



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Lex McIntyre
SPECIES History: P seen at 3/6 for annual exam and vaccines. rDVM noted unexplained weight loss (4/2025 7.8 lbs, 3/6 6.59 lbs; BCS 2-3/9). P today is 2.92 kg (6.42 lbs). rDVM noted severe muscle wasting, heart murmur. prior history of dental disease, constipation, osteoarthritis. P takes Dasuquin advanced. P was started on Solensia injection Q 30 days. Concern for progressive weight loss, GI disease, other

Feline

BREED

Abnormal PE/Chem/CBC/UA Results: PE: age related changes; BCS 2/9 rDVM 3/7 chem Na/K ratio 31 L, cholesterol 261 H CBC: plt 96,000, lymph absolute 1180 L T4: 2.7 u/a: blood trace, USG 1.019 fecal PCR: all undetected (negative) renal tech prediction: positive.

DSH

Patient sedated with butorphanol and Dexdomitor for this study.

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Female Spayed

Urinary System

AGE

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

14

WEIGHT

The left kidney is normal in size (3.37 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.

2.92 kg

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The right kidney is normal in size (3.17 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.

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 Diplomate ACVIM
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 Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Melissa Randolph

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Spleen

Shores VEC

The spleen is normal in size (0.75 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.

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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.

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

DATE

Gastrointestinal

3-16-26

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. In one



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segment of small intestine, a 1.4 x 1.1 cm nodule/mass is visualized. The wall in this region is thick and hypoechoic, with a complete loss of the normal layering pattern. In the remaining small intestinal segments, there is disruption in the normal 1:3 muscularis: mucosal ratio. In a focal segment of what is thought to be proximal colon, the wall is thickened (up to 0.49 cm) and hypoechoic, with loss of the normal layering pattern. The remaining colonic wall is normal. 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.

Lymph Nodes

A few prominent mesenteric lymph nodes are observed (one measuring 2.6 x 1.0 cm).

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The two areas of focal bowel thickening are concerning for infiltrative neoplasia (i.e., lymphoma or, less likely, adenocarcinoma) with a lower possibility of a benign process (i.e., multifocal inflammatory disease).
- The diffuse small intestinal changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The mesenteric lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If accessible, consider fine-needle aspiration of the focally thickened segment of small intestine (assuming normal clotting status). A 25-gauge needle should be used. If the area is not accessible, consider an abdominal exploratory with GI biopsies. Three-view thoracic radiographs should be performed prior to anesthesia. Also consider a GI panel including serum cobalamin and folate, TLI and PLI, to assess for concurrent maldigestion/malabsorption and pancreatic disease.



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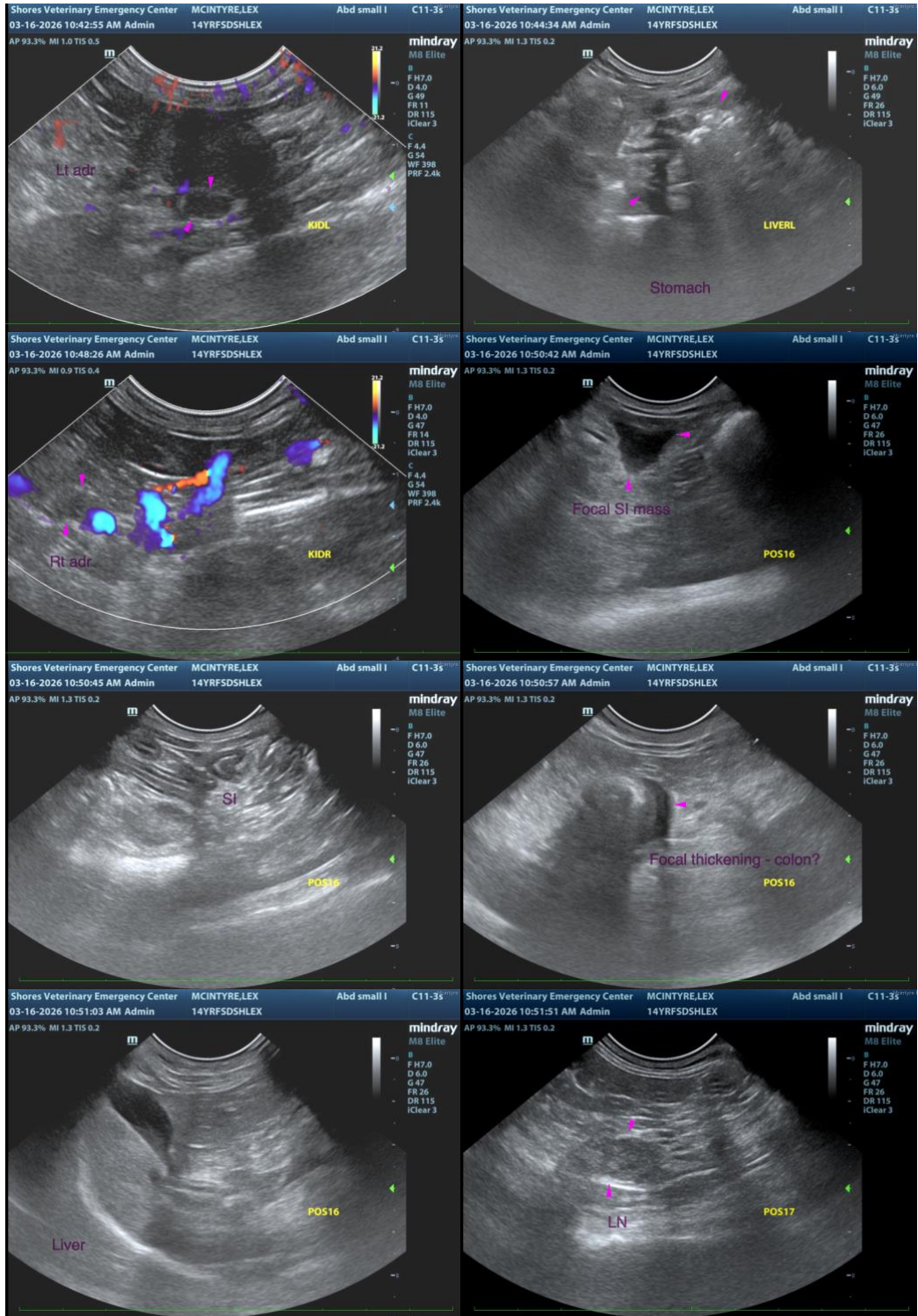
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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.

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