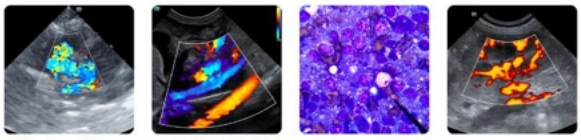


DATE

3/10/26

PATIENT

OC Luchesi

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

9/27/2016

WEIGHT

7.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Abbey AH

REFERRING VET

Dr. Klutz

INVOICE

13598

PRESENTING CLINICAL SIGNS

Patient History: 3/4/26 seen for vomiting. Had diarrhea for about 2 weeks leading up to this. Lost 20% body weight since 12/25. Exam at this time, patient was BAR, active, mucus membranes - pink, Abdomen - sensitive,
radiographs - no obvious obstruction. Treated with cerenia, Vitamin B12 and SQ fluids. Rechecked on 03/07/26 - Patient was back to normal for 1 day after treatment, then started vomiting this morning. Vomited all food from yesterday. Abdominal palpation irregular thickened mass/intestines' in mid abdomen.

Current Medications: Cerenia injectable 0.32 mL 3/7/26
Labwork Results: Labwork attached, reported as: BW - Normal/NSF. 3 view abdominal radiographs show unusual and irregular thickening of the large intestinal mucosa.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 and the visible portion of the proximal urethra are normal.

The left 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 to 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 (4.16 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to 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 (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.68 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 portal vein to caudal vena cava ratio is approximately 1:1.

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

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 mildly thickened (up to 0.31 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The proximal colonic lumen contains some liquid appearing fecal material. No obvious obstructive disease is noted.

Pancreas

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

Lymph nodes

A 4.0 x 2.2 cm cluster of enlarged irregular hypoechoic to slightly heterogeneous mesenteric lymph nodes are visualized. Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The mesenteric lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of lymphadenitis or lymphoid hyperplasia.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

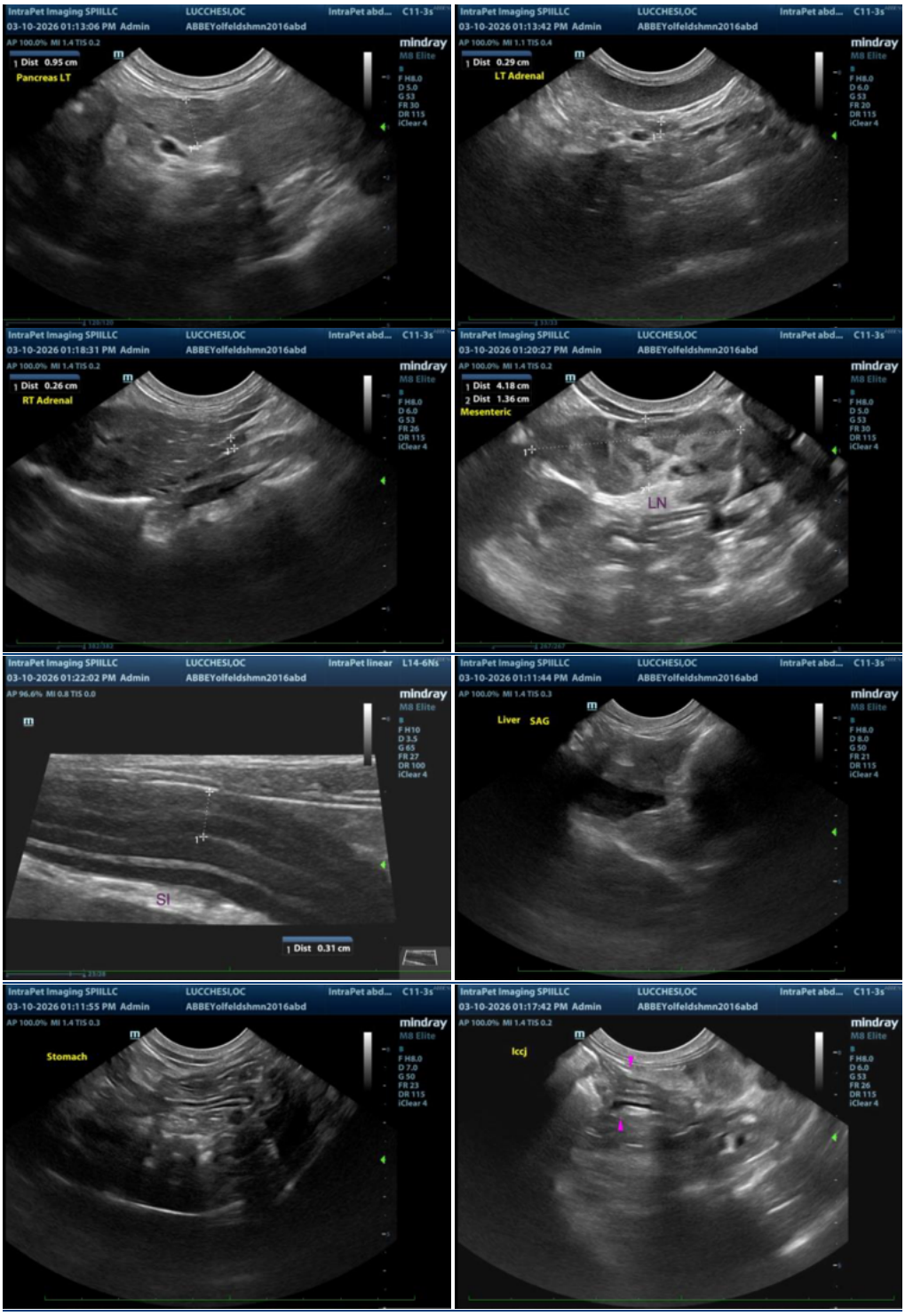
Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- Bilateral nonspecific, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider fine needle aspiration of the mesenteric lymph nodes (assuming normal clotting status). A 25-gauge needle should be used. Three-view thoracic radiographs are also recommended to assess for occult pathology in the chest.
2. Depending on the results of the above diagnostics, further workup (i.e., abdominal exploratory with GI and mesenteric lymph node biopsies) may be necessary to get a definitive diagnosis.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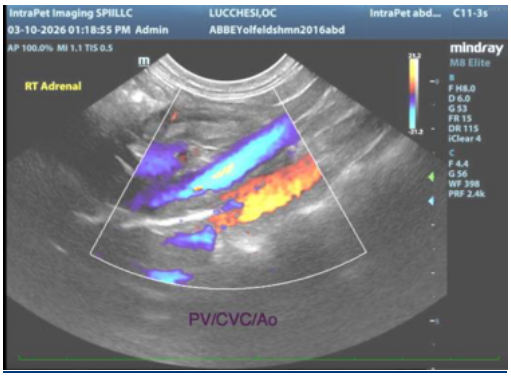

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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