

## PATIENT

Peanut Preblich

## SPECIES

Feline

## BREED

Domestic longhair

## SEX

Male, neutered

## AGE

12 Yrs.

## WEIGHT

11.3 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meaghan Godwin

## HOSPITAL NAME

Wellesley AH

## REFERRING VET

Dr. Meaghan Godwin

## INVOICE 13348

## DATE 12/16/25

## PRESENTING CLINICAL SIGNS

**History:** History of suspected IBD versus small cell lymphoma. O elected to try empirical treatment with prednisolone in June, patient responded well for 5 months, but has recently started to have diarrhea and hematochezia again. Currently on 5 mg prednisolone once daily. **Abnormal PE/Chem/CBC/UA Results:** CBC/chem 17/T4 performed on 11/13/2025: Monocytosis 0.956 K/uL Total T4: 4.2 ug/dL (high end of normal) suspect hyperthyroidism Free T4 pulled today and currently pending 3 view chest radiographs performed today- mild bronchial pattern, otherwise unremarkable.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is normal in thickness and 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 is normal.

The left kidney is normal in size (4.40 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate 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 (4.82 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate 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 (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### Spleen

The spleen is prominent in size (1.05 cm in width at the level of the hilus) with normal peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### Liver

The liver is subjectively enlarged with slightly swollen 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 gall bladder 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.

### Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 not dilated. The small intestinal wall is normal to mildly thickened (up to 0.28 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most



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segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### *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.

### *Lymph nodes*

A 0.57 x 0.33 cm gastric lymph node is visualized. A few prominent hypoechoic mesenteric lymph nodes are also seen, one of the nodes measuring 4.03 x 1.08 cm. Surrounding mesentery is mildly hyperechoic.

### *Free Abdomen*

There is no obvious evidence of free fluid.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- The abdominal lymphadenopathy could be consistent with emerging lymphoma, lymphoid hyperplasia or lymphadenitis.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

### Secondary Findings:

- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy. Normal variation is also a consideration. Correlation with the patient's liver values is recommended.
- The mild splenomegaly may be a normal variant for this patient or may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or less likely emerging neoplasia.
- Bilateral nonspecific age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Fine needle aspiration of the prominent mesenteric lymph nodes is recommended (assuming normal clotting status). A 25-gauge needle should be used. If cytology results are inconclusive, consider endoscopic or surgical GI biopsies. If surgical biopsies are pursued, mesenteric lymph nodes should also be biopsied.
2. Also consider a GI panel including serum cobalamin, folate, TLI and PLI.
3. Three-view thoracic radiographs are also recommended to assess for pathology in the chest particularly if the patient is to under anesthesia.



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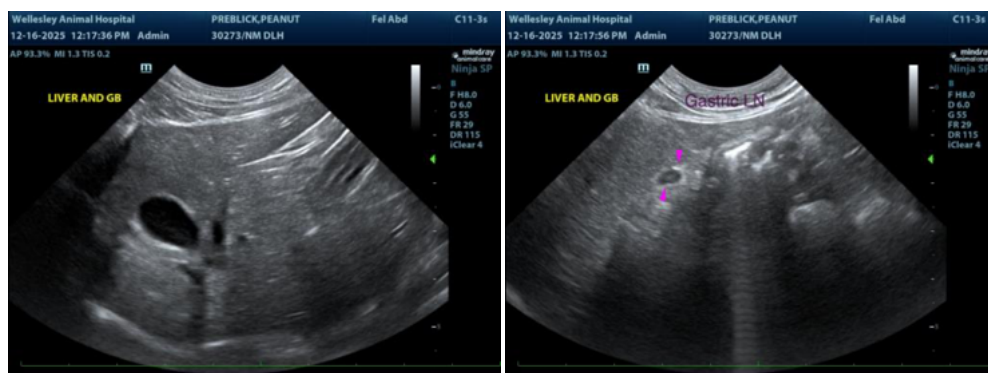
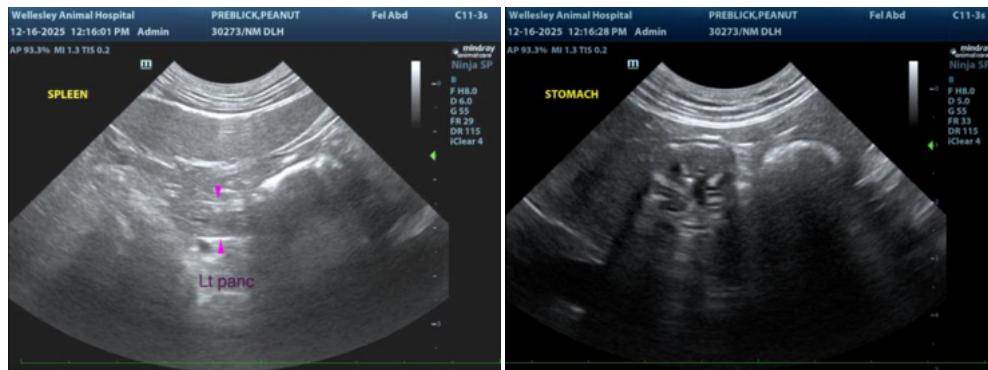
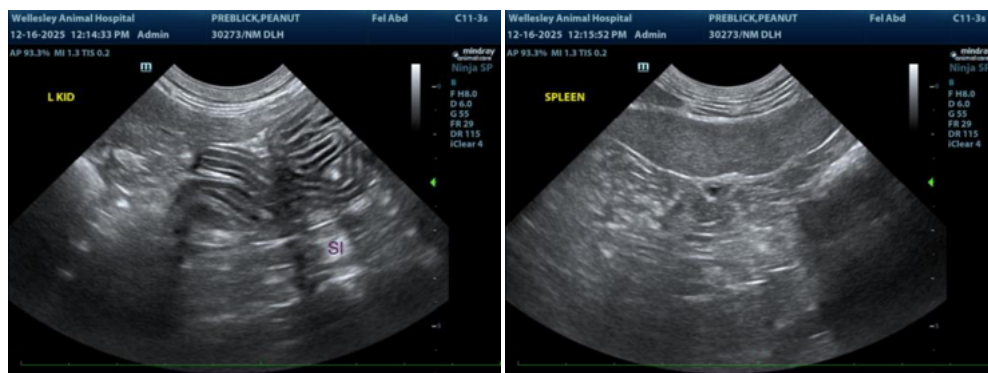
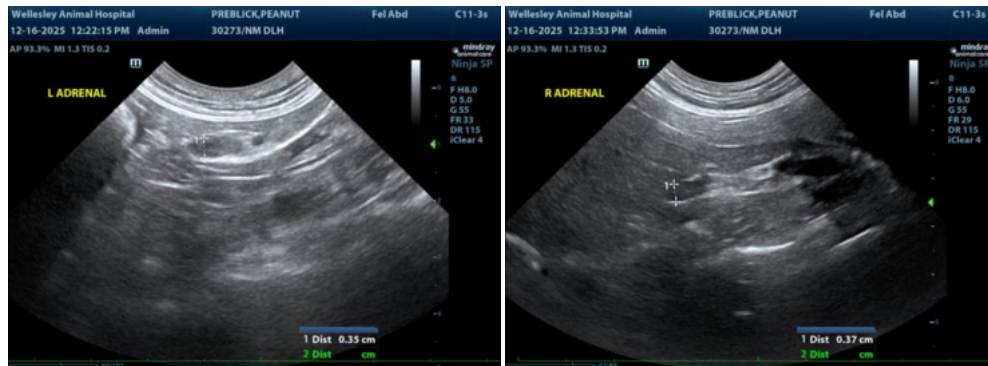
Wellesley AH

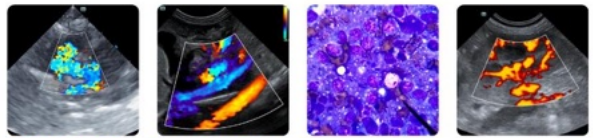
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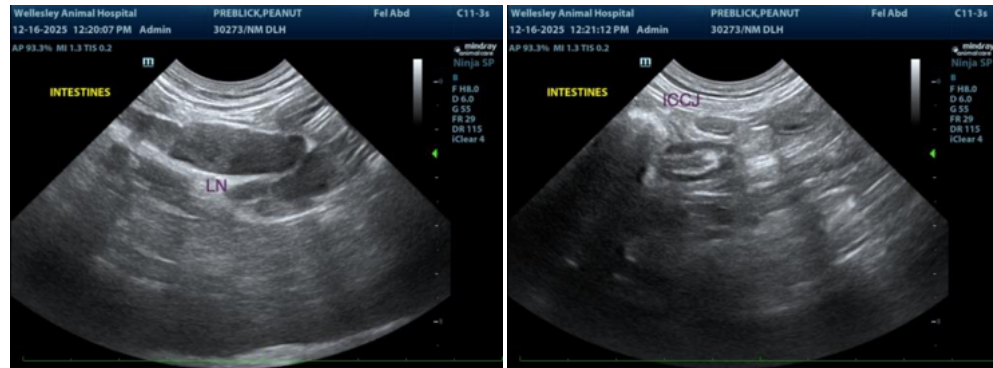
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)