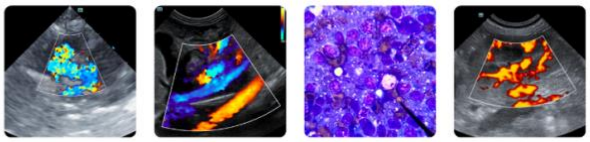
SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Zora Sabol

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10

WEIGHT

7.7

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr Shaw

INVOICE

22308

DATE

11-24-25

PRESENTING CLINICAL SIGNS

History: Bloody diarrhea, weight loss, decrease appetite
Abnormal PE/Chem/CBC/UA Results: Possible mass felt on abdominal exam. Blood PCV 28%, WBC 58.02, NEU 25.5, EOS 30.89

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 (3.28 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.

The right kidney is normal in size (3.69 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.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.44 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. There is appropriate echogenicity and echotexture. 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.

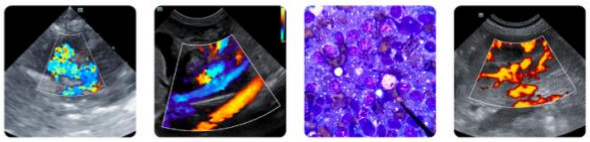
The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.37 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1: ratio in most segments. Discreet masses are not identified. The ileocecocolic junction is normal. The wall of the descending colon is moderately thickened (up to 0.45 cm) with questionable retention of the normal layering pattern. There is no obvious evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.



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Lymph Nodes
Several, prominent hypoechoic mesenteric lymph nodes are visualized (one measuring 1.08 x 0.55 cm). Surrounding mesentery is hyperechoic. In addition, a 0.51 x 0.33 cm lymph node is observed in the left cranial quadrant. One-to-two prominent gastric lymph node are also visualized (one measuring 0.79 x 0.43 cm). (See also "Other" category).

Free Abdomen
There is no obvious evidence of free fluid.

Other
An at least 6.9 x 3.9 cm hypoechoic-to-heterogenous, slightly-lobulated mass effect is observed in the midabdominal region. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mass effect in the midabdominal region, the origin of which is unclear. It is suspected to represent a severely enlarged lymph node or cluster of lymph nodes. However, other origins (i.e., mesentery, bowel) cannot be excluded. Neoplasia (i.e., lymphoma, sarcoma, carcinoma) is suspected, with a low possibility of an inflammatory process. Adjacent peritonitis is present.
- The prominent abdominal lymph nodes could be consistent with infiltrative neoplasia (i.e., lymphoma) or reactive change.
- The small intestinal wall changes could be consistent with infiltrative neoplasia (i.e., lymphoma) or inflammatory bowel disease.

Secondary Findings

- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia, FIV, and FIP testing is recommended if not already performed.
- Consider three-view thoracic radiographs to assess for pathology in the chest.
- Consider fine-needle aspiration of the midabdominal mass (assuming normal clotting status). A 25-gauge needle should be used. Depending on the 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.

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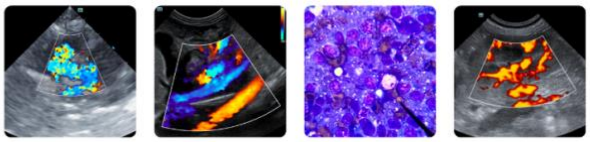

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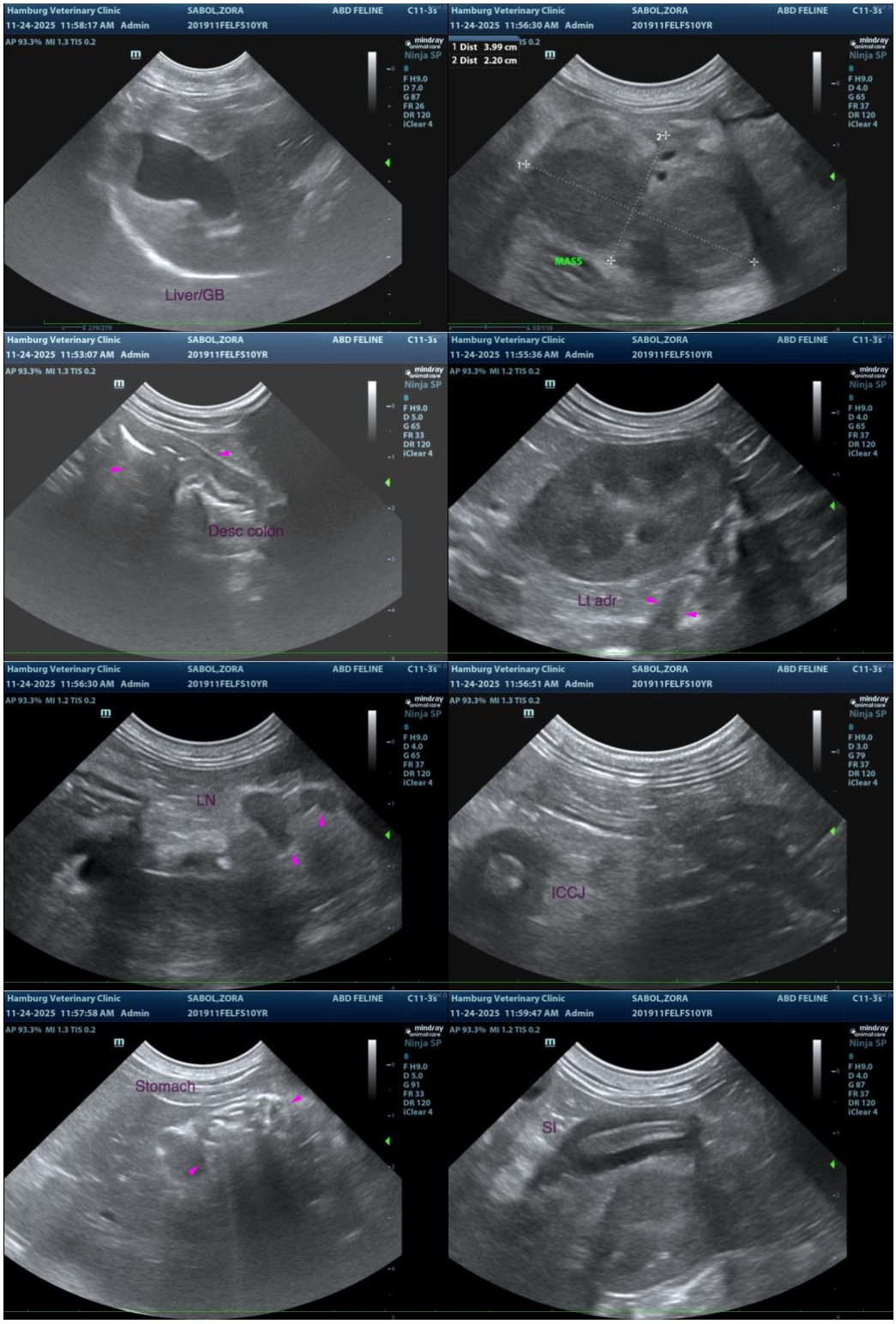

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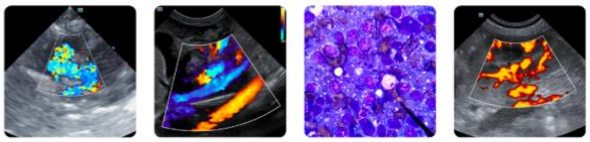

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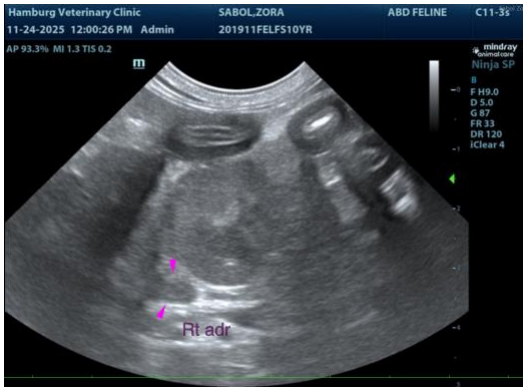

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com