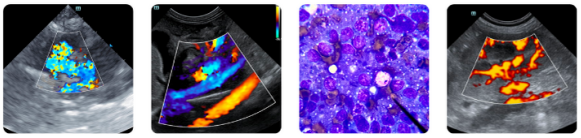

PATIENT

Buddy Freiermuth

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 years

WEIGHT

N/a

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Animal Hospital of Sullivan County

REFERRING VET

Dr. Bodolosky

INVOICE

10915

DATE

12/10/2025

PRESENTING CLINICAL SIGNS

Jaundiced, not eating Current meds: Amoxicillin, Metronidazole, IV fluids.

Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia, mild hypocalcemia, ALT 329, T bili 7.9, Anemic at 30.8, Euthyroid.

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. Urine was anechoic. 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 3.92 cm in length, and the right kidney measures 4.19 cm in length.

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.

Left adrenal measures 0.41 cm in thickness, and right adrenal measures 0.32 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 enlarged with rounded margins. Parenchyma is normal echotexture with normal structure. No specific masses or nodules are noted.

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

Gastrointestinal

The stomach is severely distended with anechoic fluid, with hyperechoic non-shadowing amorphas material in the gastric lumen.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is diffusely increased and wall layering is distinct with a prominent muscularis layer. There is a loop of small intestine suspected to be jejunum, that is more severely thickened with complete loss of wall layering, most consistent with a jejunal mass.

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The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is subjectively prominent with a somewhat heterogenous echotexture. There are no specific masses or nodules visualized.

Lymph nodes

Mesenteric, colic, splenic, and pancreaticoduodenal lymph nodes are enlarged, hypoechoic and rounded. Mesenteric lymph nodes are severely enlarged with the largest measuring at least 3.3 cm x 1.5 cm.

Free Abdomen

There is a mild volume of anechoic fluid visible in every quadrant.

Omentum is diffusely hyperechoic in appearance.

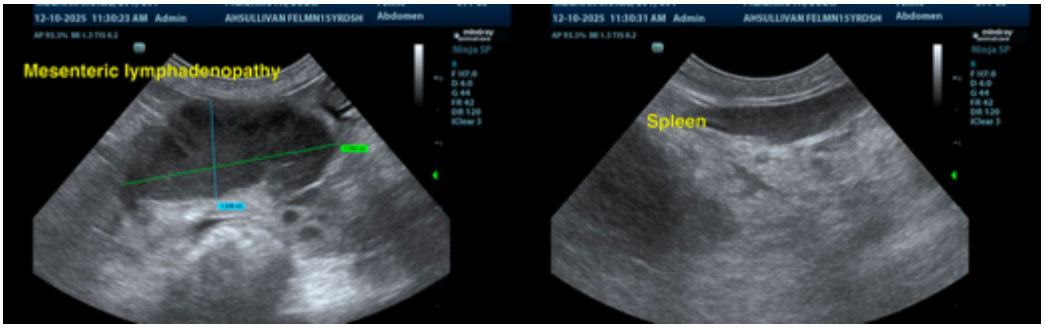
ULTRASONOGRAPHIC FINDINGS

- Diffuse, multicentric abdominal lymphadenopathy.
- Jejunal mass.
- Severe gastric distension.
- Hepatomegaly.
- Free fluid and peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of multicentric lymphadenopathy together with jejunal mass is most concerning for lymphoma. It is likely that this is causing at least a partial obstruction given the severe gastric distension.

Abdominocentesis with fluid analysis and cytology, lymph node aspirate with cytology, and jejunal mass FNA and cytology is recommended to further define. There is a concern that effusion could be a septic abdominal effusion given the presence of intestinal mass and in house analysis is recommended.



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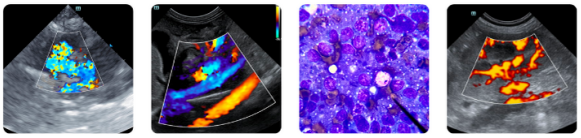

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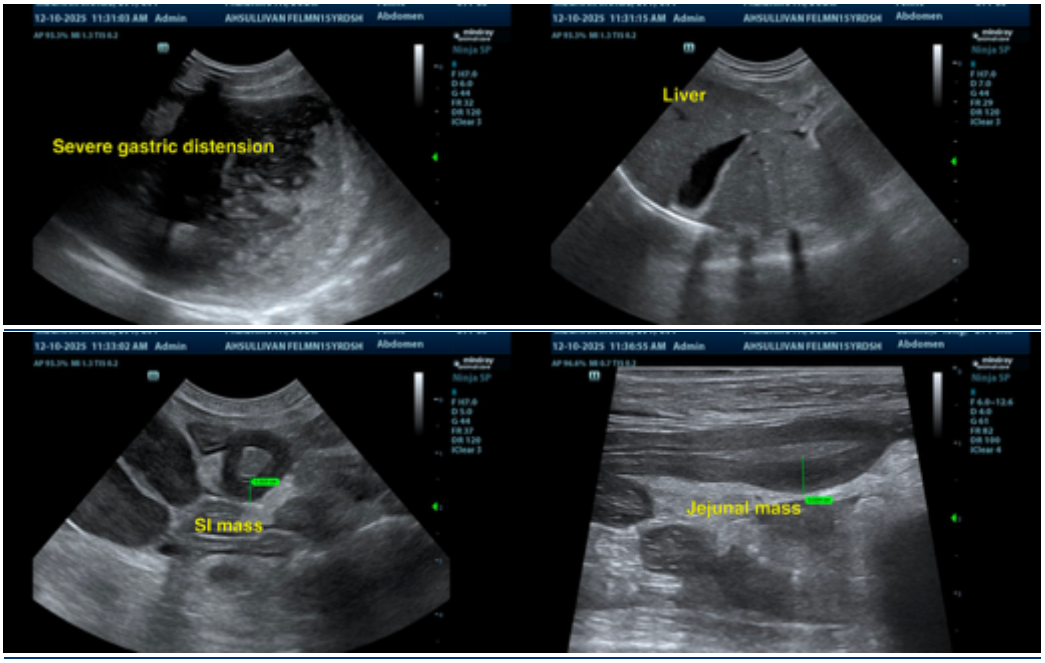

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com