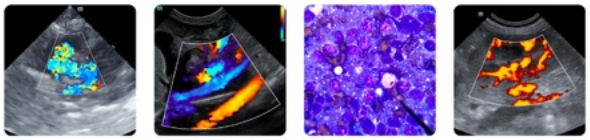

PATIENT

Tabby McPurrface Kelleher

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Spayed female

AGE

9 years

WEIGHT

12.3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Laura Klaassen

HOSPITAL NAME

Animal Care Group of Lake Oswego

REFERRING VET

Dr. Klaassen

INVOICE

71806

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- Weight loss with chronic vomiting, worsening.
- Normal lab work

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.6 cm. The right kidney measured 3.6 cm.

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. The right 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

The **stomach** was empty with normal curvilinear patterns and mucosal muscularis ratio. However, the mid to distal small intestine revealed diffuse, mural thickening with hypertrophied muscularis and some areas of nebulous submucosal layering. The upper gastrointestinal tract was largely unremarkable other than a minor epigastric lymph node enlargement of 0.8. The mesenteric lymph nodes are enlarged, irregular and hypoechoic measuring up to 3.3 x 2.1 cm. The mesenteric lymph nodes encompass a mesenteric artery and should be avoided on sampling by angling away from the vessel.

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.

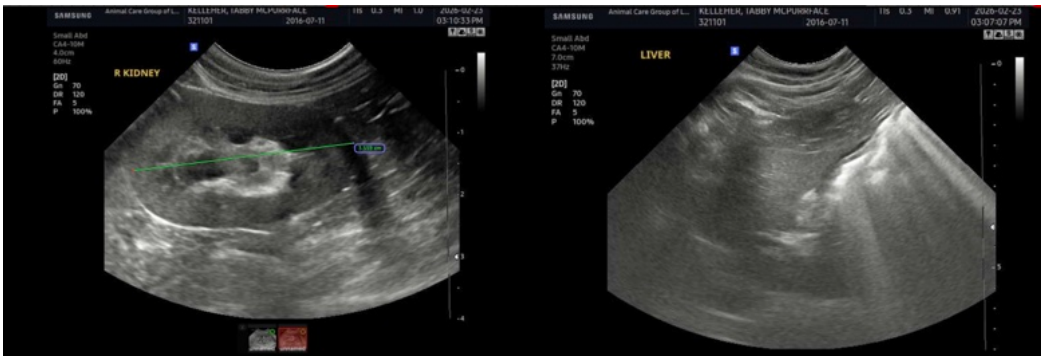
ULTRASONOGRAPHIC FINDINGS

Diffuse intestinal thickening with muscularis hypertrophy.

Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness GI biopsies are indicated. Ultrasound-guided 25-gauge FNA of the mesenteric lymph nodes are indicated. Cytology and culture are also indicated. There is a strong concern for emerging round cell neoplasia. Lymphadenitis with potential underlying infectious agents may also present in this fashion yet less likely. Sampling for cytology and culture of the lymph nodes are recommended from a non-invasive ultrasound guided approach. Otherwise, full thickness GI biopsies are indicated. Prognosis is guarded depending upon cytology results. Cytology +/- PARR or PCR may be necessary for a definitive diagnosis.



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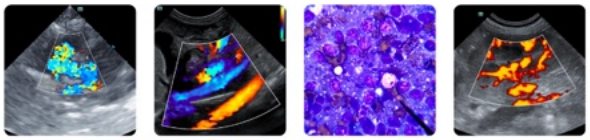

Clinical Sonography & Telecytology
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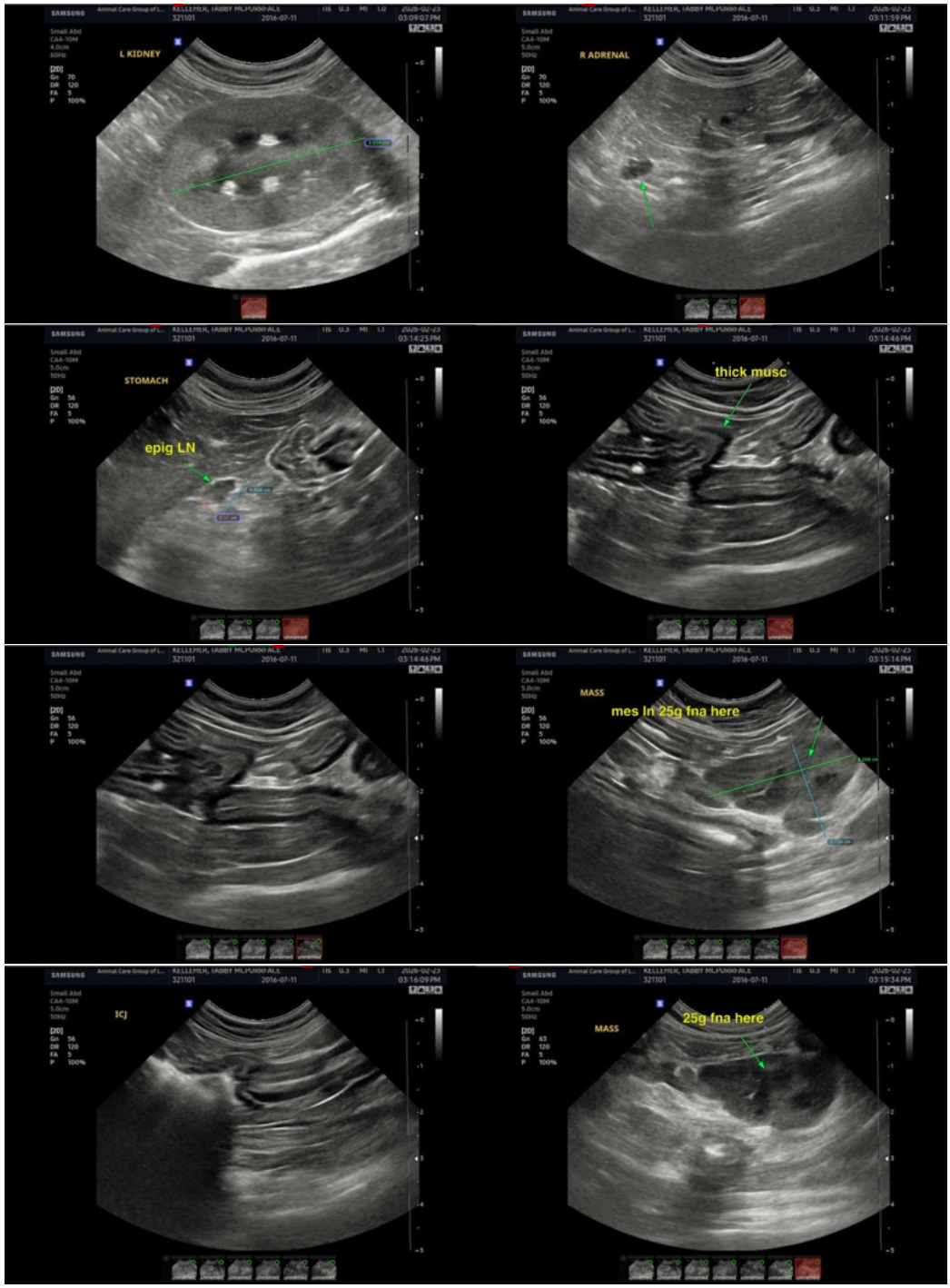

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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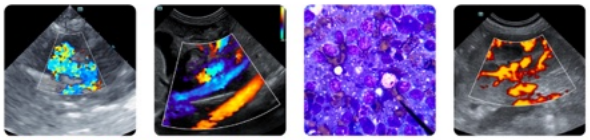

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

info@SonoPath.com