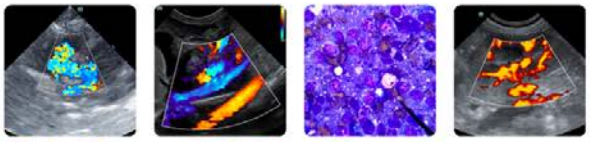


PATIENT

Charlie Mincemoyer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 6 Months

WEIGHT

7.7 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ryan Moreno

HOSPITAL NAME

Seven Fields Veterinary Hospital

REFERRING VET

Dr. Ryan Moreno

INVOICE

73181

DATE

2/22/26

PRESENTING CLINICAL SIGNS

Presented for decrease appetite and lethargy. More weight loss and has history of chronic diarrhea. Gradual decline the past 2-3 weeks with increased anorexia the past 4 days. Historical grade 2/6 heart murmur. Normal diet consist of Royal Canin Gastrointestinal Feline. No vomiting currently

Abnormal PE/Chem/CBC/UA Results: CBC: - Plt: 77 (confirmed blood smear 77-125 plt estimate, minimal clumping) - PCT: 0.13 Chem: - BUN: 13 - Glob: 5.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder wall is normal in thickness. The urethra appears normal in diameter. No bladders stones or masses are seen. Anechoic urine is present. Within the anechoic urine there is a moderate amount of suspended echogenic debris.

The right kidney presents normal size (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.8 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 4.3 mm in width.

The left adrenal gland is not clearly seen on this exam.

Spleen

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

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. No metastatic disease to the liver seen on this exam.

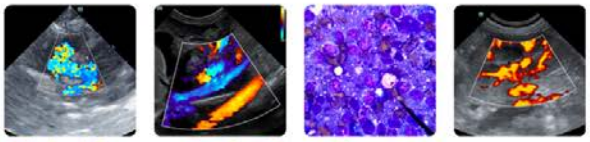
The gallbladder presents normal size with a moderate amount of suspended echogenic debris present, which appears clinically insignificant at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach has normal wall layering and thickness (2.6 mm in width). It is currently empty and does not appear obstructed.

In the cranial left abdomen, there appears to be an intramural small intestinal mass present. The mass measures approximately 3.2 cm x 3.0 cm. It does appear to have a lumen to it, strengthening our suspicion that it is a small intestinal mass.

Colon contains normal contents with normal wall thickness.



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Pancreas

The pancreas appears diffusely mildly hypoechoic, most likely consistent with reactive pancreatitis. There is no surrounding hyperechoic fat around the pancreas at this time. Likely the patient has mild inflammation due to the presence of the small intestinal mass.

Free Abdomen

There are several enlarged, hypoechoic, rounded mesenteric lymph nodes present within the abdomen in the area of the intestinal mass. The largest node seen measures 1.4 cm x 1.6 cm. Given the appearance, they appear to be enlarged due to a neoplastic cause, possibly due to round cell neoplasia, or possibly metastatic neoplasia.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Small intestinal mass.
- Enlarged mesenteric lymph nodes.
- Mildly hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If urinalysis has not been performed, recommend urinalysis, and if patient has active urine sediment, recommend adding on a urine culture and antibiotic sensitivity to rule out the possibility of a urinary tract infection as a cause of the patient's clinical signs.

At this time, the small intestinal mass does not appear to be obstructing the upper GI tract. Differentials for this mass lesion including lymphoblastic lymphoma, mast cell disease, less likely histiocytic sarcoma or possibly adenocarcinoma or leiomyosarcoma. Recommend a fine needle aspirate of the small intestinal mass with submission for cytology. If cytology is inconclusive as to the etiology of the mass, then recommend resection and anastomosis and submission of the mass for histopathology.

Recommend fine needle aspirate of an enlarged lymph node and submission of cytology in conjunction with an aspirate of the small intestinal mass.

Additional recommendation is to be obtain 3-view chest radiographs to rule out the possibility of pulmonary metastatic disease.

At this time, the patient's prognosis appears guarded pending results of the fine needle aspirate previously discussed.

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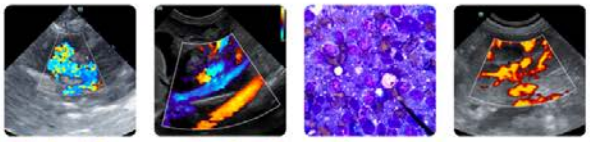

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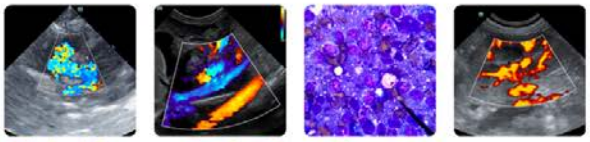

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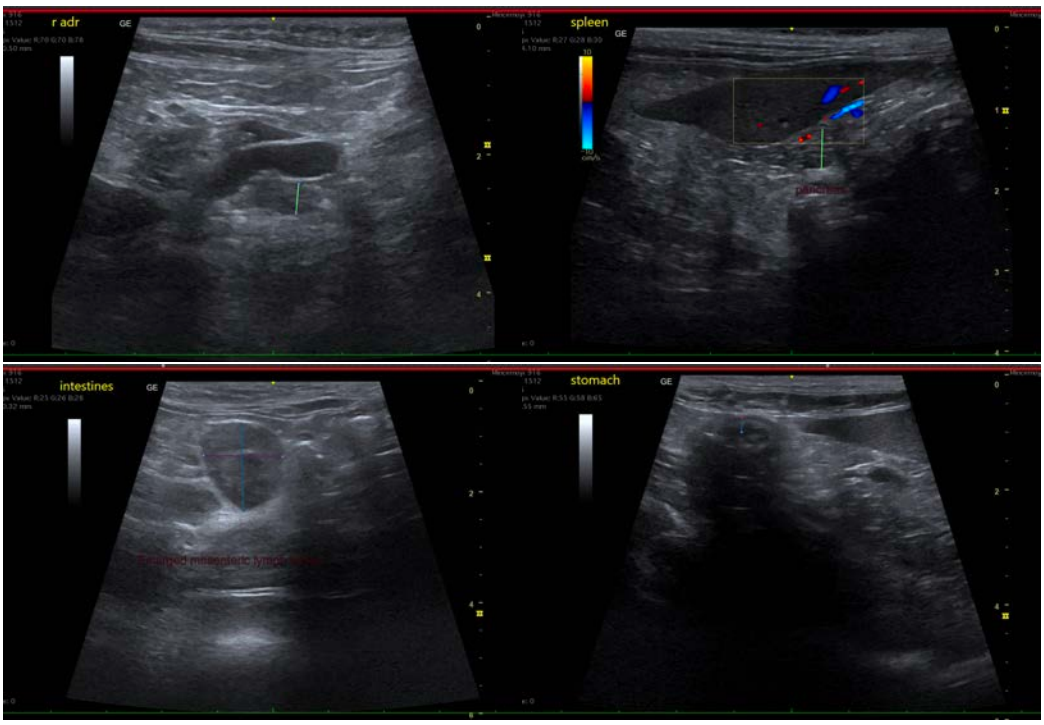

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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