



PATIENT

White and Black Noa

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.7 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Alma Alicea

INVOICE

72233

DATE

12/1/25

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate weight loss and leukocytosis. Presented to rDVM on 11/28 as second opinion for lethargy/weight loss and severe leukocytosis. Pt used to weight 10# now we are 6.7# in a period of 2-3 weeks. Pt was hospitalized at primary vet w/ IV fluids and antibiotics. Recheck labs 11/28 showed wbc increased to 48K, so owner brought to rDVM, EC. Pt is currently on IV fluids, cerenia, famotidine, baytril, mirtazapine.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and Radiographs attached as supporting documents. Mesenteric LNs FNA: Pending. CBC: Neutrophilia and Lymphocytosis, anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Mobile debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 4.11 cm. Right kidney measures 4.44 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Right measures 0.33 cm in thickness. Left measures 0.39 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age 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.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

Multiple loops of jejunum are visualized with a prominent muscularis layer. There are some loops of jejunum that are significantly thickened with some hazing of wall layering. The ileum is significantly



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thickened, and there is increased thickness and loss of wall layering at the level of the ICJ, containing for a small intestinal/ICJ mass.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

Mesenteric and ileocolic lymph nodes are enlarged, rounded, and somewhat hypoechoic.

Free Abdomen

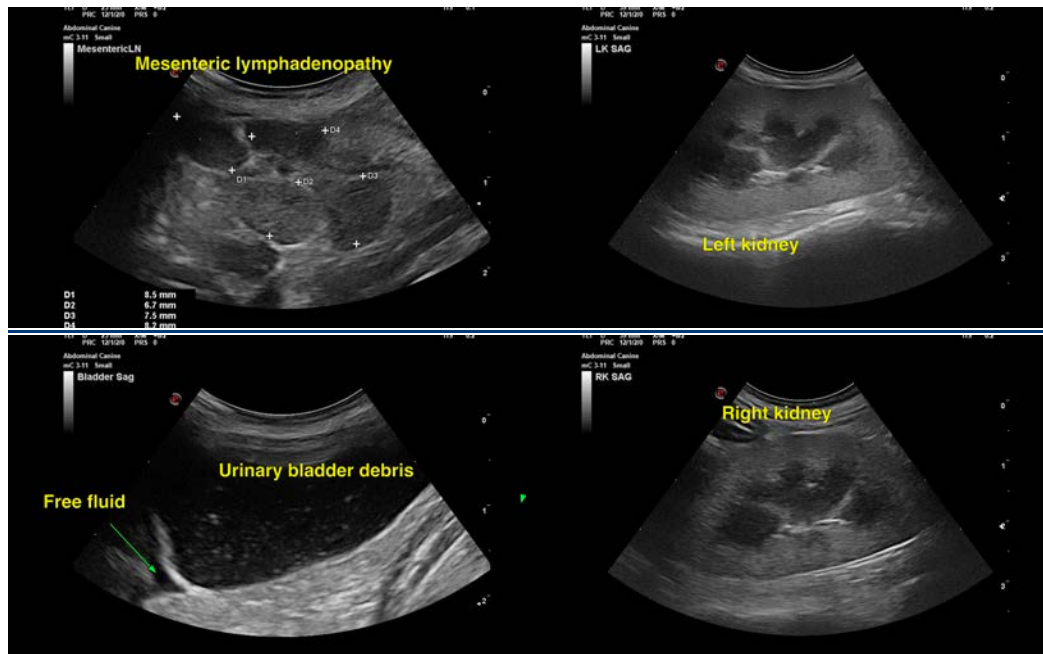
There is a very scant volume of free fluid noted between liver lobes.

ULTRASONOGRAPHIC FINDINGS

- Thickening of small intestine with some hazing of wall layering in jejunum.
- Loss of wall layering with significant increase in thickness of ileum at the ICJ.
- Mesenteric and ileocolic lymphadenopathy.
- Scant free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The significant weight loss with GI signs together with the ultrasonographic small intestinal changes and lymphadenopathy are most concerning for infiltrative disease of the small intestine with lymphoma being a top differential. Lymph node aspirates were appropriate. If these are non-diagnostic, GI biopsy may be required for more definitive diagnosis. IBD remains a possibility.





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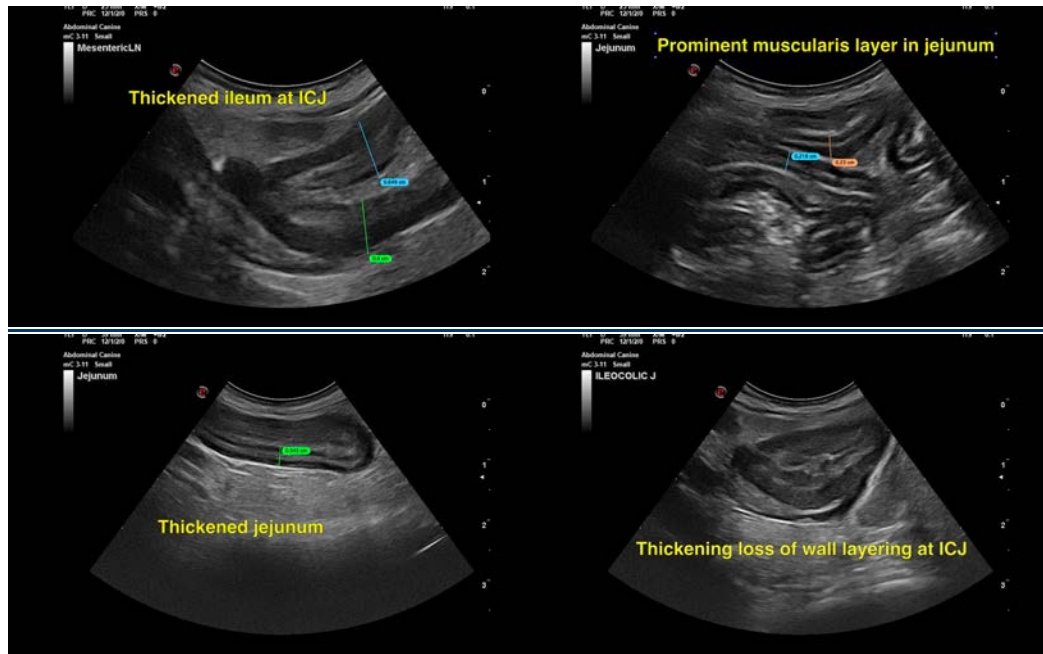
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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