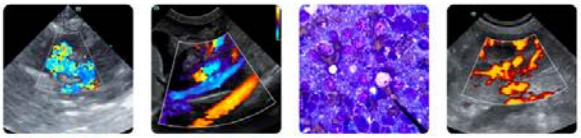

PATIENT

Ally Gould

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

Not Provided

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Whippany Vet Hospital

REFERRING VET

Dr. Smith

INVOICE

75987

DATE

6/18/26

PRESENTING CLINICAL SIGNS

Vomiting, wt loss, decr appetite, lethargic, decr in defecating
Abnormal PE/Chem/CBC/UA Results: Sdma 15

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 3.3 cm. Right kidney measured 3.0 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.4 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.1 mm in width.

Spleen

The spleen is normal in size, echogenicity and echotexture. In the head of the spleen there is a round, mildly capsule displacing hyperechoic lesion that measures 5.7 mm in width. This is most likely a benign myelolipoma, but given the appearance of this lesion I also cannot rule out possible neoplasia such as lymphoma or mast cell disease or other malignant neoplasia.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach has normal wall layering and thickness. The majority of the small bowel has normal thickness and layering. However, there are at least two segments of small bowel that are markedly irregular in appearance. They both show complete loss of normal wall layering and are diffusely hypoechoic. These sections of abnormal small bowel measure approximately 5.0 mm in width. These

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lesions do not appear to be obstructing the GI tract at this time. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are multiple markedly enlarged, hypoechoic, rounded mesenteric lymph nodes present.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

-
-

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's mildly elevated SDMA and the appearance of the kidneys on this ultrasound, recommend full staging, monitoring and managing the patient for possible chronic kidney disease.

If not recently performed, recommend urinalysis. If active urine sediment is present, recommend urine culture and antibiotic sensitivity.

Recommend fine needle aspirate of the splenic lesion with submission for cytology to further characterize the lesion. This lesion could be a benign extramedullary hematopoiesis, although this would be an unusual appearance for EMH.

Differentials for the irregular segments of small bowel include neoplasia such as lymphoblastic lymphoma or mast cell disease, possibly adenocarcinoma or leiomyosarcoma. Less likely these small bowel changes are due to an infectious disease such as feline infectious peritonitis. Recommend ultrasound guided fine needle aspirates of these lesions and submission for cytology to help further characterize the cause of these lesions to determine if possible medical management would be appropriate, or if surgical intervention would be necessary.

These lymph nodes are most likely enlarged due to metastatic neoplasia, with the primary tumor being the previously described small bowel. When aspirating the small bowel lesions, also recommend aspirating one or several mesenteric lymph nodes for cytology to help determine etiology.

Patient's prognosis at this time appears guarded to poor pending diagnostic results from small bowel lesion and mesenteric lymph node aspirates.

New Jersey Mobile
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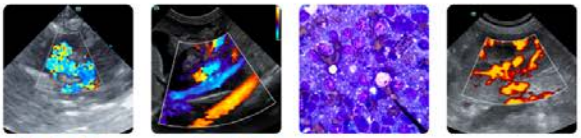

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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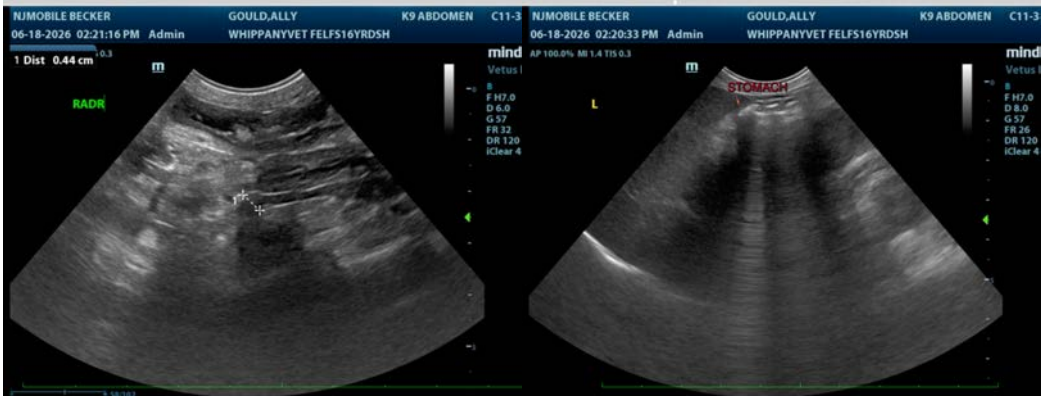

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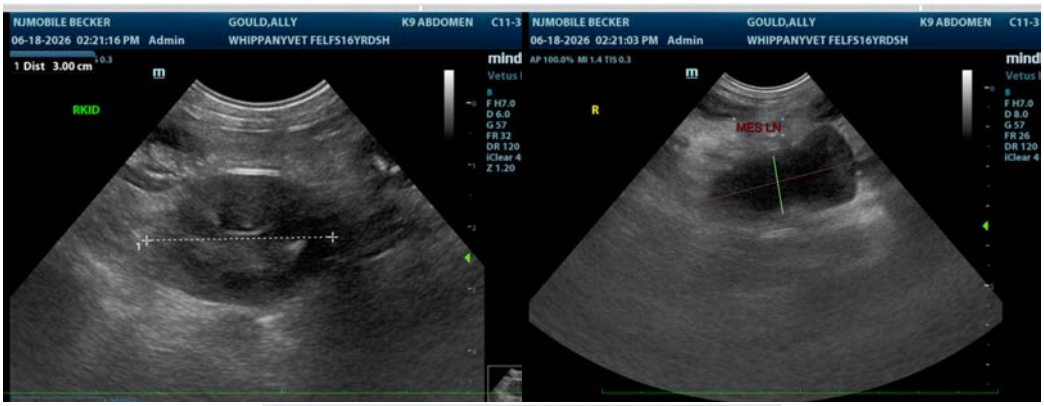

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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