Charleston Mobile Veterinary Services
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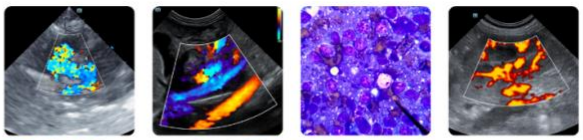

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Waffle Reid

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

6

WEIGHT

2.75 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Kind Care AH

REFERRING VET

Dr Michael Marino

INVOICE

22920

DATE

4-24-26

PRESENTING CLINICAL SIGNS

History of chronic vomiting and weight loss. Is currently vomiting once a day.
Bloodwork revealed an albumin of 1.7. Albumin was low last year as well. UPC normal. T4 normal. CBC unremarkable.

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. Luminal contents are anechoic. 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 (3.41 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 (3.47 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 left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.51 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. 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 gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly- to moderately 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. Several areas of jejunum and ileum are severely thickened (up to 0.68 cm), irregular, and hypoechoic, with a loss of the normal layering pattern. The mesentery effacing the serosal surface in these regions is hyperechoic. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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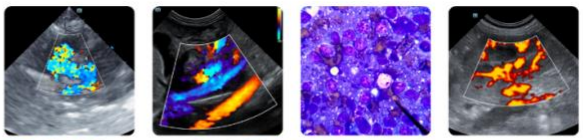

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Pancreas
The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly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

Lymph Nodes
A few enlarged, hypoechoic mesenteric lymph nodes are visualized (one measuring 2.1 x 0.8 cm).

Free Abdomen
There is no obvious evidence of free fluid.

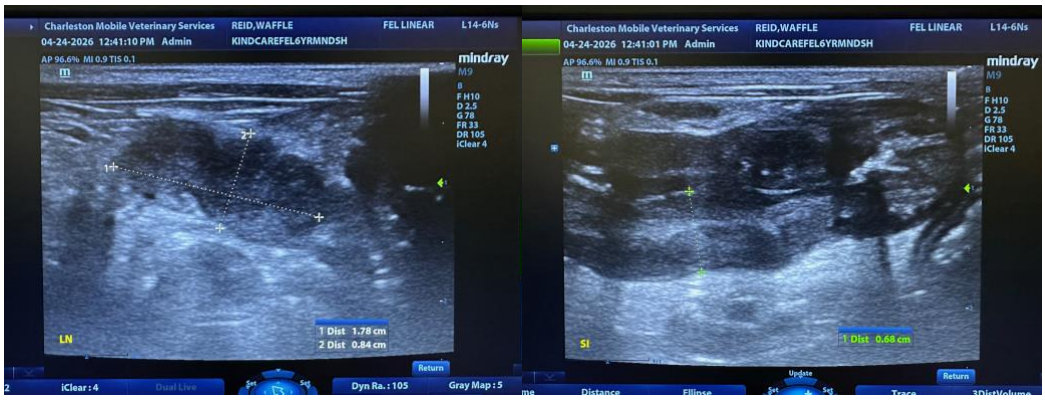
ULTRASONOGRAPHIC FINDINGS

- The bowel wall thickening is more most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of a multifocal inflammatory process. Adjacent peritonitis is present.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The mesenteric lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma), lymphadenitis, or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspiration of the thickened bowel segments +/- enlarged mesenteric lymph nodes (assuming normal clotting status). Twenty-five gauge-needles should be used. Depending on the cytology results, consultation with a board-certified oncologist may be indicated. If further testing is not pursued, palliative care is recommended.
- Other considerations include the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. GI panel including serum cobalamin and folate, TLI and PLI



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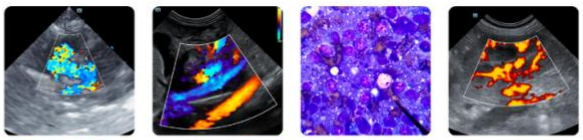

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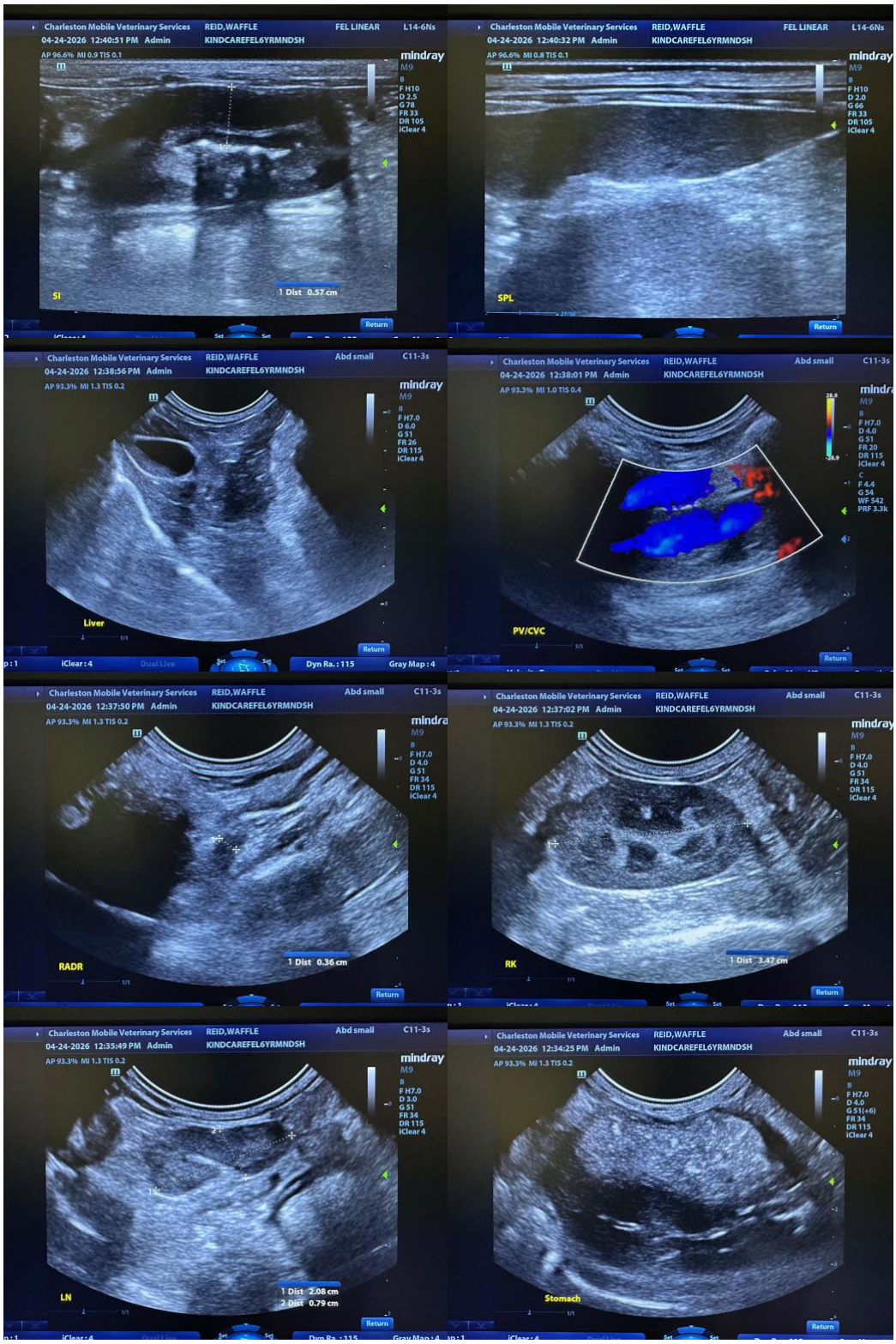

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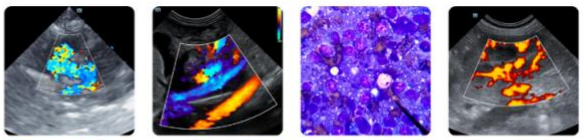

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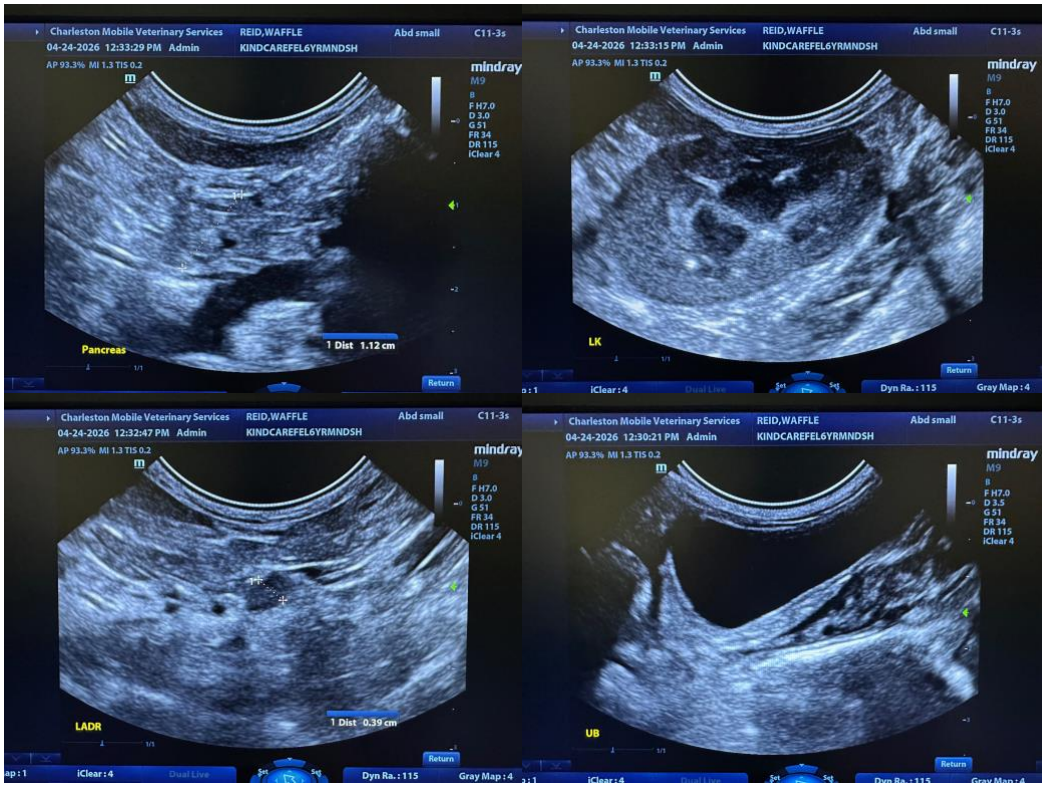

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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