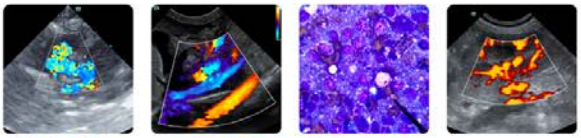

PATIENT

Missy Barnes

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

3 Years 6 Months

WEIGHT

15 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

Dr. Summers

INVOICE

73336

DATE

3/3/26

PRESENTING CLINICAL SIGNS

Vomiting, anorexia. Radiographs do not show foreign body. Possible pancreatitis.

Abnormal PE/Chem/CBC/UA Results: Attending vet verbally noted blood work 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 are seen.

The right kidney presents normal size (4.43 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.08 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. Right measures 4.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. Left measures 4.6 mm.

Spleen

The spleen is normal in size (8.6 mm in width), 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.

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

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness at 1.6 mm in width, with normal layering diffusely. Diffusely, the small intestines have normal wall layering and thickness. There are segments of small bowel that have mild fluid dilation. It appears that the patient has diffuse functional ileus. No mechanical obstruction of the GI tract is seen on this exam. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas is diffusely mildly hypoechoic with no surrounding steatitis.

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Free Abdomen

There is a mildly enlarged mesenteric lymph node present measuring 7.4 mm x 3.4 mm. This node appears reactive and less likely to be enlarged due to neoplasia.

In the mid abdomen there is a large chain of lobulated, hypoechoic, moderately enlarged mesenteric lymph nodes present.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Large chain of moderately enlarged mesenteric lymph nodes in the mid abdomen – I suspect patient's signs are attributed to the cause of lymph node enlargement. Differentials include neoplasia such as lymphoma versus mast cell disease, possibly infectious disease such as bartonella.
- Mild fluid dilation of the small bowel.
- Mildly hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

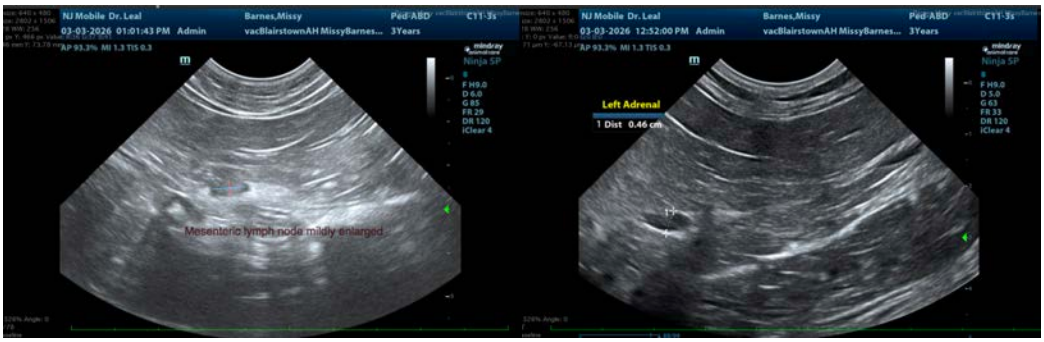
Recommend fine needle aspirate of one or several mesenteric lymph nodes in the chain of enlarged lymph nodes in the mid abdomen.

The functional ileus is most likely caused by the disease process causing the mesenteric lymph node enlargement. Recommend treating ileus supportively with a prokinetic such as erythromycin at a prokinetic dose (0.5-1.0 mg/kg PO TID).

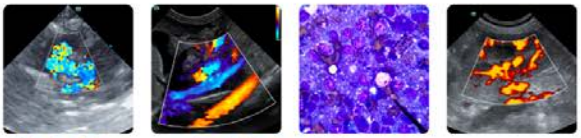
If FELV/FIV testing is not current, recommend this testing. If cytology does not identify round cell neoplasia as the cause of these enlarged lymph nodes, then consider submitting a North Carolina State vector borne disease panel to screen the patient for bartonella or other possible infectious etiologies for the functional enlargement.

Also recommend Texas A&M GI panel to screen the patient further for degree of pancreatitis present, and to determine whether pancreatitis appears to be clinically significant in this patient's current illness. Most likely the patient's pancreatitis is mild and is reacting to the inflammation from the enlarged mesenteric lymph nodes. No mechanical GI obstruction is seen on this exam.

Prognosis is open pending ultimate diagnosis as to the cause of the enlarged mesenteric lymph nodes.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
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800.838.4268

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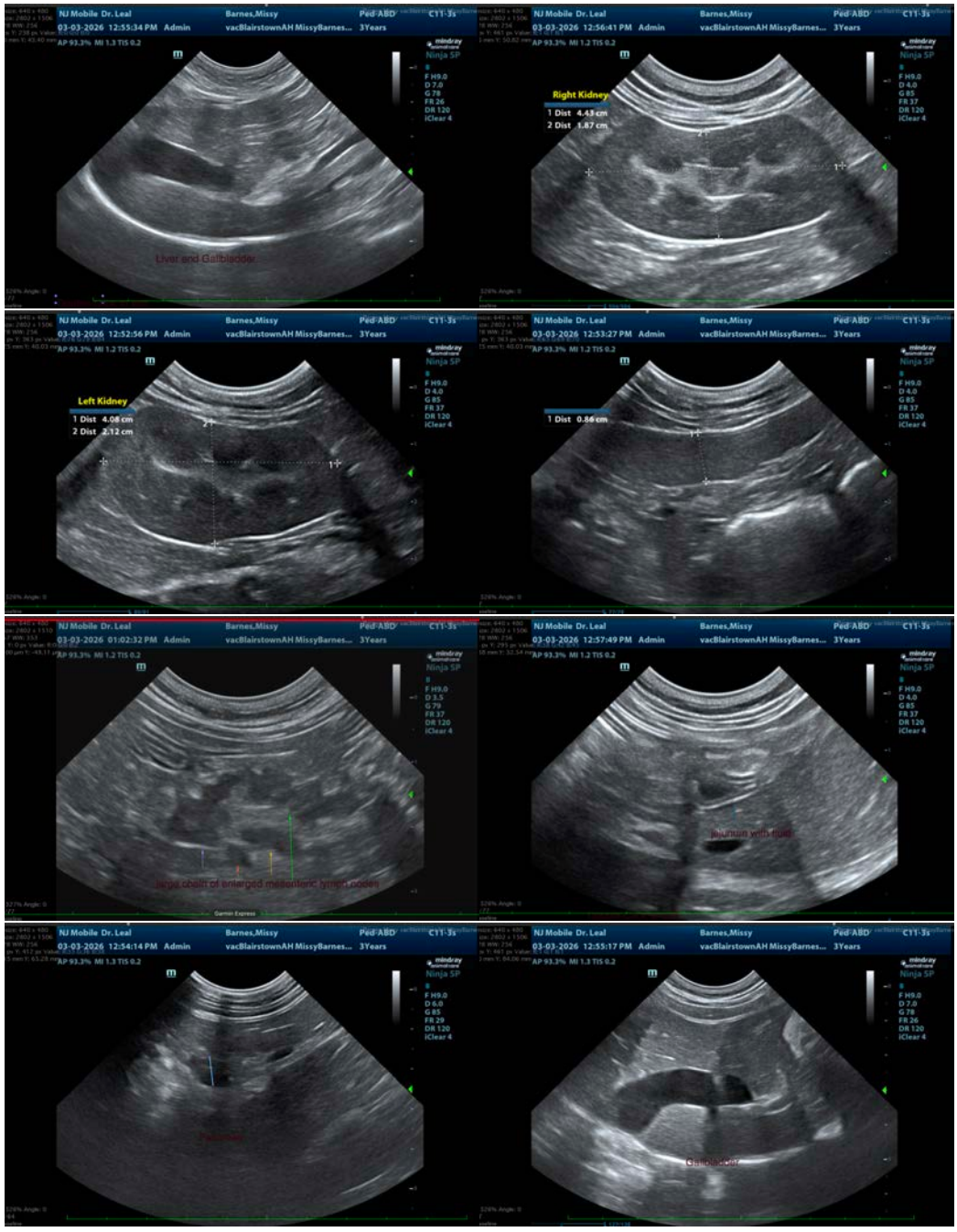

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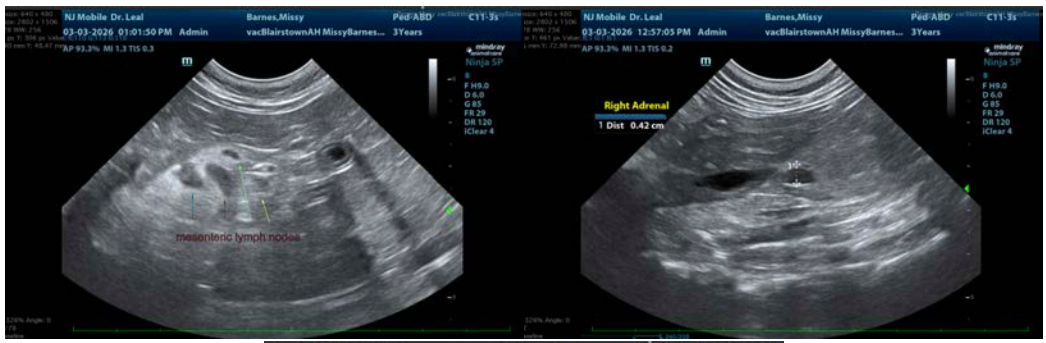

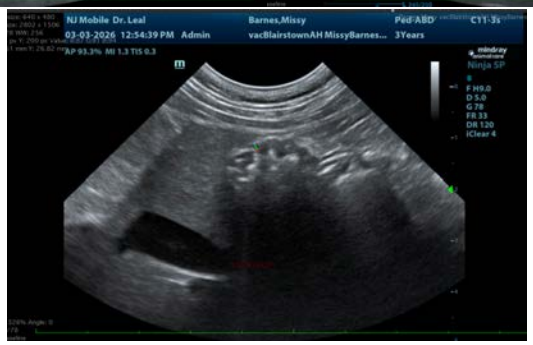

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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