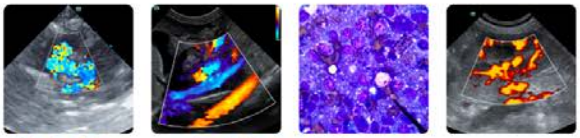

PATIENT

Max Englesberg

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

10 Years 3 Months

WEIGHT

11.6 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Northwood Animal Hospital

REFERRING VET

Dr. Slivka

INVOICE

71529

DATE

11/4/25

PRESENTING CLINICAL SIGNS

P presented for abdominal US due to not eating and weightloss rdvm sending out bloodwork and hypercalcemia of malignancy profile today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (4.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (3.24 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.40 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.40 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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In the cranial abdomen there is a 6.5+ cm long bowel mass characterized by a thick (1.1 cm thick) hypoechoic wall and complete loss of normal layering. The area is adjacent to an ill-defined, approximately 4.0 cm x 7.0 cm heterogeneous, hypoechoic, irregular density that may be part of the mass, or may be "clumped", nodular, potentially edematous mesentery and fat +/- lymphadenopathy. I'm concerned that the mass involves the Ileocecocolic junction. However, in one view there is some normal Ileocecocolic junction observed, but it is directly adjacent to (and I'm worried is involved in) the mass. A primarily small bowel/jejunal mass, however, can't be ruled out. The remaining small bowel is more normal in thickness and appearance with an empty lumen.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

Free fluid and lymphadenopathy are noted adjacent to the mass as described above.

PRIMARY FINDINGS

- The bowel mass is most concerning for infiltrative neoplasia such as round cell neoplasia i.e., lymphoma versus carcinoma versus other. A benign inflammatory process can't be ruled out but is considered much less likely.
- Adjacent lymphadenopathy and free fluid are present.

SECONDARY FINDINGS

- Mild amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a full general metabolic health screen is recommended to include CBC, Chem panel, electrolytes, and urinalysis.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the mass are recommended if patient's coagulation status is appropriate.

If a cytologic diagnosis is unable to be obtained, or the diagnosis warrants surgery, given the concern for Ileocecocolic junction involvement, consultation with a veterinary surgeon and/or pre-surgical staging via advanced imaging such as an abdominal contrast CT scan are recommended.

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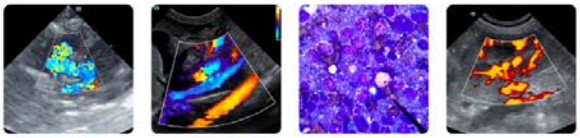

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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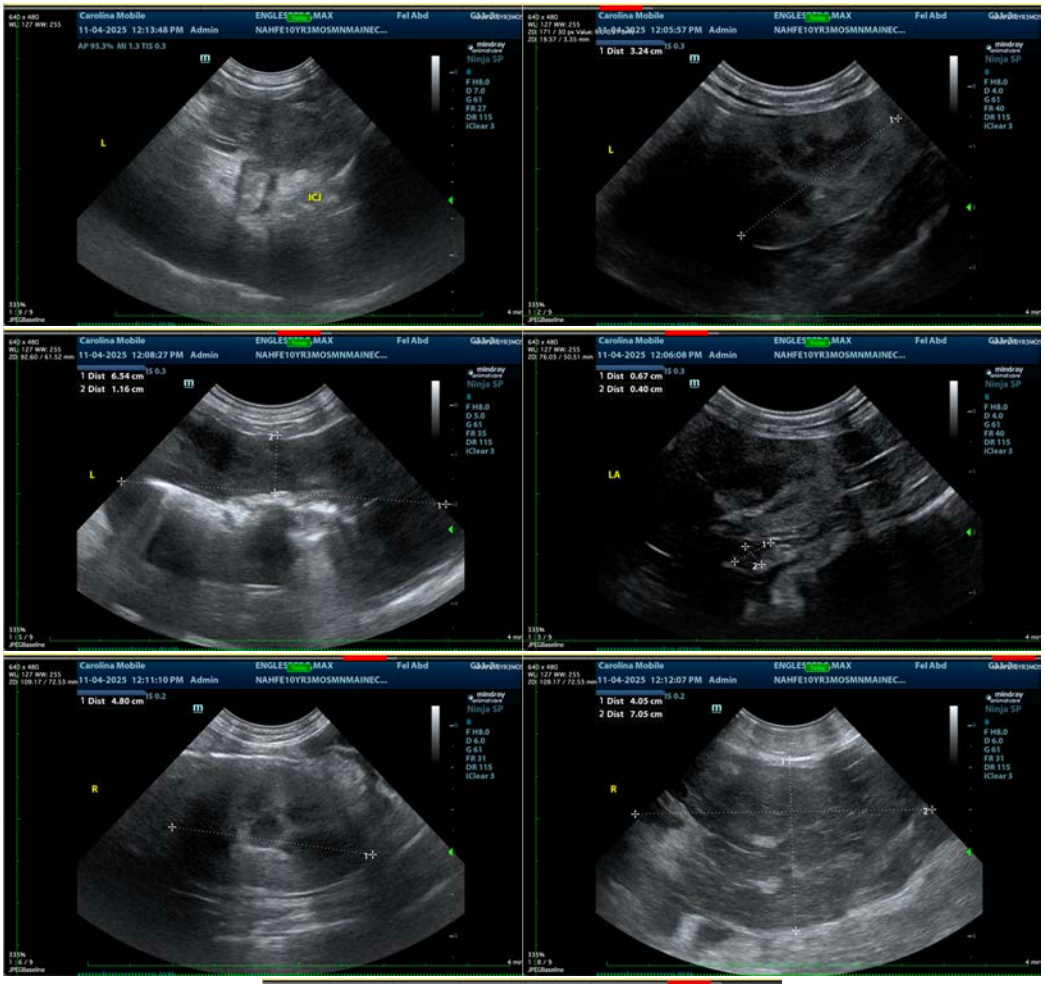

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM info@sonopath.com