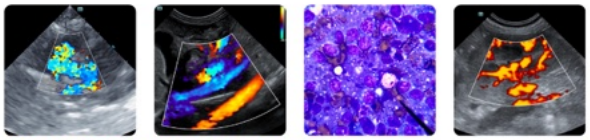


PATIENT

Albert Bethea

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

6.75 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

73964

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- Chronic weight loss and episodic diarrhea
- Has lost 2 lb over last year
- CBC - mild leukocytosis (mild neutrophilia, monocytosis, eosinophilia) no lymphocytosis thrombocytosis CHEM - unremarkable T4 - euthyroid Blood pressure - normotensive GI panel, cytology of abdominal mass (possible lymph node), and PARR on the same mass pending

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted in the kidneys. The right kidney measured 4.52 cm. The left kidney measured 3.9 cm.

Adrenal Glands

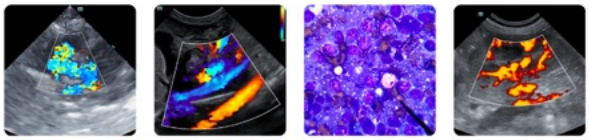
Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.36 cm. The right adrenal gland measured 0.65 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** revealed uniform enlargement and hepatic vein dilation noted. Slight free fluid was noted between the liver lobes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was



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evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. A mesenteric lymph node mass is noted and measured 4.4 x 2.7 cm. The lymph node was hypoechoic, swollen and irregular.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Trace ascites was noted.

ULTRASONOGRAPHIC FINDINGS

Passive congestion liver pattern with trace ascites.

IBD GI pattern.

Mesenteric lymph node mass. Differentials include early round cell neoplasia, lymphadenitis, reactive lymph node and granulomatous disease all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic work-up is recommended. I recommend ultrasound-guided FNA of the mesenteric lymph node mass as well as thoracic work-up with echocardiogram and intercostal approach to assess for any underlying pathology potentially related to an abdominal presentation of hepatic congestion/passive congestion and mesenteric lymphadenopathy.

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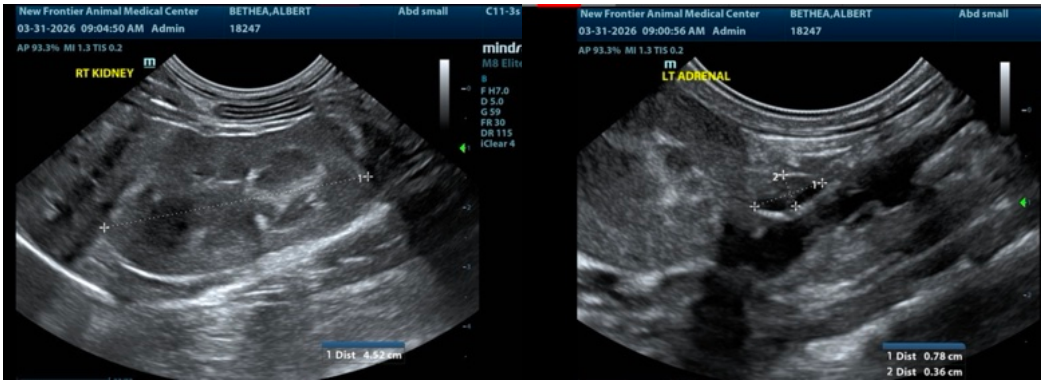

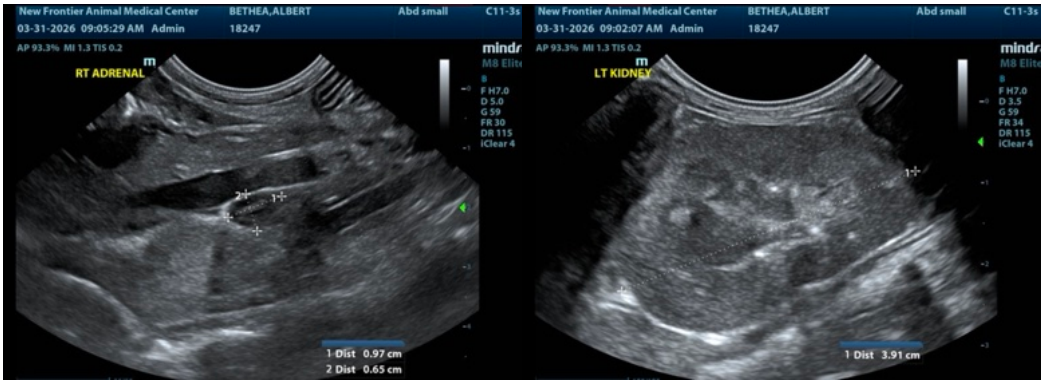

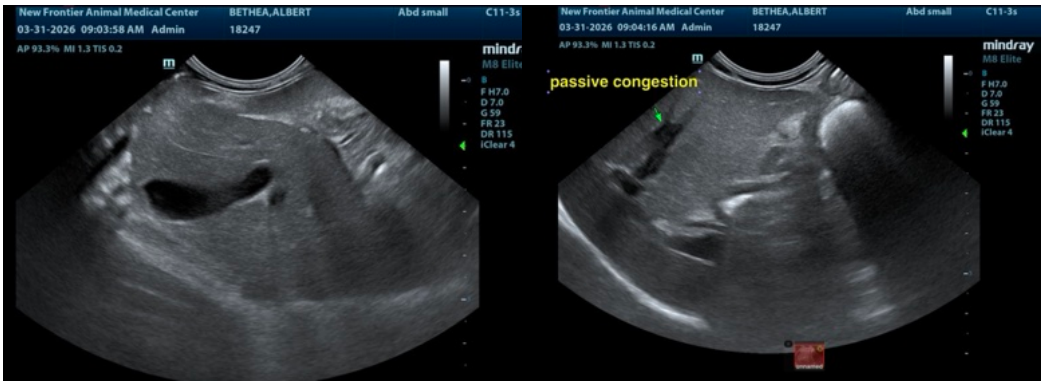

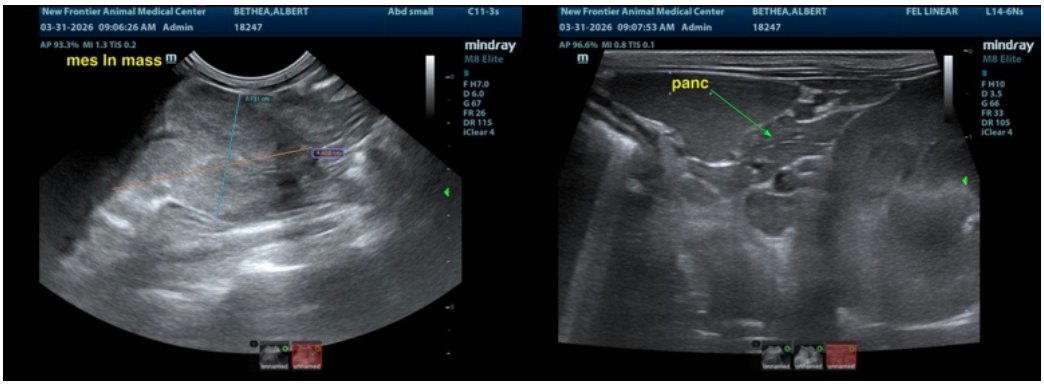

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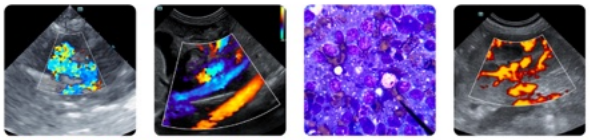

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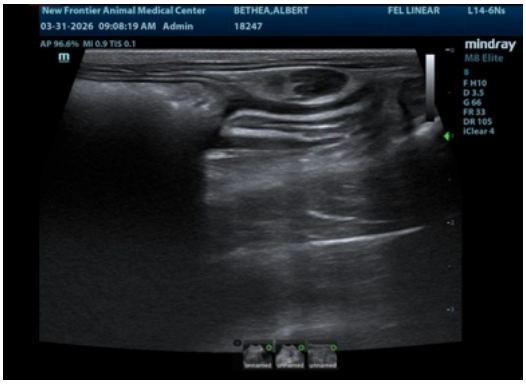

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com