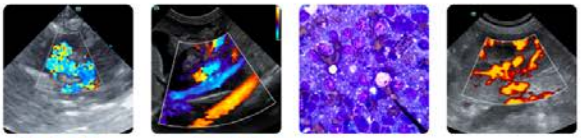


PATIENT

Miles Frisbie

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.2 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Narrowsburg Veterinary

REFERRING VET

Dr. Hess

INVOICE

72688

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Decreased appetite and weight loss. Current meds: Convenia and Gabapentin
Abnormal PE/Chem/CBC/UA Results: Increased LEZ and bili, bilirubinuria, slight anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened and irregular, measuring 0.34 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (3.53 cm) with pinpoint non-obstructive mineralizations. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.57 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.30 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

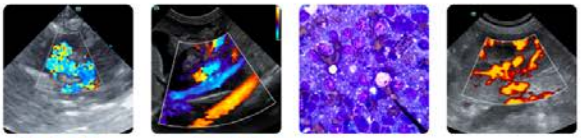
Spleen

The spleen is subjectively normal in size (0.68 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.30 cm. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There is a section of small intestine adjacent to the large mesenteric lymph nodes that appears thickened with reduced detail of wall layering.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is some inflammation visualized surrounding the hypoechoic pancreas.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a severe mesenteric lymphadenopathy with a cluster of large, hypoechoic lymph nodes at the mesenteric root surrounded by reactive mesentery. Examples of lymph nodes measure 1.89 cm x 3.37 cm and 1.18 cm x 1.25 cm. Enlarged hypoechoic lymph nodes near the ileocecal junction measure 1.23 cm x 0.64 cm, 0.62 cm, and 0.43 cm.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Prominent, hypoechoic left limb of the pancreas – Findings are consistent with moderate pancreatitis or neoplastic infiltration.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Segmental thickening of the small intestine with reduced detail of wall layering – Findings are consistent with significant inflammation or early neoplastic change.
- Severe mesenteric lymphadenopathy – Findings are most consistent with neoplastic change. Severe inflammatory change is possible.

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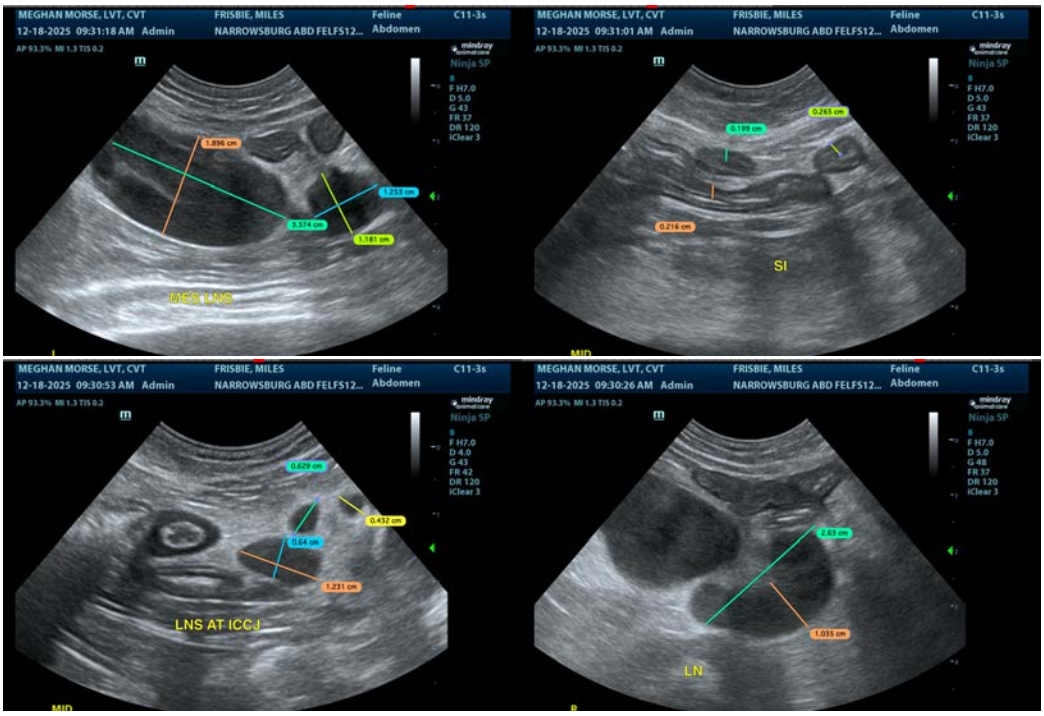
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large cluster of hypoechoic, rounded mesenteric lymph nodes. Adjacent to these lymph nodes there is thickened bowel with reduced detail of wall layering. These changes could be inflammatory but are most concerning for possible neoplastic change. Recommend a fine needle aspirate of the large mesenteric lymph nodes. Adjacent to the lymph nodes, the left limb of the pancreas is very prominent and hypoechoic with some surrounding reactive mesentery. These changes could be consistent with moderate pancreatitis, but there is concern for possible neoplastic infiltration.

The liver is hyperechoic. Given the changes visualized associated with the lymph nodes, neoplastic infiltration is a concern. Additionally, hepatic lipidosis could be a concern. Recommend fine needle aspirate of the liver (provided coagulation parameters are normal). If further treatment is pursued, a feeding tube may need to be considered.

If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding the best treatment options and prognosis. Based on the multicentric nature of this lesion, I suspect surgical options would be limited.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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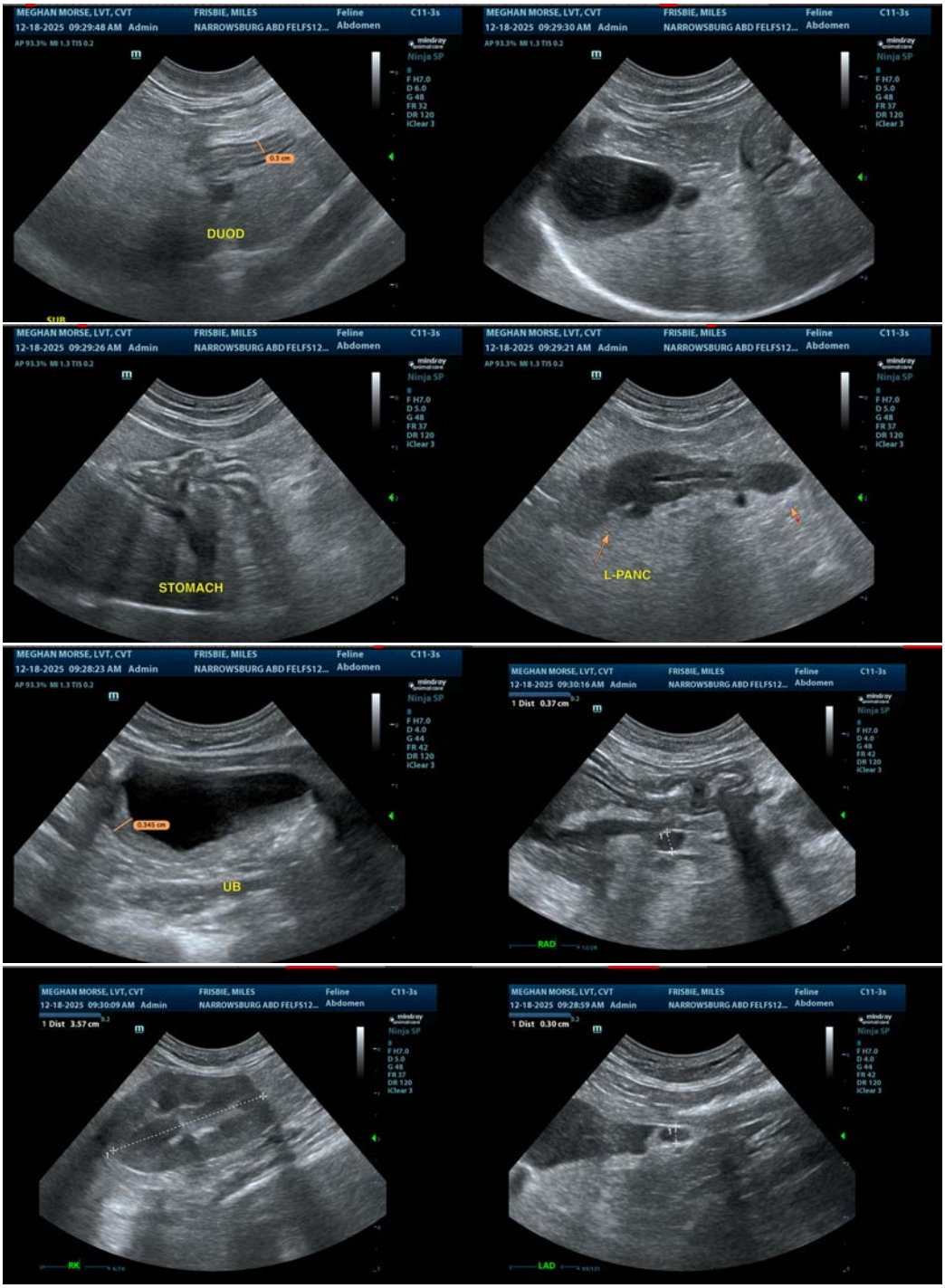
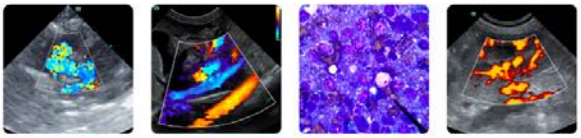


New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com