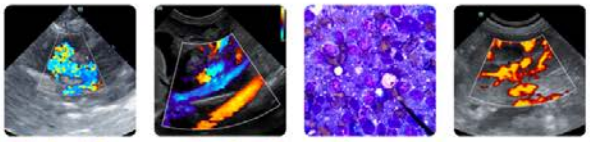


PATIENT

Stella Sottanella

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

6.55

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville Veterinary Hospital

REFERRING VET

Dr. Reist

INVOICE

75502

DATE

5/28/26

PRESENTING CLINICAL SIGNS

Acute onset weight loss (4 lbs in 4 months), not eating, lethargic. Abdominal mass found on exam

Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia, thrombocytopenia mild increased calcium increased BUN (54) AXR - mid abdominal mass bradycardia

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 3.7 cm. Right kidney measured 4.1 cm.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

The spleen is unable to be well visualized in these images.

Liver

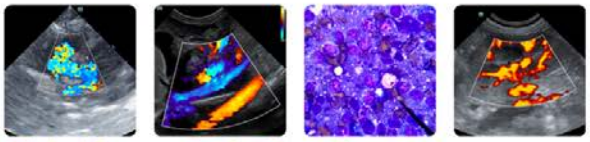
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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 is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.

In the cranial abdomen there is a large, expansive, irregular, hypoechoic bowel mass measuring in total approximately 5.0 cm x 5.5 cm in size with individual bowel wall thickness measuring 1.5+ cm for at least 6.5 cm length of bowel. This large mass displaces and makes full assessment of the remaining bowel difficult. Similarly, it is difficult to definitively determine what part of bowel is involved in the mass. Trace free fluid adjacent to the mass and marked lymphadenopathy are suspected.



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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

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Trace free fluid adjacent to the bowel mass suspected, as is adjacent aggressive lymphadenopathy – The lymphadenopathy is concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- The bowel mass with adjacent lymphadenopathy is concerning for infiltrative neoplasia such as round cell neoplasia i.e., lymphoma versus carcinoma versus other. A benign inflammatory process is possible but considered much less likely.

SECONDARY FINDINGS

- Mild age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 bowel mass as well as the adjacent lymph nodes are recommended if patient's coagulation status is appropriate.

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.

Alternatively, or if a cytologic diagnosis is unable to be obtained, an exploratory laparotomy for planned resection and anastomosis/excisional biopsy for histopath may be necessary either as a definitive diagnostic or therapeutic. If pursued, pre-surgical planning with abdominal contrast CT scan and ideally consultation with a veterinary surgery is recommended.

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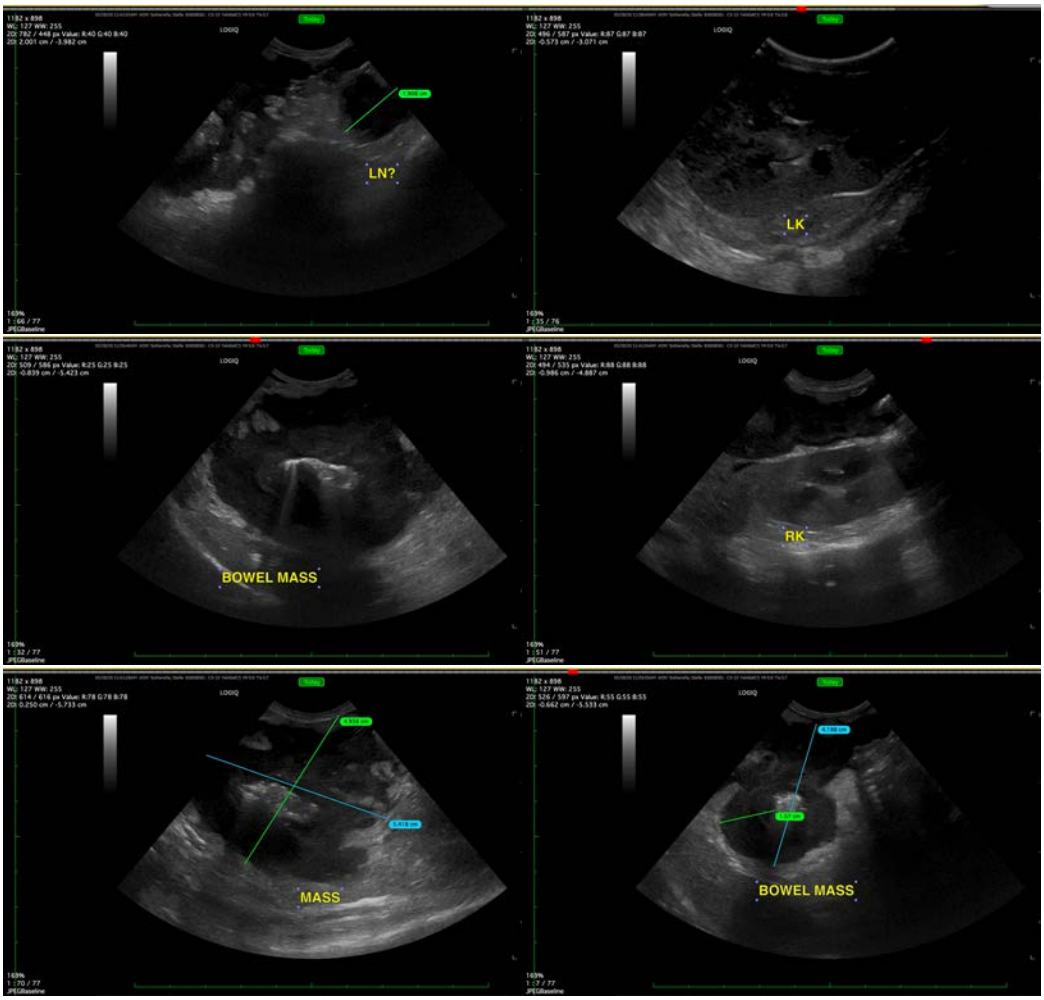

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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