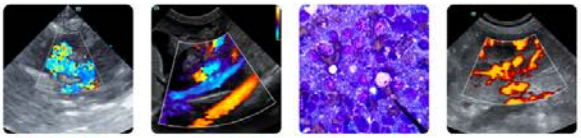

PATIENT

Rosie Silva

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

9.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

Dr. Clegg

INVOICE

73764

DATE

3/18/26

PRESENTING CLINICAL SIGNS

Abdominal mass. Frequent vomiting, poor appetite. Large firm mass mid-abdomen.

Abnormal PE/Chem/CBC/UA Results: WNL

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. No papillae seen.

The right kidney presents normal size (4.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.6 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 4.9 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 5.0 mm in width.

Spleen

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

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 has normal wall layering and thickness. The stomach is empty. Diffusely, the jejunum is mildly thickened at 3.3 mm in width with a thickened muscularis layer. In the mid jejunum there is an intramural hypoechoic mass lesion that measures approximately 6.9 cm x 2.4 cm in width. Colon contains formed stool. Diffusely, the colon wall is normal in thickness.

Pancreas

The pancreas is mildly hypoechoic diffusely. It is normal in size at 7.4 mm in width. No surrounding steatitis.

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Free Abdomen

In the mid abdomen there is a hypoechoic, lobulated, markedly enlarged mesenteric lymph node measuring 6.4 cm x 4.0 cm.

There are other numerous mildly to moderately enlarged, hypoechoic, rounded mesenteric lymph nodes present. A representative node measures 5.4 mm x 3.7 mm.

No free abdominal fluid is seen.

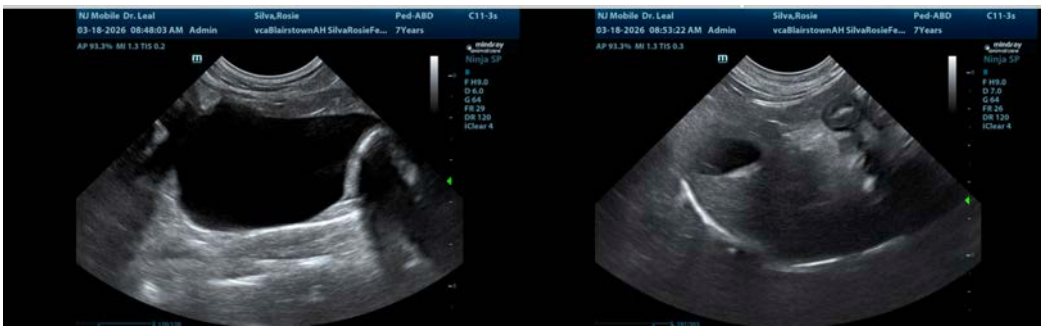
ULTRASONOGRAPHIC FINDINGS

- Intramural mid jejunal mass – Most likely due to a neoplastic cause such as infiltrative neoplasia such as lymphoblastic lymphoma or mast cell disease, possibly adenocarcinoma, leiomyosarcoma. An infectious or benign etiology for the mass lesion is unlikely.
- Mildly thickened jejunum – Most likely these changes are due to infiltrative disease such as inflammatory bowel disease or possibly small cell GI lymphoma or mast cell disease.
- Markedly enlarged mesenteric lymph node – Most likely due to the same neoplastic cause resulting in the small intestinal mass lesion. Suspect possible lymphoblastic lymphoma, mast cell disease, less likely an infectious or benign etiology.
- Other mildly to moderately enlarged mesenteric lymph nodes – Most likely due to the same etiological process causing the marked enlargement of the previously described mesenteric lymph node and the small intestinal mass.
- Mild reactive pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is reported that both the intestinal mass and enlarged mesenteric lymph node have been aspirated. Recommend submitting for cytology to determine etiology. If cytology is inconclusive, then consider surgical biopsy for histopathology. If abdominal surgery is performed, biopsies of the mildly thickened, more normal appearing small intestine are recommended.

Treating patient's other comorbidities will most likely resolve pancreatic inflammation.



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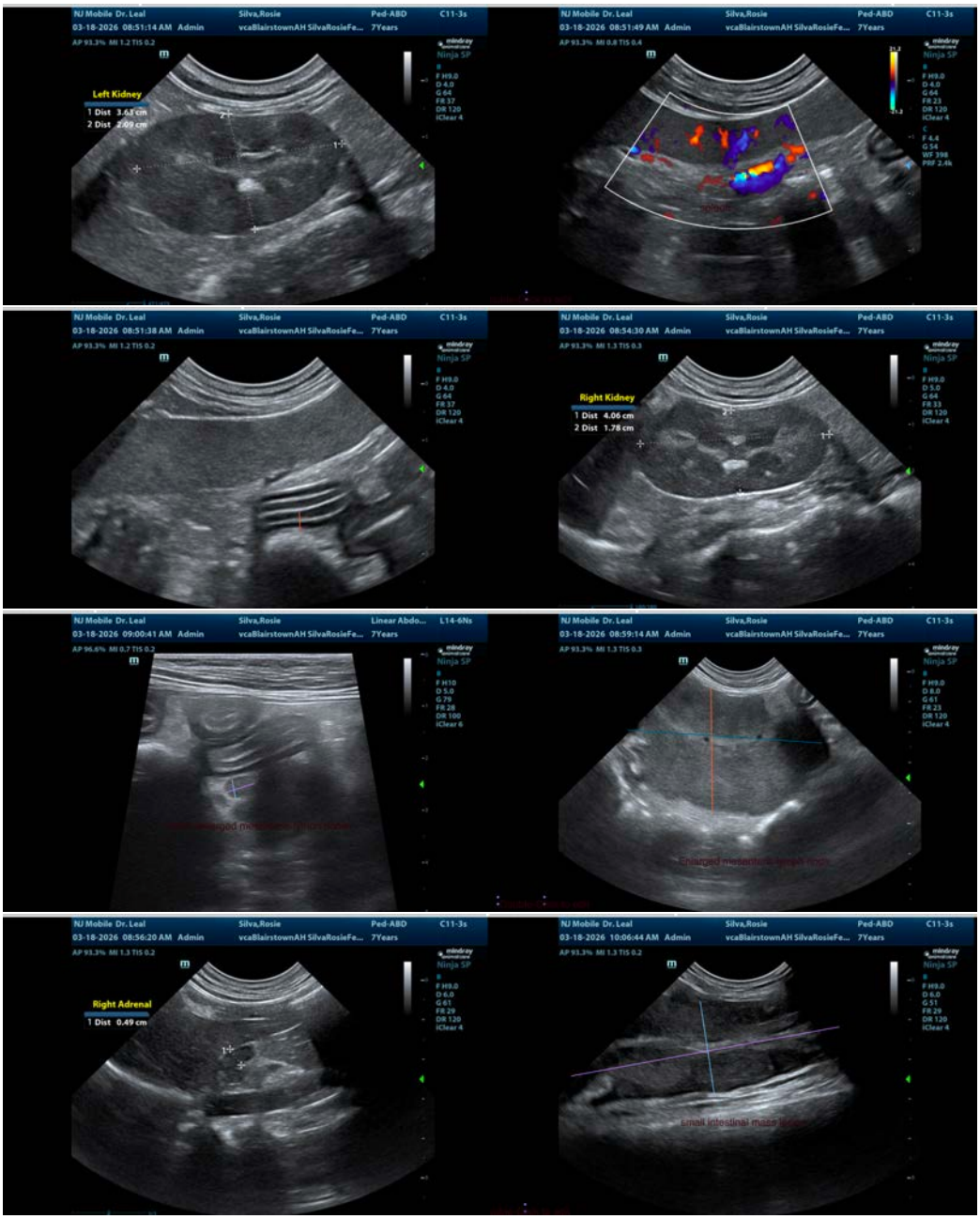

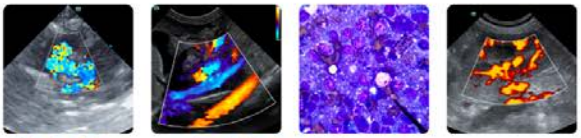

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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