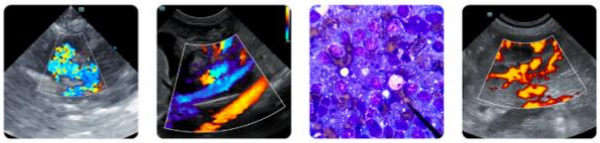

PATIENT

Noodles Packard

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

11.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal General Hudson

REFERRING VET

Dr. Lang

INVOICE

16075

DATE

05/11/26

PRESENTING CLINICAL SIGNS

Owners report gradual weight loss over the last several months. Owner also reports 1–2-week history of hematemesis. Albumin low normal, bloodwork otherwise unremarkable

Abnormal PE/Chem/CBC/UA Results: Albumin 2.7 (rage 2.5-3.9)

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 papilla is seen.

Enlarged medial iliac lymph node present and measures 1.3 cm x 0.4 cm in size and appears hypoechoic and rounded in appearance. Potentially enlarged due to a neoplastic cause such as an infiltrative neoplasia lymphoma versus mast cell or possibly metastatic neoplasia. Possibly lymph nodes are enlarged due to a reactive benign reason.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.0 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 2.4 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 3.0 mm width.

Spleen

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

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 intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. Enlarged perigastric lymph node measures 1.0 cm x 0.84 cm and appears hypoechoic

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and rounded in appearance. Potentially enlarged due to a neoplastic cause such as an infiltrative neoplasia lymphoma versus mast cell or possibly metastatic neoplasia. Possibly lymph nodes are enlarged due to a reactive benign reason.

Stomach is diffusely hypoechoic and thickened at 1.3 cm in width. Differentials include infiltrative neoplasia such as lymphoma or mast cell disease, possibly adenocarcinoma or leiomyosarcoma, a benign etiology such as gastritis is not suspected but possible. The mass lesion appears to take up approximately 70 percent of the fundic region in the stomach. Remainder of gastric wall appears more normal in appearance.

Pancreas

The regional pancreas surrounding the mass lesions is mildly hypoechoic without significant surrounding hyperechoic fat. There is mild regional reactive pancreatitis.

Free Abdomen

Caudal to the liver, there are two hypoechoic enlarged rounded cystic mass lesions present. Suspected to be enlarged perihepatic lymph nodes. Less likely pancreatic mass lesions. The first measures 2.3 cm x 1.5 cm and the second measures 1.4 cm x 1.9 cm. They appear hypoechoic and rounded in appearance. Potentially enlarged due to a neoplastic cause such as an infiltrative neoplasia lymphoma versus mast cell or possibly metastatic neoplasia. Possibly lymph nodes are enlarged due to a reactive benign reason. There is a third smaller lesion suspected to be an enlarged perihepatic lymph node that measures 0.73 cm in diameter and appears rounded and hypoechoic.

ULTRASONOGRAPHIC FINDINGS

- Enlarged variable abdominal lymphadenopathy.
- Regional reactive pancreatitis.
- Thickened stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendation is fine needle aspirate of these of one or both of the suspected perihepatic lesions to determine etiology as to the disease process and to clearly identify a tissue of origin. If aspirates are non-diagnostic, recommend surgical biopsies.

If aspirates of enlarged abdominal lymph nodes do not provide a diagnosis as to the etiology of the patient's disease process causing the changes seen within the abdomen, then recommend either surgical or endoscopic biopsies. Endoscopic preferred due to the more minimally invasive nature of endoscopic biopsies.

Surgical or endoscopic biopsies recommended of stomach.

Prognosis is open depending on ultimate diagnosis as to the cause of gastric changes and the enlarged abdominal lymph nodes. Neoplasia is highly suspected. An infectious etiology to the changes seen with the abdomen is possible. Disease such as feline infectious peritonitis causing both the lymph and the gastric changes is possible. Does not however appear highly likely.

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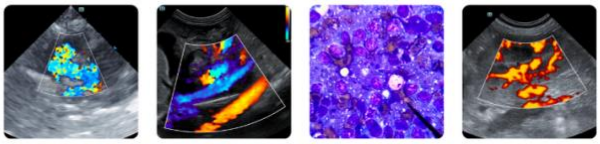

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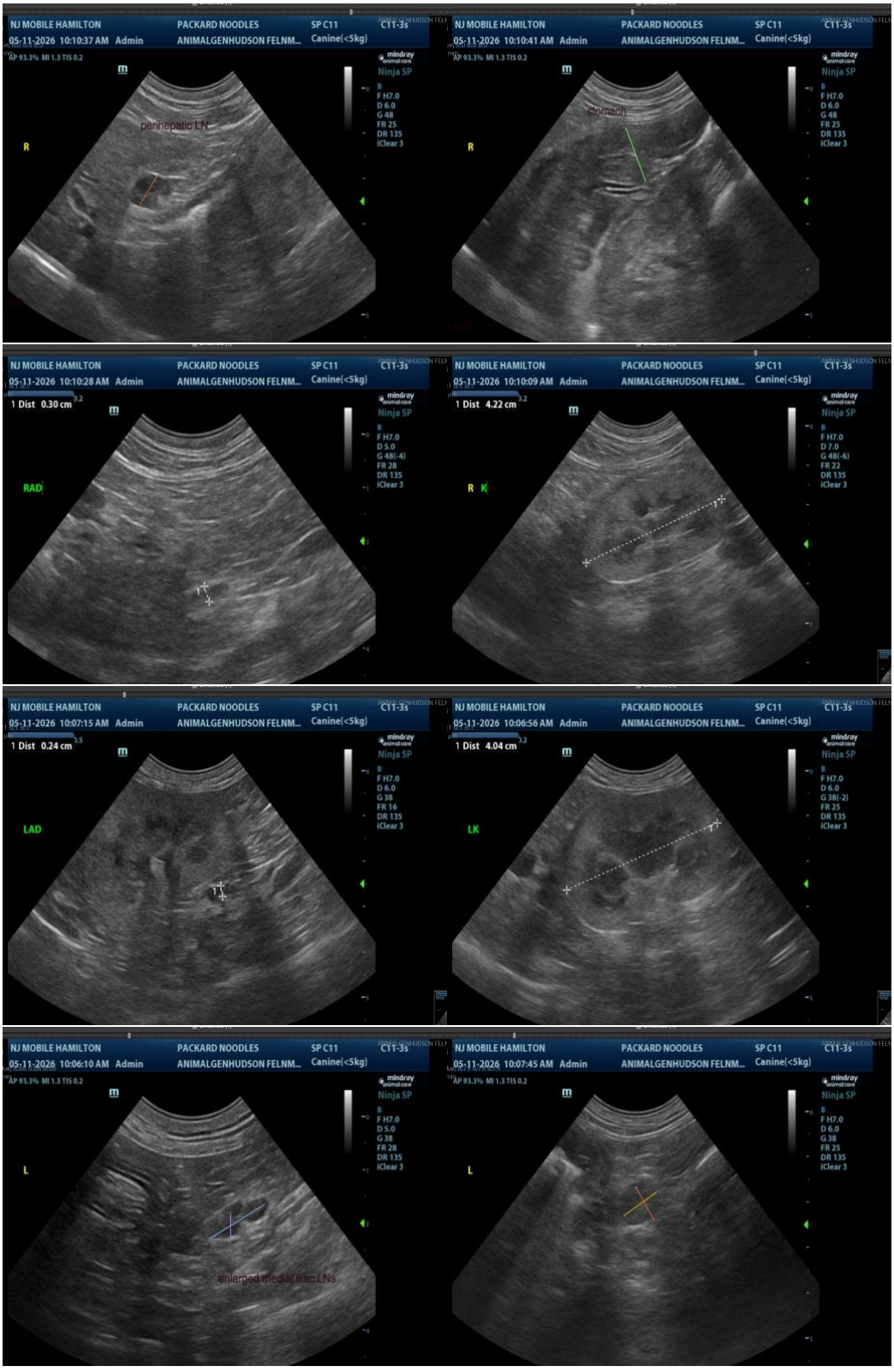

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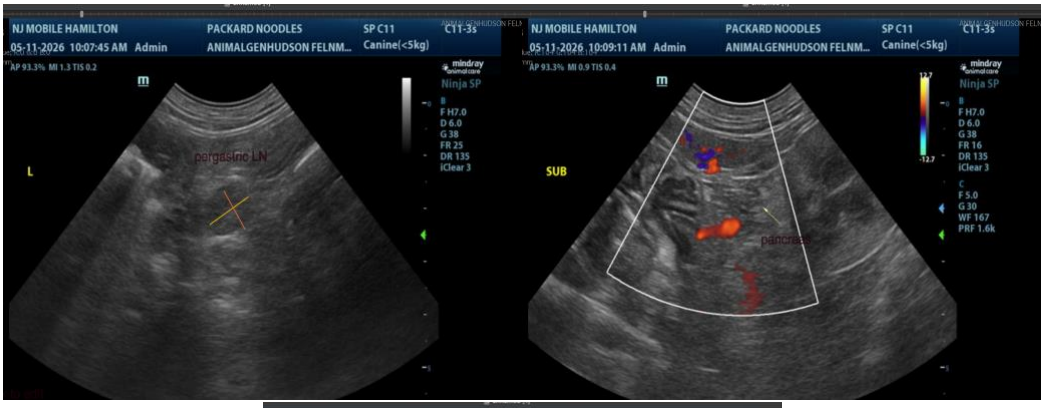

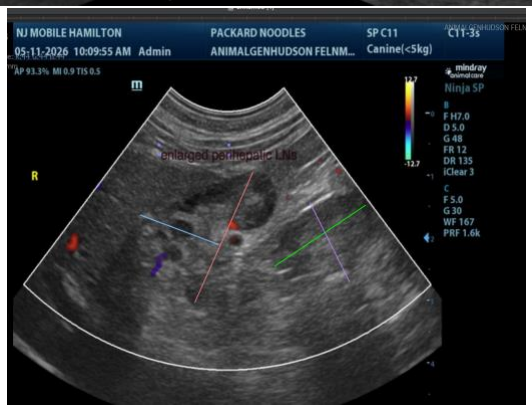

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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