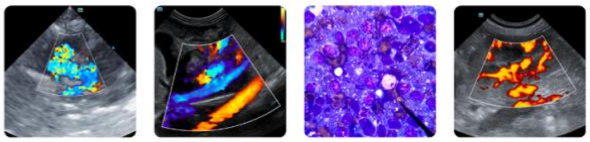

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Educational Teleconsultation Services™

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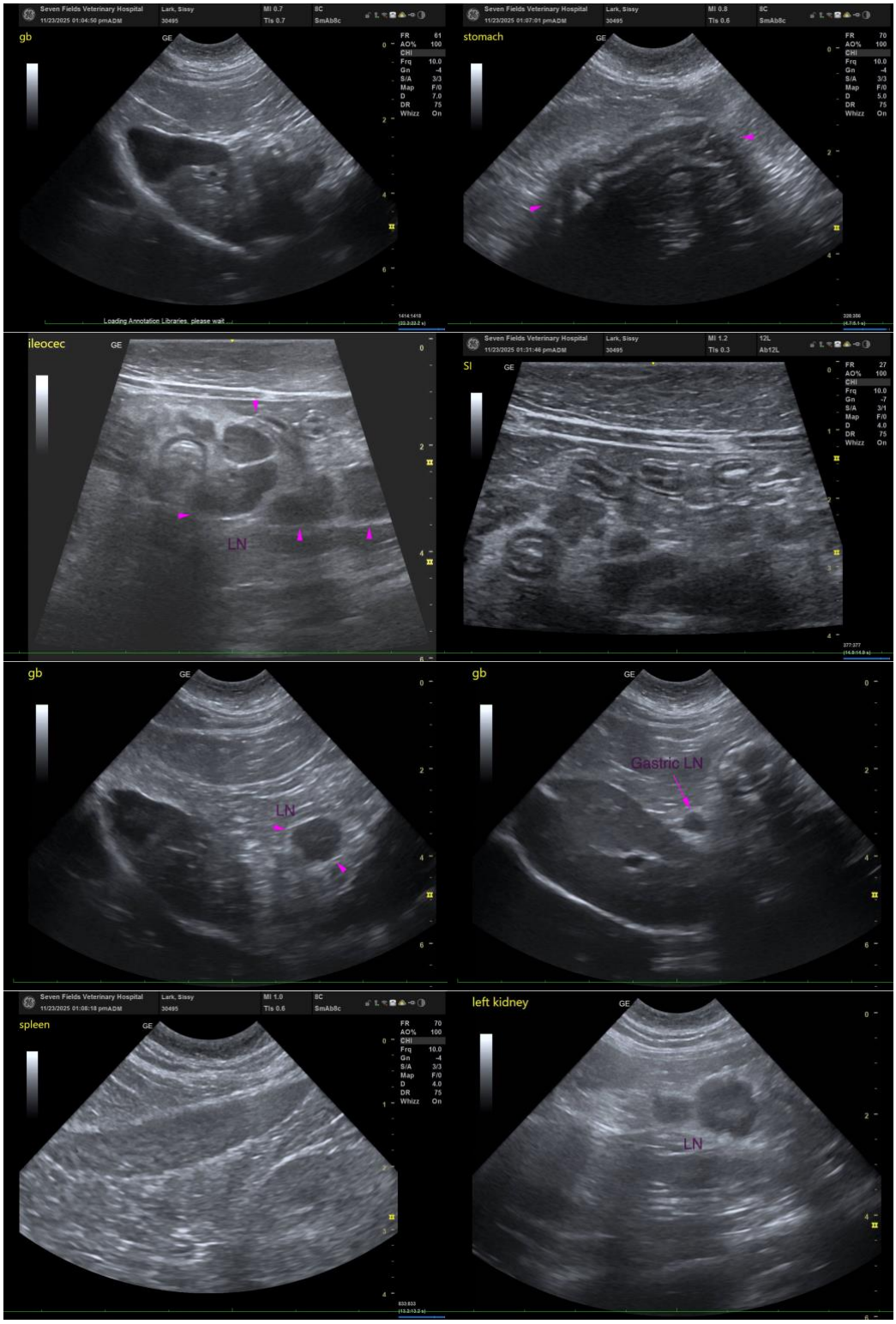

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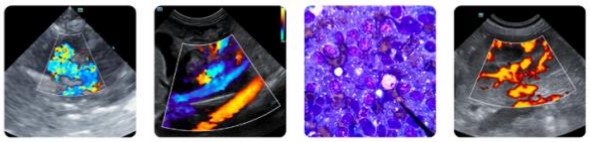

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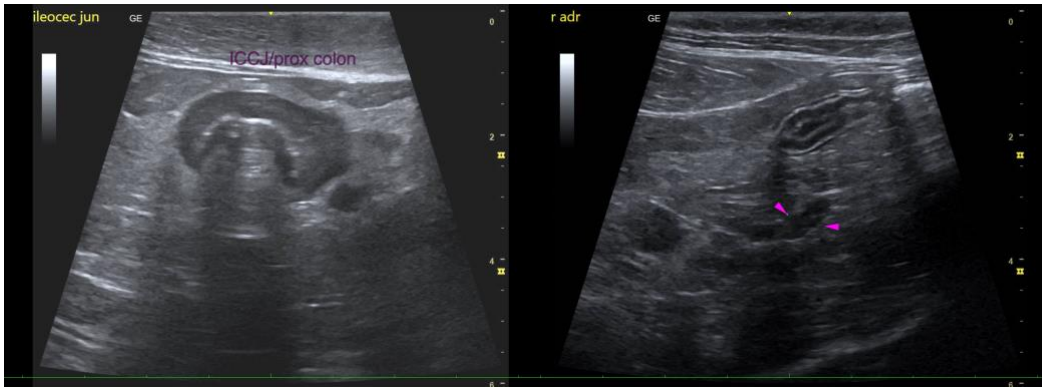

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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