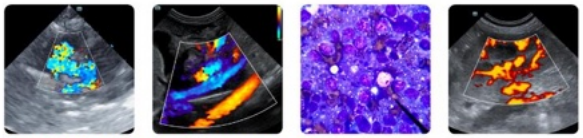

PATIENT

Hermes Pickens

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

4/19/2011

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Northwoods

REFERRING VET

Dr. Jagocki

INVOICE

13359

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Pt presented with unexplained weight loss. Pt sedated with Alfaxalone for this study. CBC chem unremarkable, T4 4.0.

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 scant 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 size (4.54 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is 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 (3.76 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is 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 (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is prominent in size (0.99 cm in width at the level of the hilus) with smooth peripheral contours. 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.

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 diffusely thickened. There is disruption in the normal 1:3 muscularis: mucosal ratio. In one focal jejunal segment, the wall is excessively thickened (up to 0.61 cm) with a trend toward a loss of the normal layering

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pattern. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains shadowing 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 mildly dilated (up to 0.27 cm). There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes
2 prominent sublumbar lymph nodes are visualized, the larger measuring 1.41 x 0.57 cm. The nodes are slightly cystic. A few prominent mesenteric lymph nodes are also seen, one of the nodes measuring 3.02 x 0.78 cm. Surrounding mesentery is hyperechoic.

Free Abdomen
Trace free fluid is suspected.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

· The small intestinal wall changes, particularly the focal jejunal segment with a trend toward a loss of the normal layering pattern, are concerning for emerging lymphoma. However, inflammatory bowel disease cannot be excluded.
· The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis or emerging neoplasia (i.e., lymphoma).
· The pancreatic changes are suggestive of chronic pancreatitis with parenchymal remodeling.
· Trace ascites

Secondary Findings:

· The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
· Borderline splenomegaly. This may be secondary to sedation, lymphoid hyperplasia, antigenic stimulation, extramedullary hematopoiesis, splenitis or less likely, emerging neoplasia.

*Ultrasound guided fine needle aspiration of a mesenteric lymph node was performed at the end of the study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Depending on mesenteric lymph node cytology results, consultation with a board-certified oncologist may be warranted. If results are inconclusive, surgical GI and abdominal lymph node biopsies may be necessary to get a definitive diagnosis.
2. Also consider a GI panel including serum cobalamin, folate, TLI and PLI.
3. Given the patient's age, three-view thoracic radiographs are also recommended.

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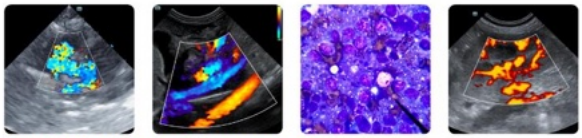

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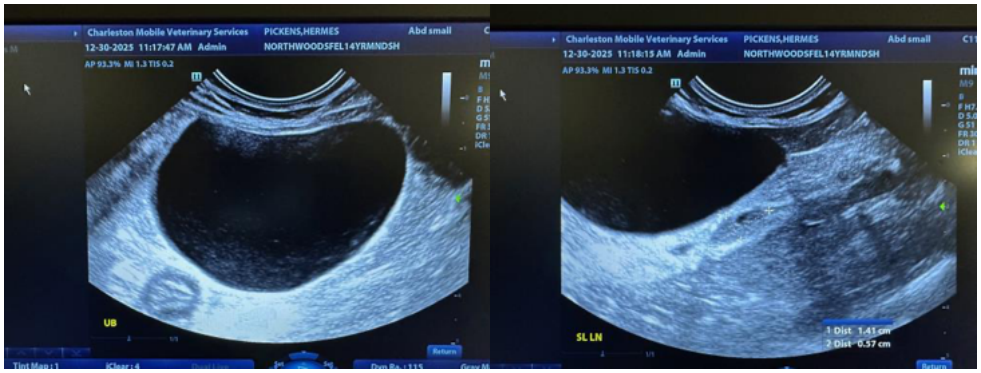

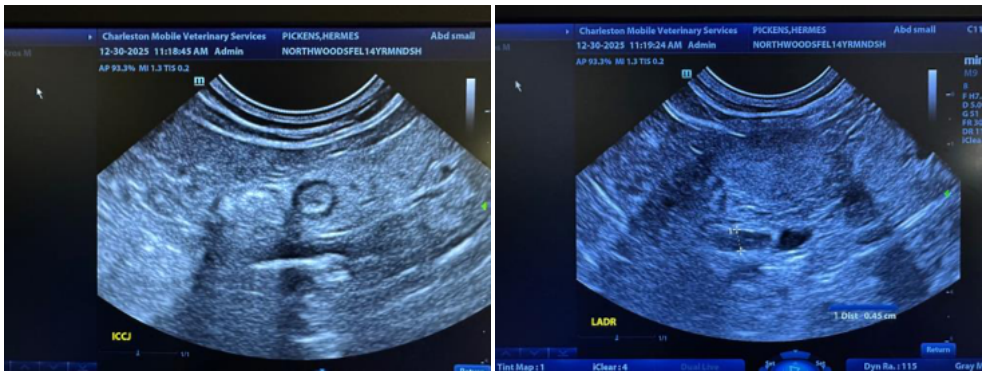

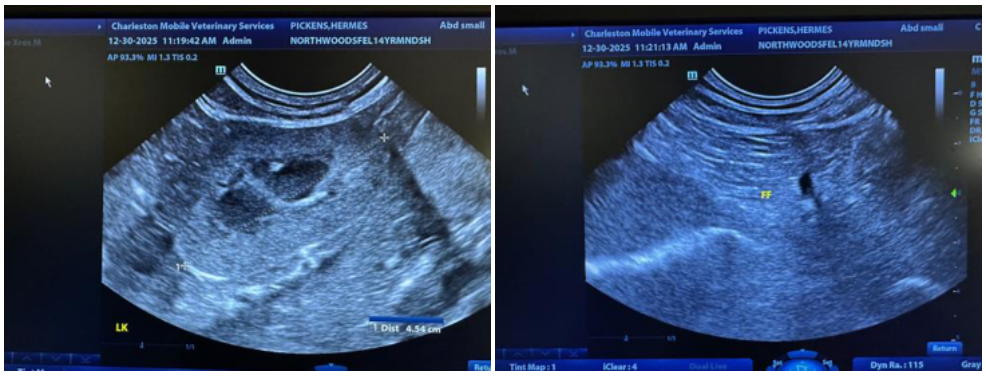

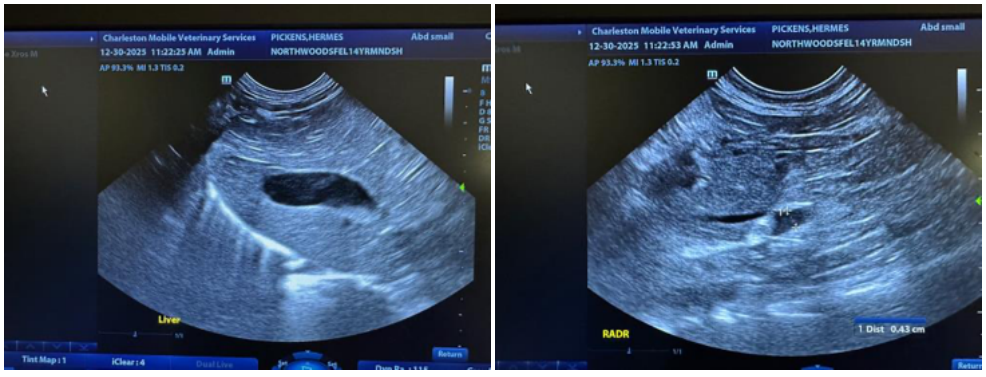

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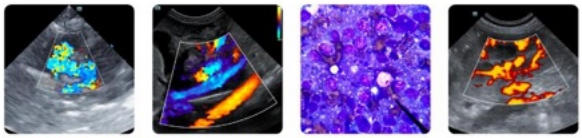

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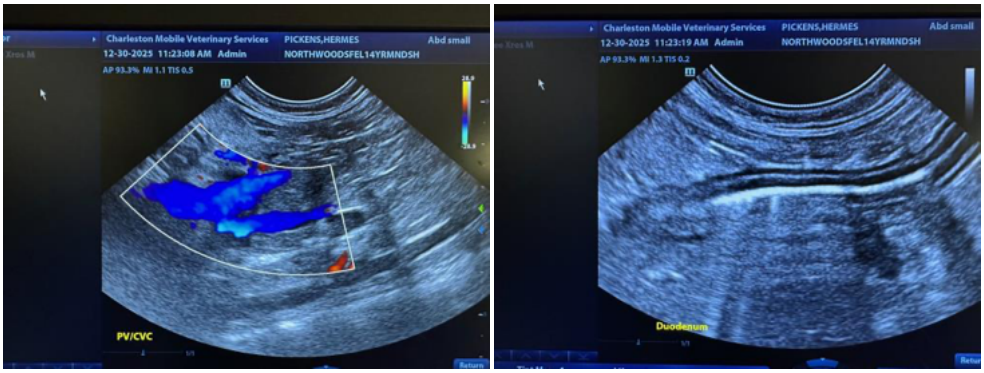

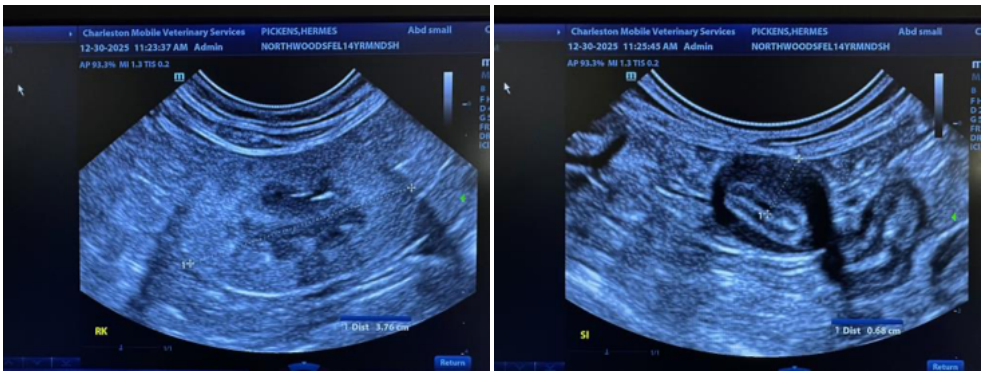

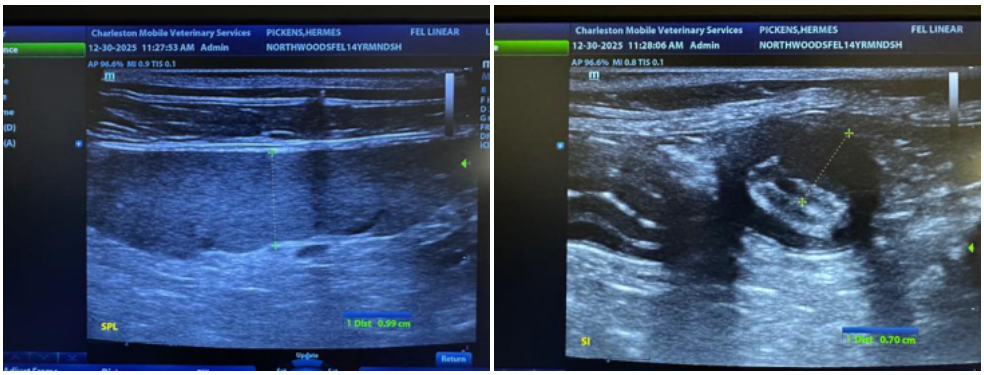

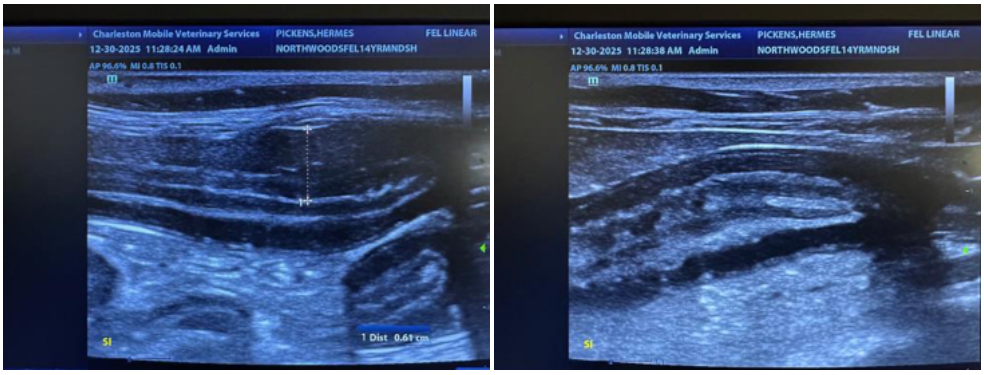

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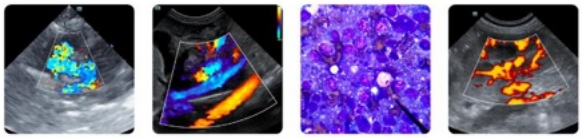

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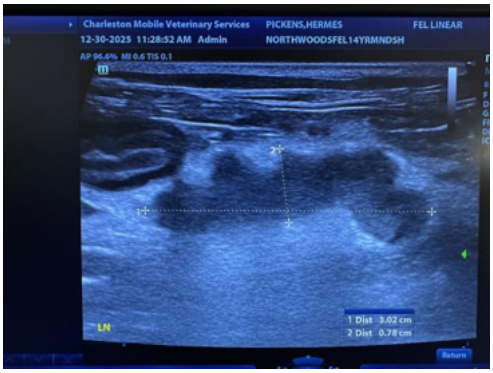

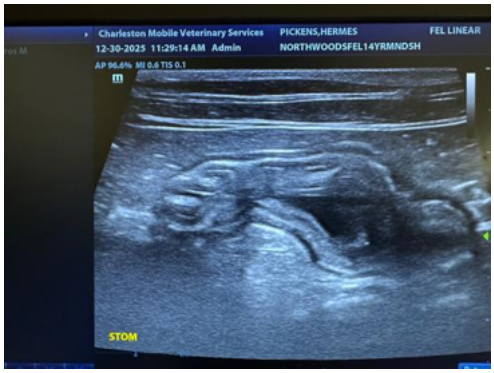

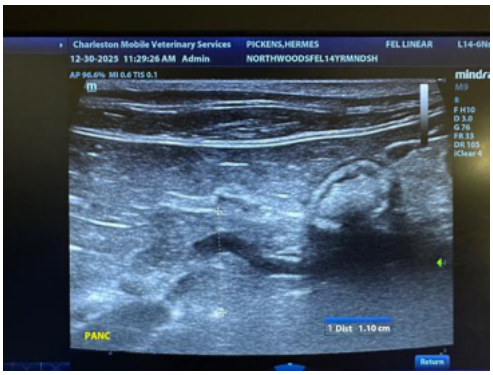

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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