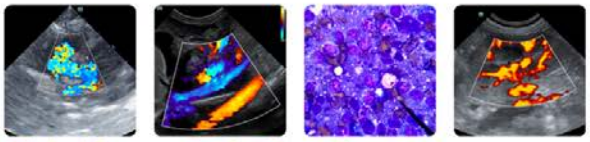


PATIENT

Monkey Hemmings

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

74526

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Monkey is an 8-year-old, neutered male domestic shorthair who presents for his first visit for a wellness exam and concerns about weight loss. The owner reports that Monkey seems to be losing weight despite eating well from an automatic feeder twice daily. He also sheds excessively in clumps, though no bald spots are noted. His diet consists of Meow Mix, and he is also given tuna. An attempt to switch to a different food in the past was unsuccessful. The owner recalls one recent episode of vomiting. Monkey is an indoor/outdoor cat who has free-roam access outside and occasionally visits a 26-acre farm. He was neutered at a clinic in Castle Shannon and had emergency abdominal surgery for a traumatic wound approximately five years ago. His last known vaccinations were about three years ago at a clinic in Ohio. The owner applies Revolution for parasite prevention, but the date of the last application is unknown. Patient did have a trial of deworming done. Fecal Pending. TLI/PLI/B12/B9: Pending

Abnormal PE/Chem/CBC/UA Results: Problem List//Differentials - **Weight Loss**: Differentials include gastrointestinal disease (Inflammatory Bowel Disease, GI Lymphoma), hyperthyroidism, chronic kidney disease, chronic pancreatitis, intestinal parasitism. - **Thickened Intestines and Enlarged Mesenteric Lymph Nodes (on ultrasound)**: Differentials include Inflammatory Bowel Disease (IBD), gastrointestinal (GI) lymphoma, infectious enteritis. Labs - see attached document

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with a large amount of suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

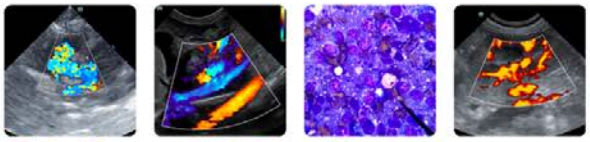
The left kidney has a normal shape and size (4.19 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.22 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 0.41 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.



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Spleen

The spleen is subjectively normal in size (0.89 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, and echogenicity with smooth peripheral margins. The parenchyma is homogenous 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.

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 0.32 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mesenteric lymphadenopathy present with large, iso/slightly hypoechoic lymph nodes. Examples measure 0.62 cm x 1.54 cm, 0.56 cm x 1.66 cm, and 0.67 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large amount of suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Prominent/diffusely mildly thickened small intestine with some areas exhibiting a prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

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- Occasional large mesenteric lymph nodes – Findings are consistent with inflammatory lymph nodes, although early neoplastic change cannot be definitively ruled out.

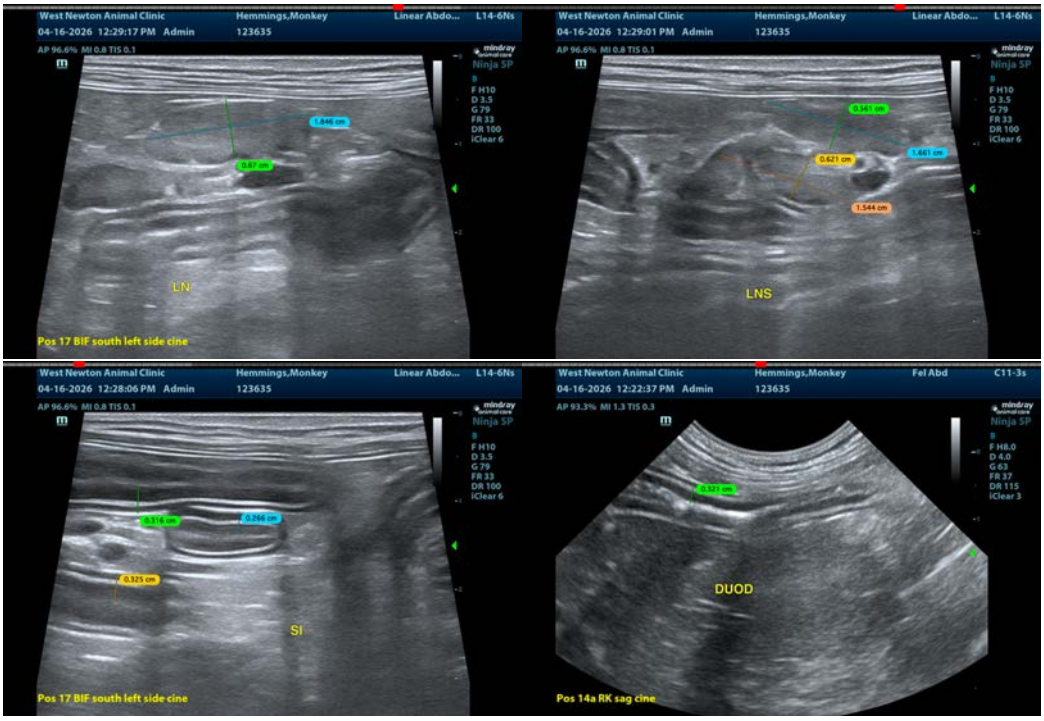
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears mildly diffusely thickened and subjectively ropey with some areas exhibiting a prominent muscularis layer. These changes are most consistent with inflammatory type change, although early neoplastic change can have a similar appearance. Additionally, there are prominent mesenteric lymph nodes.

Initially, you could consider a diet trial with a novel protein prescription diet (if this is possible in this indoor/outdoor cat). Additionally, a GI panel may be helpful (I believe this is currently pending). The low albumin levels are concerning, as this could indicate a more significant level of gastrointestinal disease (protein losing enteropathy), and could increase the risk for an underlying neoplastic process.

Ideally, biopsies of the GI tract would be performed to further evaluate. If a safe window for sampling of a mesenteric lymph node is possible, this could be considered for cytologic evaluation. If biopsies of the GI tract are not an option, empirical treatment with an anti-inflammatory dose of steroids could be considered with the knowledge that if there is an underlying neoplastic process, this could temporarily mask issues but will not prevent progression of the disease process and could interfere with future treatment.

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



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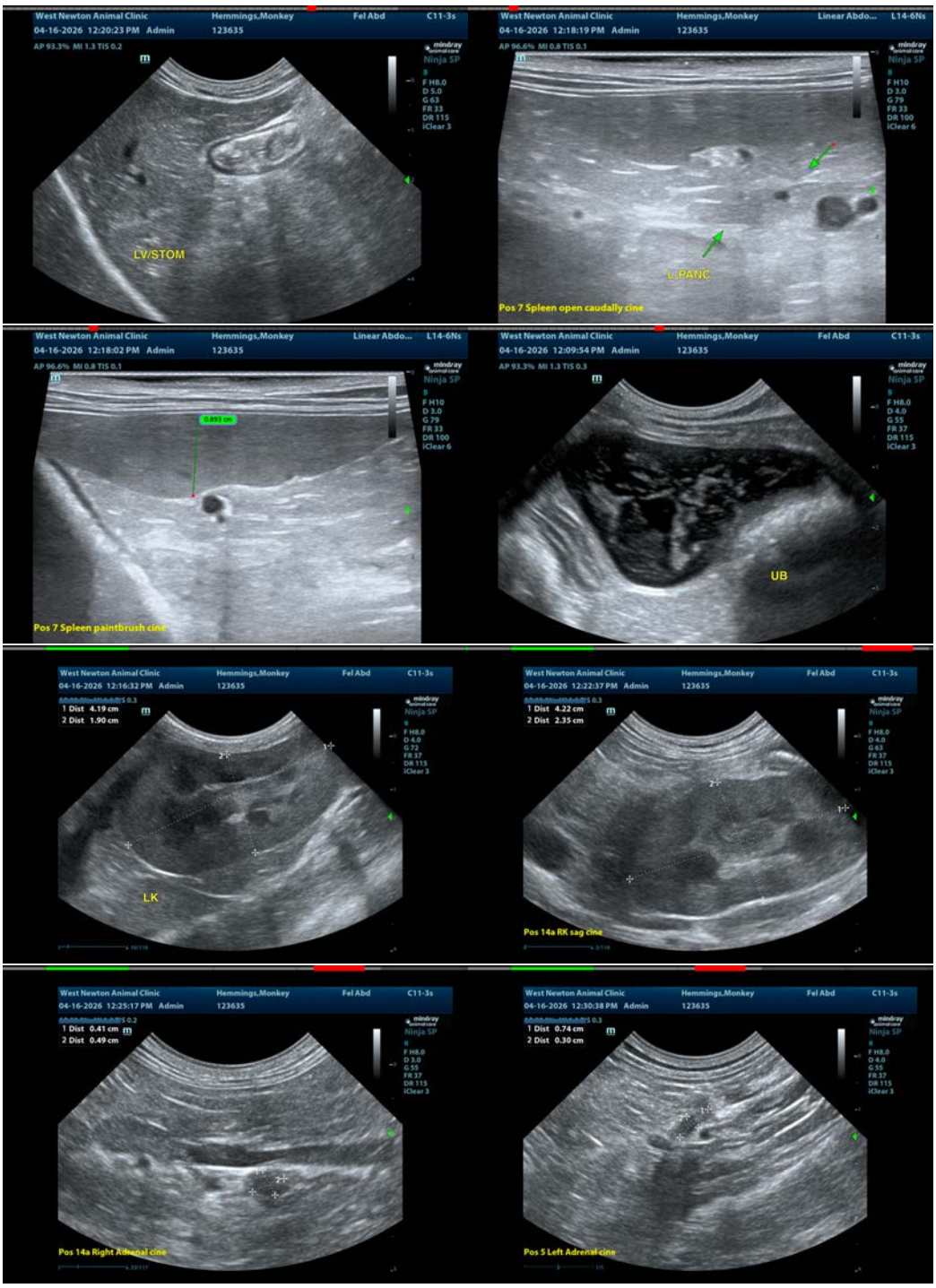

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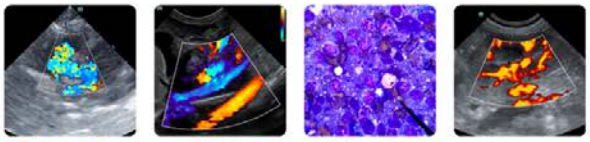

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com