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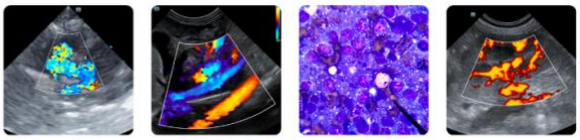

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

James DiMiceli

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7

WEIGHT

8.5 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr Bretschneider

INVOICE

22809

DATE

4-2-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Weight loss, chronic intermittent vomiting, approx 2-inch mass palpable central abdomen

Abnormal lab-work values: Low normal HCT = 31.8, Albumin 2.4, Total Protein 5.3, ALT 10, ALP 6, Reticulocytes 87. Otherwise, normal

Current Medications: Ondasetron as needed for anti-nausea effects
Radiographic Findings: None taken

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 (4.26 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (4.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.87 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 mildly distended. The wall is borderline thickened and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 duodenal wall is normal in thickness with a normal layering pattern and appropriate mural detail. In a >5.0 cm segment of jejunum, the wall is severely thickened (up to 1.5 cm), irregular, and hypoechoic, with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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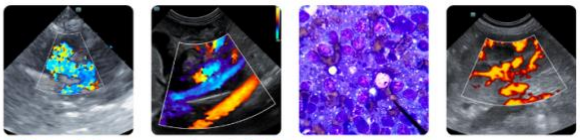

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Pancreas
The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly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

Lymph Nodes
At least two prominent mesenteric lymph nodes are visualized (one measuring 1.2 x 0.7 cm).

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Jejunal mass. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected with a lower possibility of a focal inflammatory process. Mild peritonitis is present. A regional lymphadenopathy could be consistent with metastatic disease or reactive change.

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 gallbladder wall changes may be artifactual due to lack of full repletion. Alternatively, cholecystitis and/or benign prostatic hyperplasia may be present. Correlation with the patient's clinical history is recommended.

*The jejunal mass was aspirated at the end of the study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

Depending on the results of the thoracic radiographs and jejunal mass cytology, 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.

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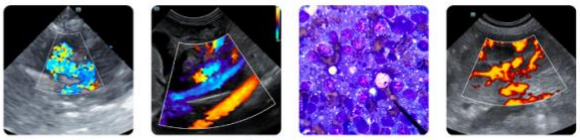

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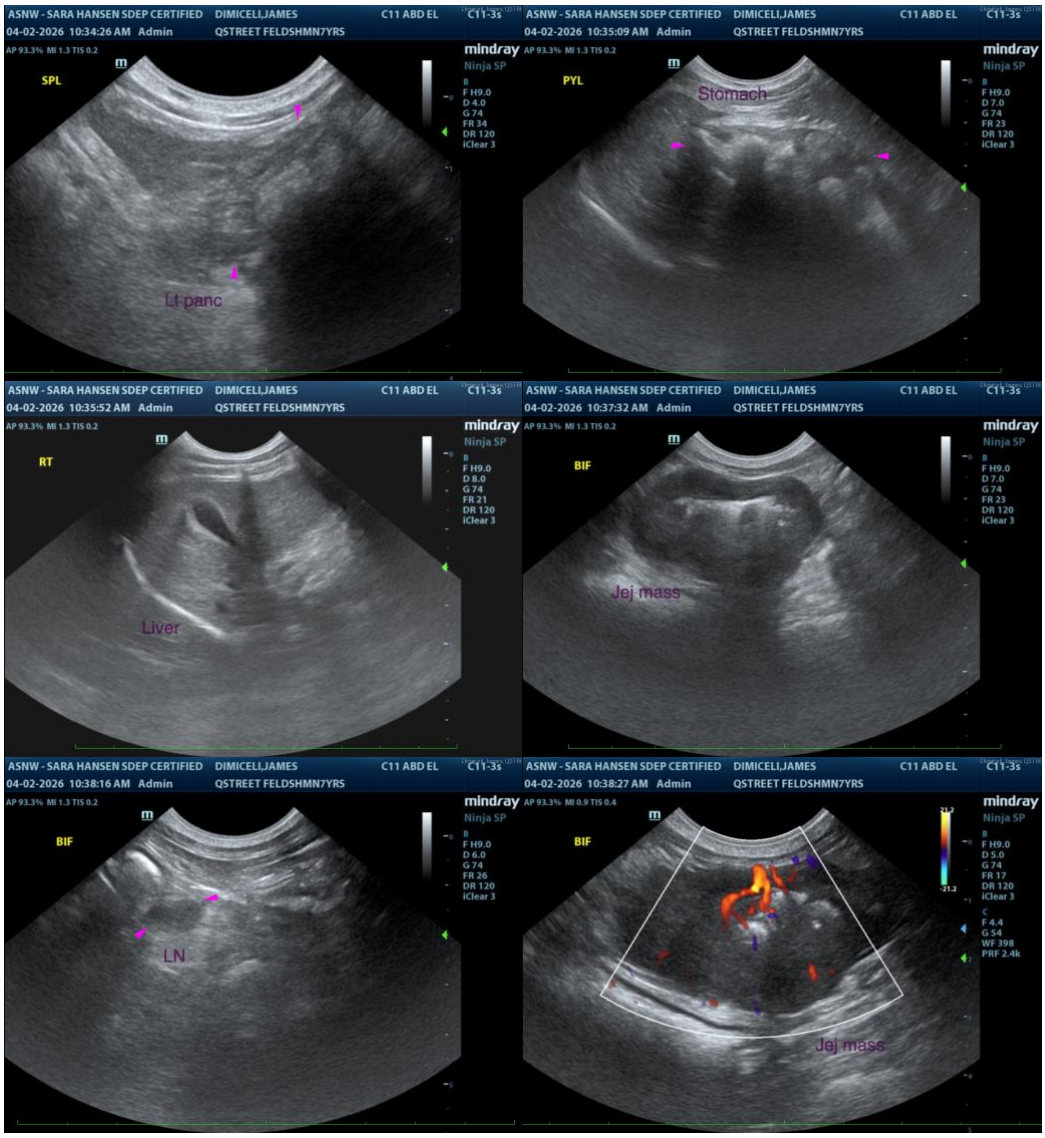

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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