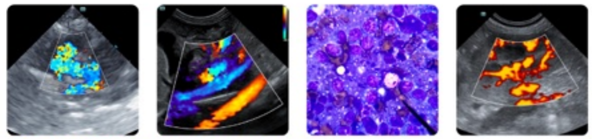


PATIENT

Stella Dora Miller

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

7 ½ years

WEIGHT

6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Travis Cerf

HOSPITAL NAME

VC Hardyston

REFERRING VET

Dr. Cerf

INVOICE

69347

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Vomiting/Anorexia on and off for 3 months
Abnormal PE/Chem/CBC/UA Results: Labwork/Rads attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed relatively normal size with slight, irregular contour. Mild, increased cortical echogenicity was noted. The left kidney measured 3.5 cm with slight pinpoint mineralization. The right kidney also revealed slight pinpoint mineralization and measured 3.6 cm. Blood flow appeared adequate on color flow assessment.

Adrenal Glands

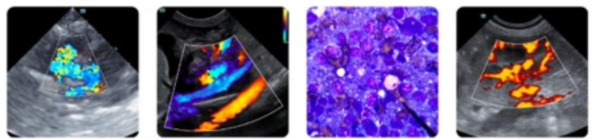
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Some retention of chyme was noted in the stomach. Variable small intestinal thickening was noted without loss of mural detail. Mesenteric lymph node mass was noted and measured 3.3 cm. Regional inflammation was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

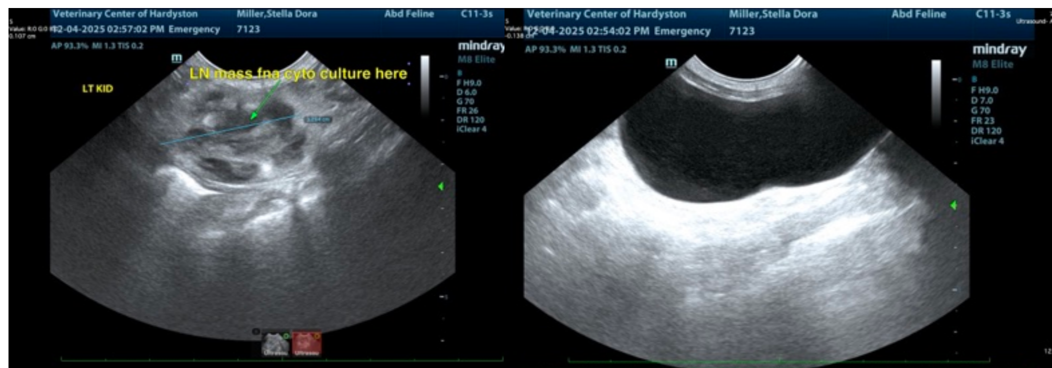
ULTRASONOGRAPHIC FINDINGS

Mesenteric lymph node mass. Round cell neoplasia versus lymphadenitis and suppurative lymphadenitis.

Mild, degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA, cytology and culture are indicated. Paraneoplastic azotemia is likely. The SDMA elevation will occur as paraneoplastic or systemic inflammatory issue. IV fluid support, treatment for azotemia, GI protectants and further management based on cytology and culture results. The pathology appears to be limited to the mesenteric lymph nodes with minor intestinal thickening.



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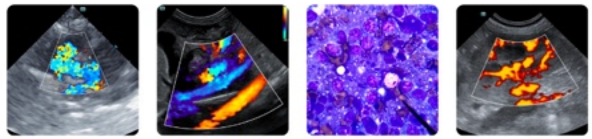
The information and recommendations provided are based on the images presented by the



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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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com