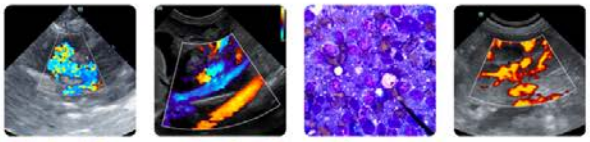

PATIENT

Little Girl Anderson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

10.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Solonynka

INVOICE

72954

DATE

2/12/26

PRESENTING CLINICAL SIGNS

Vomiting yesterday. Overnight - not eating or drinking. Small amount of diarrhea overnight with a little bit of barium (administered yesterday). Today: a little bit more active after fluids

Abnormal PE/Chem/CBC/UA Results: CBC - neutropenia Triple Test- Neg Barium - moving through GI tract FIP titer pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (4.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 2.5 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 1.7 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow is noted.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach contains a small amount of fluid in the pylorus, consistent with mild gastritis. No pyloric outflow tract obstruction is seen. Diffusely, the stomach wall appears normal in thickness and layering, measuring 2.2 mm in width.

Diffusely, the patient's jejunum appears of normal thickness. Thickest sections measure up to approximately 2.4 mm in width, which is normal (normal feline intestines measure <2.8 mm in width). However, there are sections of small intestine that have subjectively thickened muscularis layer.

The patient's ileum is thickened at 3.6 mm in width due to thickened muscularis layer.

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Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

Cranial to the urinary bladder there is an enlarged mesenteric lymph node that measures 4.7 mm in width. There is hyperechoic fat surrounding the lymph node.

No free abdominal fluid is seen.

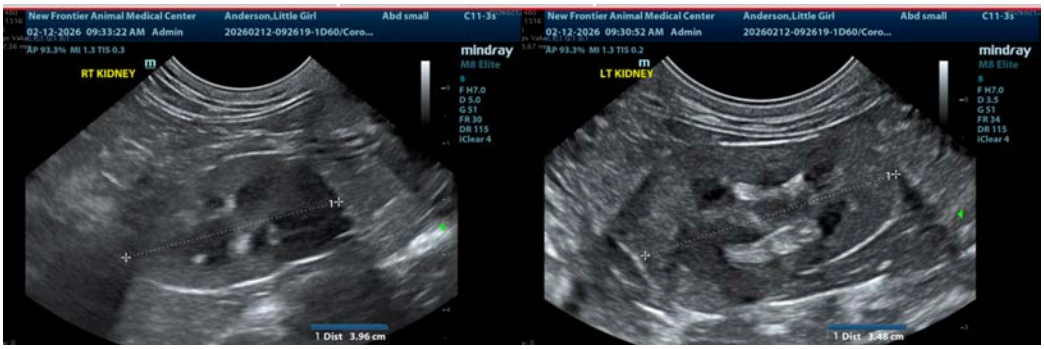
ULTRASONOGRAPHIC FINDINGS

- Enlarged mesenteric lymph node – suggestive of a neoplastic cause such as lymphoma or mast cell disease, less likely enlarged due to a benign reactive process. Feline infectious peritonitis should also be a differential.
- Gastritis – likely secondary to primary cause of patient's clinical signs.
- Thickened small intestine and ileum - Potentially consistent with inflammatory GI disease such as inflammatory bowel disease or less likely small cell GI lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Most likely at this time clinical signs are related to the cause of the enlarged mesenteric lymph node seen. If feasible, consider sedating the patient and performing an ultrasound guided aspirate of the enlarged mesenteric lymph nodes and submitting for cytology. If ultrasound guided fine needle aspirate cannot be performed, or if it is performed and is non-diagnostic, then I would recommend to perform either endoscopic or surgical biopsies of the patient's GI tract. If surgery to obtain GI biopsies is performed, recommend extricating a lymph node at that time and submitting it for histopathology along with the GI biopsies. However, if possible, I would recommend performing the biopsies endoscopically if the patient can be referred to an internist that performs endoscopy.

Recommend treating the patient supportively for gastritis.



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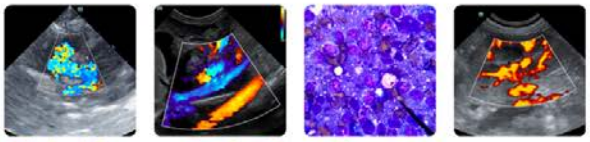

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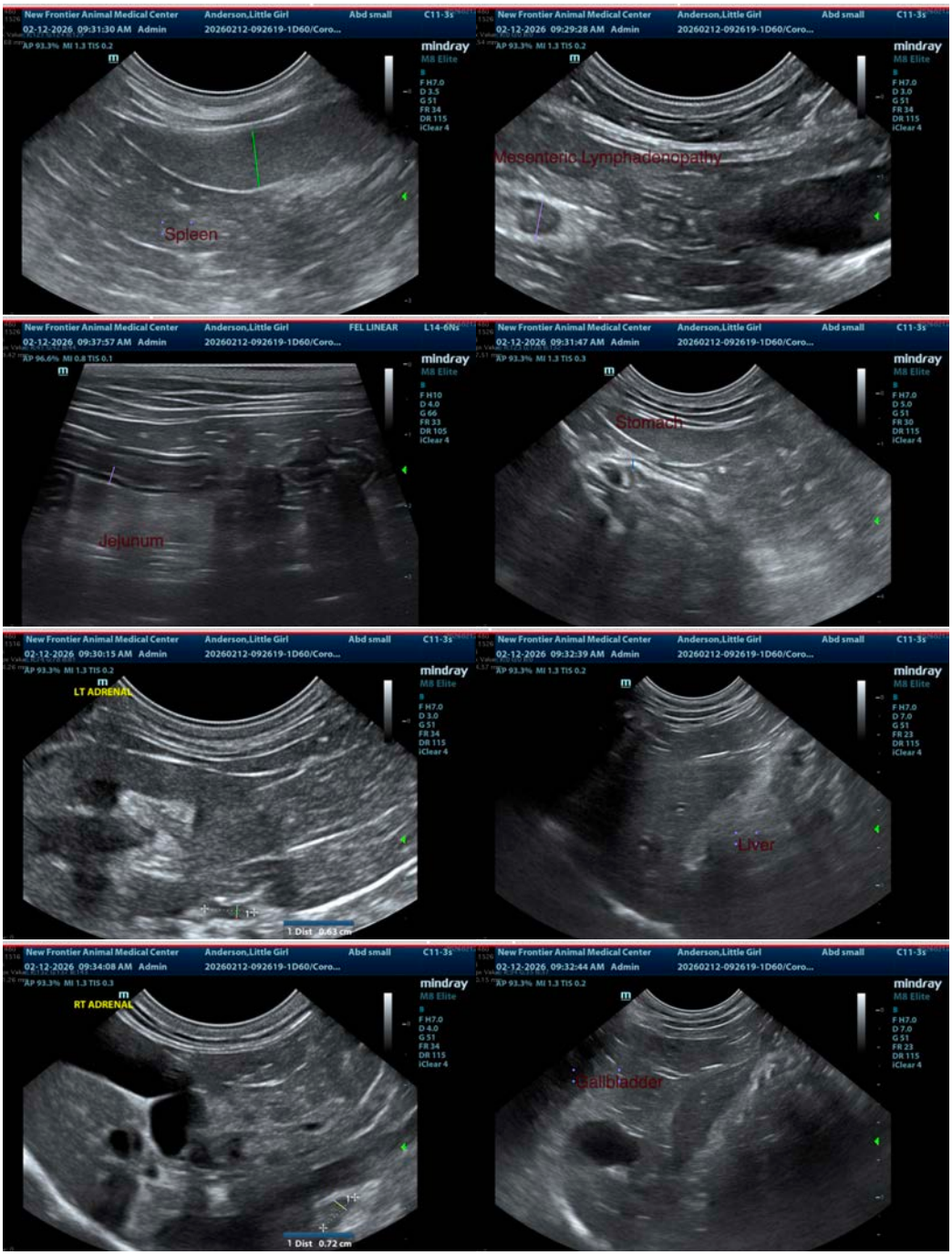

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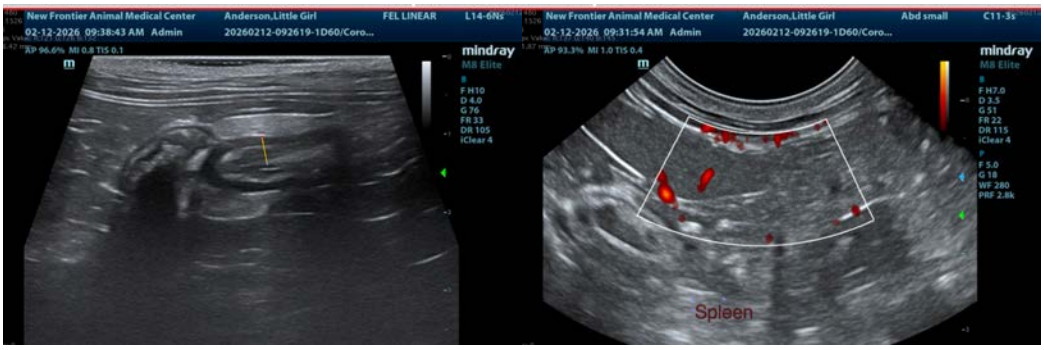

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com