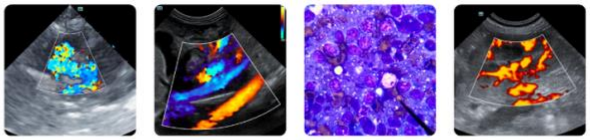

PATIENT

Neville Tarasiak

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8

WEIGHT

5.2 kg

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Nicole DeFalco

HOSPITAL NAME

PetMedic Urgent Care-Westborough

REFERRING VET

Dr. Suzanne Taylor

INVOICE

13998

DATE

03/02/26

PRESENTING CLINICAL SIGNS

- weight loss since Oct
- acute vomiting
- anorexia

Abnormal PE/Chem/CBC/UA Results: BUN 39, all other labwork wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney measured 3.55 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The regions of the **adrenal glands** were evaluated and found no discrete masses. However, they were not specifically identified in the images provided.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. The abdomen was free of gastrointestinal masses and pathological fluid.

The intestinal tract was evaluated and found normal wall layering with no evidence of discrete masses present. The muscularis layer was found to be mildly thickened with the average width measuring 0.29 cm to 0.3 cm in width. The ileocolic junction was specifically identified and there was evidence of a moderate amount of hyperechoic liquid stool noted within the transverse and proximal colon.

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There was mild mesenteric lymphadenomegaly noted with the lymph nodes measuring 0.87 cm by 0.45 cm and 3.2 cm by 0.53 cm in size.

Pancreas

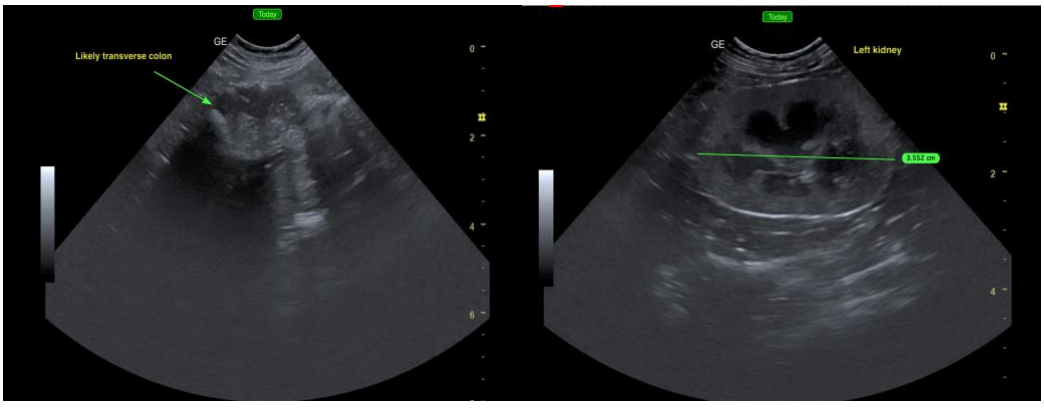
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild mesenteric lymphadenomegaly.
- Mild thickening of the muscularis layer throughout the bowel.
- Mild/moderate volume of hyperechoic fluid within the transverse colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have evidence of mild mesenteric lymphadenomegaly and mild thickening of the muscularis layer throughout the bowel. The primary differentials include underlying inflammatory bowel disease or GI lymphoma. Full thickness intestinal biopsies would be required for a definitive diagnosis. Screening fine needle aspirates of the mesenteric lymph nodes can be considered. However, special staining such as PARR testing may be required for a diagnosis of lymphoma on aspirate samples from the mesenteric lymph nodes. Empiric therapy by feeding a hypogenic diet, giving daily probiotics, supplementing vitamin B12, and treating symptoms with appetite stimulants or antiemetics can be considered if sampling is declined. A trial treatment with prednisolone in order to determine if there's good response to therapy could also be considered. However, close monitoring of the renal values should be provided if steroid use is elected.



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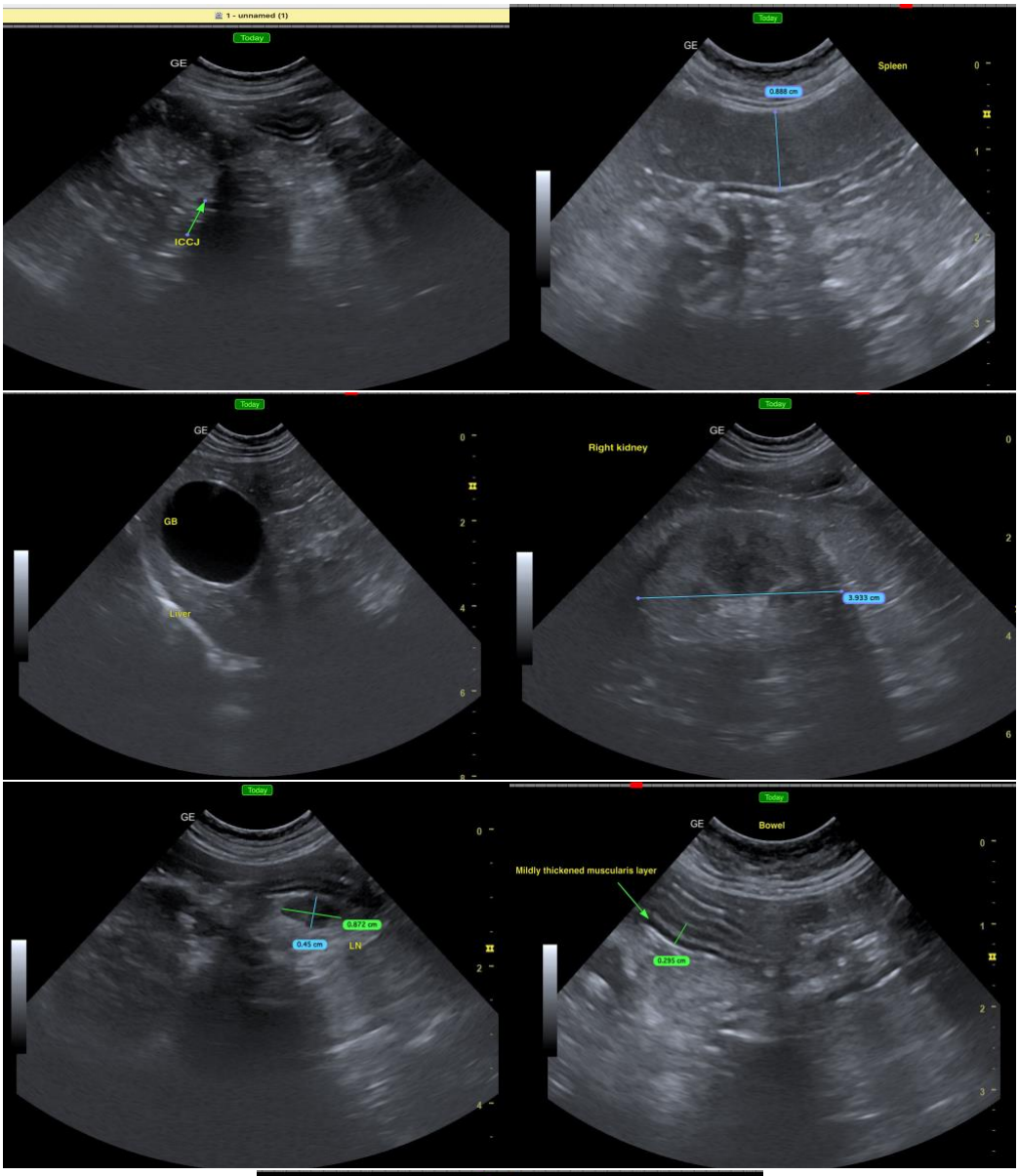

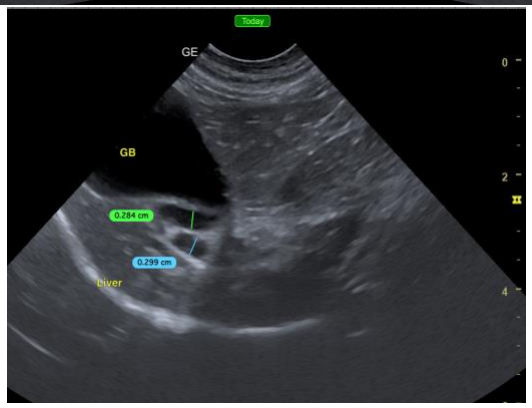

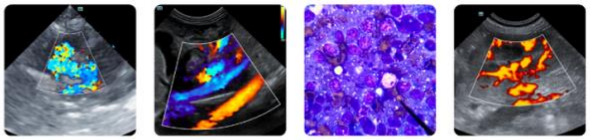

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com