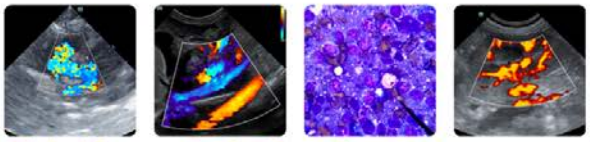


PATIENT

Sebastian Spicer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

3.2 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Patt Veterinary Hospital

INVOICE

73406

DATE

3/4/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate increased appetite, weight loss, increased thirst, and intermittent vomiting. Bloodwork shows persistent hyperglobulinemia, new ALP and GGT elevations, SDMA elevated, mild monocytosis. New Grade 2-3/6 HM.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 33.3%, mono 0.788 H, Plts 232 - Chem: ALP 72 H, GGT 10 H, SDMA 15 H, Ct 1.2, BUN38 H, Glob 7.0 H (prev 6.2), Alb 3.0, TP 10 H, A:G 0.4 L - T4: 2.0 -n

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 4.03 cm. Right kidney measured 3.38 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.31 cm at cranial pole and 0.28 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.48 cm at cranial pole and 0.40 cm at caudal pole), 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.

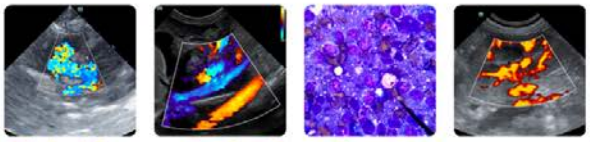
Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. 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. While no visible pathologic distention is noted, the cystic and common bile duct are diffusely tortuous in appearance, all the way to the level of the duodenal papilla. This is often a normal aging variant in senior cats, although chronic low-grade smoldering cholangitis/ “Triaditis” can’t be ruled out.

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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The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic. Diffusely, while there are no definitive mass effects within the bowel, layering is less distinct than normal, with a "fuzzy" appearance. The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity. The duct is prominently visible, measuring 0.20 cm dilated.

Free Abdomen

Scant/trace free fluid is present in these images.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- While the bowel changes described above can be seen with both benign infiltrative inflammatory bowel disease as well as infiltrative round cell neoplasia such as lymphoma, given the less distinct than normal layering, lymphoma may be considered slightly more probable.
- Concurrent chronic low-grade smoldering pancreatitis and cholangitis/cholangiohepatitis/ "Triaditis" can't be ruled out and should be suspected in the face of appropriate clinical signs. Infiltrative neoplastic disease such as round cell neoplasia i.e., lymphoma affecting the liver can't be ruled out without tissue sampling.
- Moderately reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- The trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

SECONDARY FINDINGS

- Mild age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's history, a free T4 could be considered for further evaluation of possible contributing hyperthyroidism. Additionally, cardiac workup including a blood pressure as well as echocardiogram could be considered.

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A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Ultimately, tissue sampling is likely indicated. Fine needle aspirates of the liver and the enlarged lymph nodes could be considered if patient's coagulation status is appropriate, but if a cytologic diagnosis is unable to be obtained, ultimately biopsies of the GI tract, being sure to include ileum, if possible, may be necessary for definitive diagnosis and therefore to further guide medical management.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

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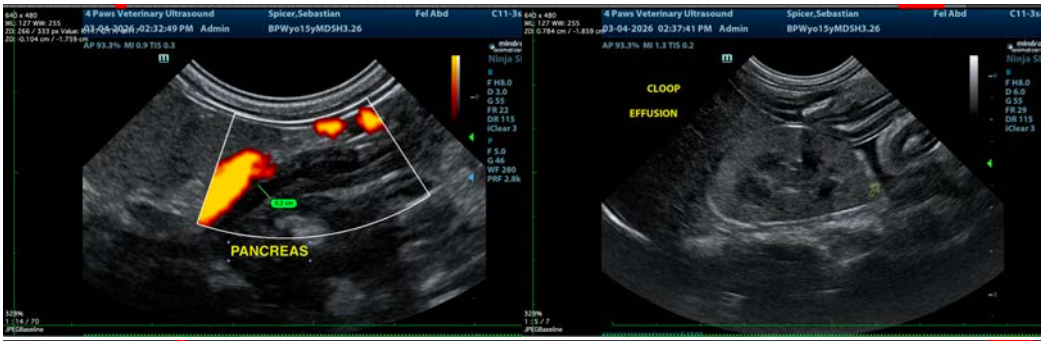

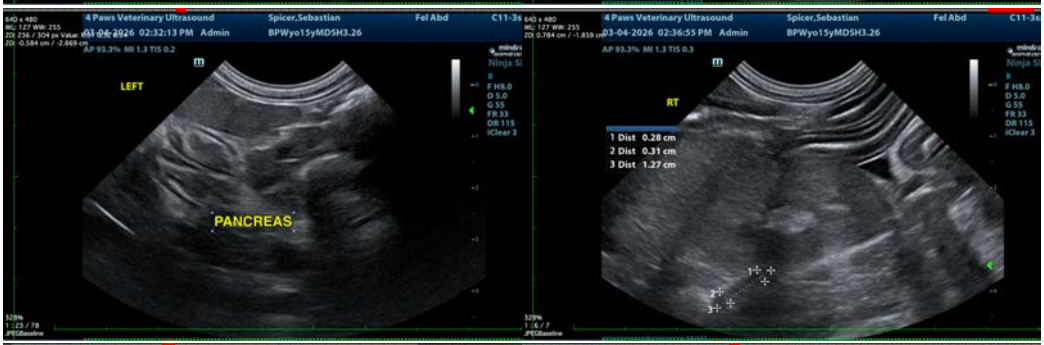

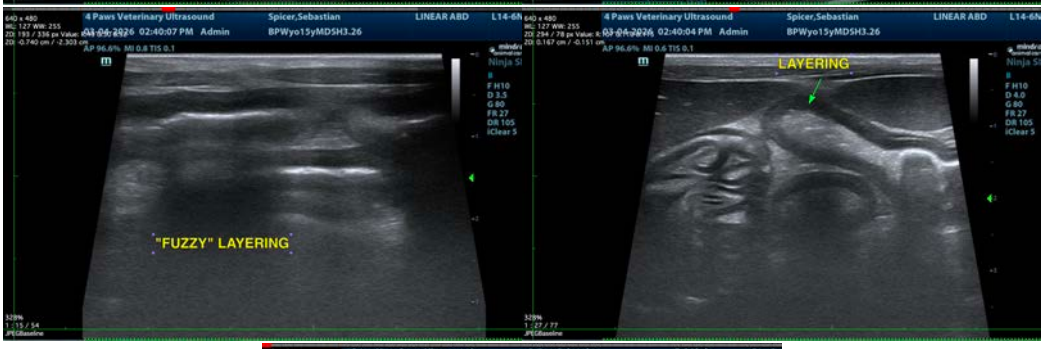

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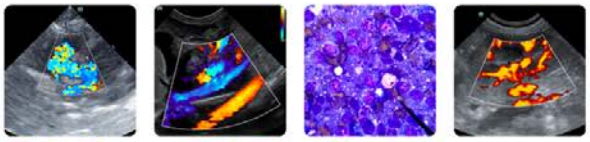

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com