



DATE PRESENTING CLINICAL SIGNS

04/03/26 Patient History: Pet seen 2/7/26 for not eating, lethargy, 5 lb wt loss. Bloodwork showed elevated T4, low platelet count. Started y/d diet. Recheck exam 3/6/26-pet vomiting on y/d, started methimazole 5mg sid. CBC normal. Recheck exam 4/1/26-pet not eating, vomiting more. T4 check normal. U/S recommended.

PATIENT

Pumpkin Brown

Current Medications: Methimazole 5 mg sid
Labwork Results: Labwork not attached, reported as: Elevated T4, normal after starting medication. CBC results normal after recheck

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Sedated with Telazole and Torbugesic.
Stat Report: Not requested.

BREED

DSH

Imaging Performed by: Andi Parkinson, BS, RDMS,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

AGE

05/01/14

The left kidney has a normal shape and size (4.01 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

8.6 pounds

The right kidney has a normal shape and size (4.04 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is plump measuring 0.57 cm width. 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.

HOSPITAL NAME

Honeygo Animal
Hospital

The right adrenal gland is plump measuring 0.67 cm width. 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.

REFERRING VET

Dr. Weight-Weichert

Spleen

The spleen is subjectively normal in size, 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. The spleen measured 0.90 cm.

INVOICE

14826

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild/moderate fluid/shadowing ingesta. It measures at a normal thickness of <0.7 cm 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.

Some areas of duodenum, jejunum and ileum have a uniform diameter with minimal to mild fluid and gas. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. The duodenum wall measured 0.22 cm wall width. The jejunum wall measured 0.23 cm wall width. The ileum is prominent measuring 0.40 cm wall width. There is mild generalized fluid and gas distention visualized associated with the small intestine. The ileum appears thickened, getting progressively more thickened as it reaches the ileocecal junction.

The ileocecal junction is visualized and appears diffusely thickened with reduced detail of wall layering, particularly in the proximal ascending colon which measures at 0.41 cm. The descending colon wall measures 0.12 cm with intact wall layering. There is no observed focal or generalized colon wall thickening or loss of layering. The colon contained nonformed fecal material and gas shadowing distally.

Pancreas

The pancreas is prominent and mottled in both limbs compared to the surrounding isoechoic 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 moderate diffuse lymphadenopathy with a cluster of hypoechoic rounded mesenteric lymph nodes around the ileocecal junction with examples measuring 0.56 cm, 0.40 cm and 0.32 cm. There is a large gastric lymph node measuring 0.56 cm x 1.08 cm and a large mid-abdominal mesenteric lymph node measuring 1.19 cm x 2.43 cm. The omentum is diffusely hyperechoic, particularly around the enlarged lymph nodes.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.
- Mild fluid distention of the stomach and some areas of small intestine. Mild generalized ileus is suspected. A partially obstructive process cannot be ruled out but is not observed.
- Thickened ileum and proximal ascending colon with reduced detail of wall layering- findings are concerning for a severe inflammatory or early neoplastic change.
- Diffuse moderate lymphadenopathy with a cluster around the ileocecal junction- findings are most concerning for metastatic lymph nodes (round cell neoplasia). Highly reactive lymph nodes are also possible.

Secondary Findings

- Plump adrenals- stress secondary to non-adrenal illness is suspected. Recommend continued monitoring.

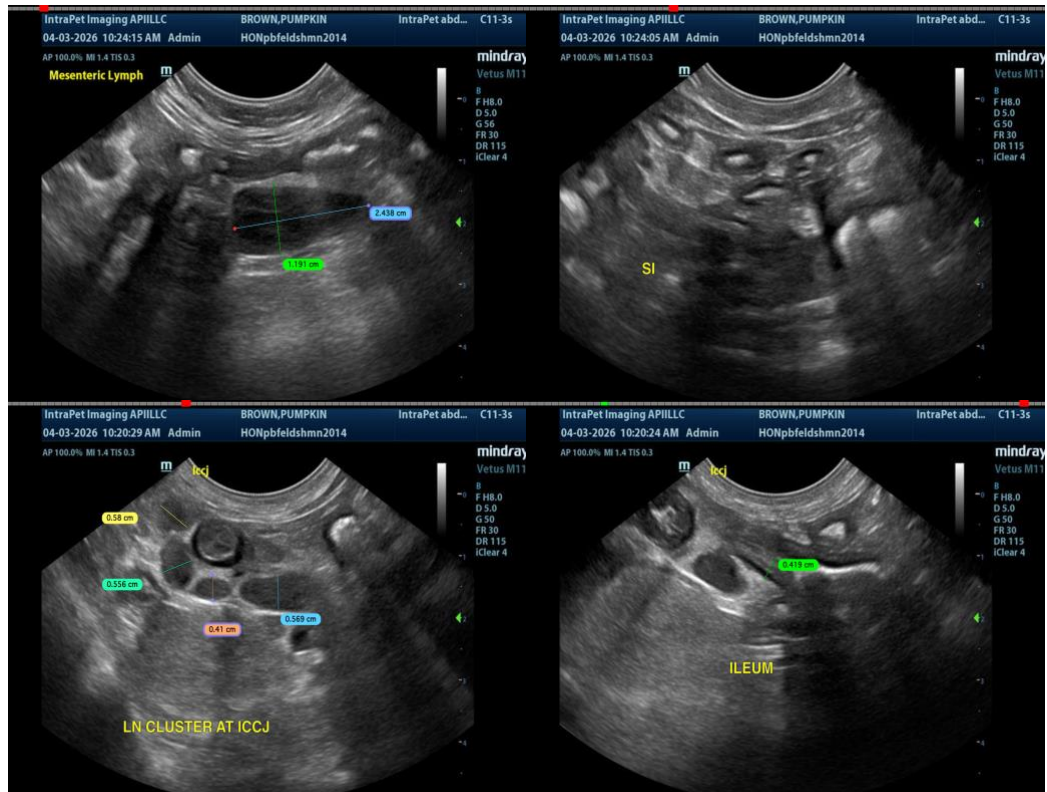
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

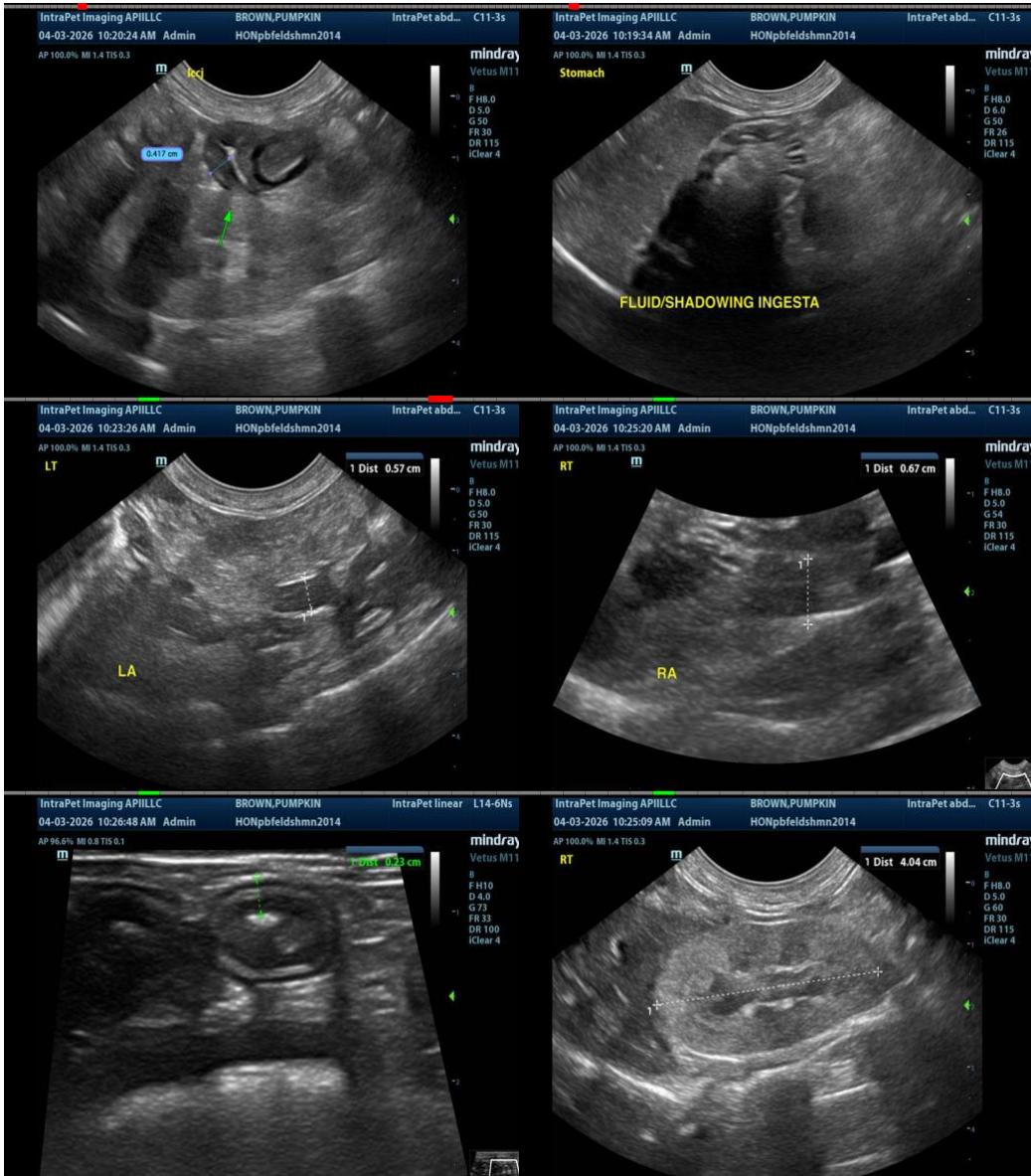
There is generalized inflammation in the abdomen with clusters of large hypoechoic lymph nodes. These are particularly prominent in the cranial abdomen and at the ileocecal junction. There is a large hypoechoic mid-abdominal mesenteric lymph node which borders on a mass effect.

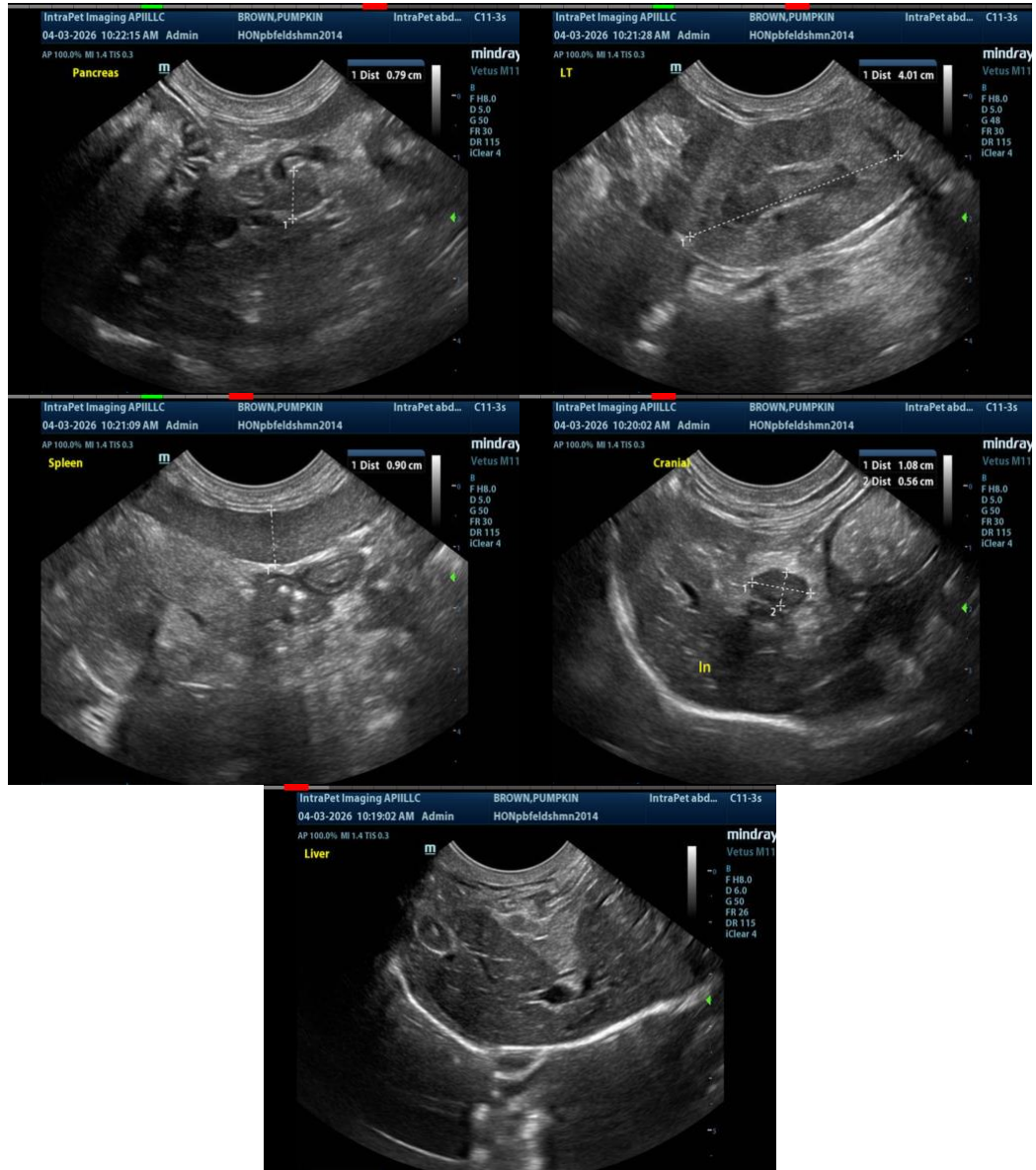
The ileocecal junction appears thickened with reduced detailed of wall layering. These changes are concerning for underlying round cell neoplasia, carcinoma, other. FIP would be an alternate differential.

Recommend a fine needle aspirate of the thickened ileocecal junction/ascending colon and a large mesenteric lymph node to further evaluate. If cytology is not diagnostic, surgical biopsies may need to be considered.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.







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