



PATIENT

Nova Elliot

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

St. Catharine's Animal
 Hospital

REFERRING VET

Dr. Collado-Torres

INVOICE

74705

DATE

4/22/26

PRESENTING CLINICAL SIGNS

A low-grade heart murmur was auscultated; it was not audible with q heartbeat. No arrhythmias were noted, grade 2/6 HM. Nova occasionally brings up a small amount of vomit. Nausea seems to recur towards the end of the 3-day dosing interval for her appetite stimulant. Current Medications: - Mirataz (transdermal Mirtazapine) Gabapentin and Trazodone: calming purposes.

Abnormal PE/Chem/CBC/UA Results: CBC is within normal limits, this includes the red & white blood cells and the platelets. In other news, her thyroid values (TT4) are also within normal limits (on the high end of normal limits with a value of 43.8 nmol/L and the reference range is between 10 and 60 nmol/L).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney presents normal size (4.2 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 3.7 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.4 mm in width.

Spleen

The spleen appears normal in size with scalloped margins and diffuse hypoechoic echogenicity.

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

The stomach is moderately filled with ingesta and fluid. The stomach wall diffusely appears to have normal thickness at approximately 1.6 mm in width with normal layering. On the images provided, no visible gastric lesion identified. Within what is suspected to be the jejunum there is an intramural 2.8 cm x 2.0 cm heterochoic, mainly hypoechoic mass lesion that appears to potentially be partially obstructing the upper GI tract. There is a moderate amount of surrounding hyperechoic fat. The remainder of the jejunum appears normal in thickness and layering. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is mildly hypoechoic. No surrounding hyperechoic fat.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, scalloped spleen – May be normal variation or may indicate infiltrative neoplasia such as lymphoma or mast cell disease, less likely an infectious disease such as FIP or bartonellosis.
- The patient appears to have reactive pancreatic inflammation.
- Mild gallbladder debris – Appears clinically incidental.
- Suspected jejunal mass – Neoplastic cause is most likely. Differentials include lymphoblastic lymphoma versus mast cell versus histiocytic sarcoma versus adenocarcinoma versus leiomyosarcoma. Less likely an infectious etiology such as feline infectious peritonitis.
- Ingesta and fluid filled upper gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the spleen for cytology.

Consider submitting an fPLI if not already performed to screen further for possible clinically significant pancreatitis.

Recommend a fine needle aspirate of the suspected jejunal mass with submission for cytology. If neoplasia is not identified, consider submitting aspirate sample for coronavirus PCR assay. The patient's clinical signs are most likely attributed to this lesion.

Prognosis is open pending determination as to the etiology of the suspected jejunal mass lesion.



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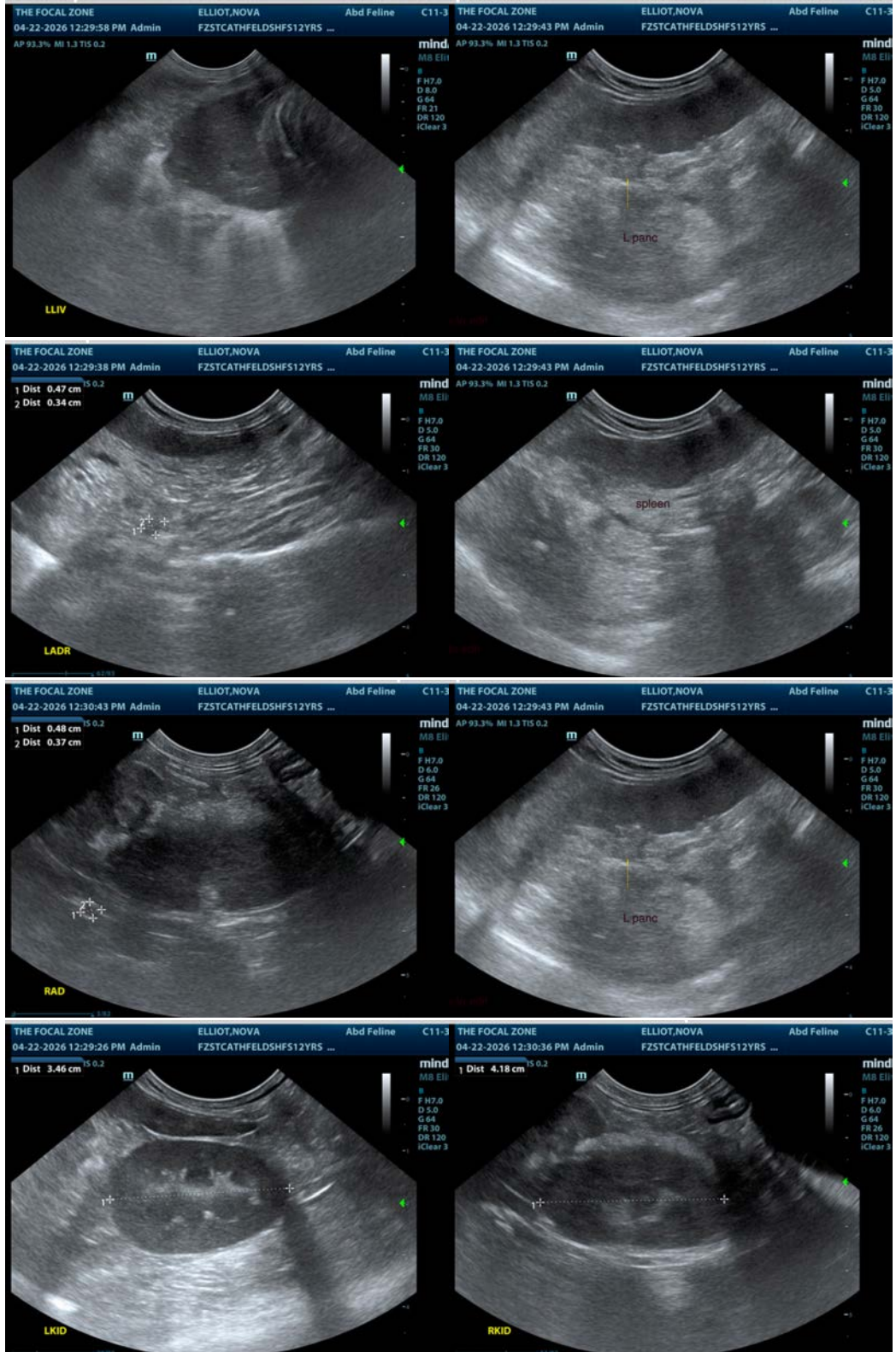
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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