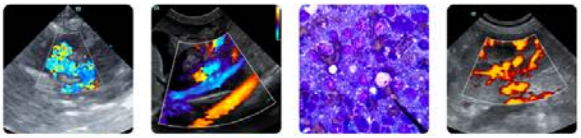


PATIENT

Peanut Moran

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

7.04 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Heart and Paw

REFERRING VET

Dr. Marmolejo

INVOICE

75432

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Weight loss, suspect mid abdominal masses, palpated on exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild 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 (3.35 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 (3.63 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 0.25 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 0.36 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.

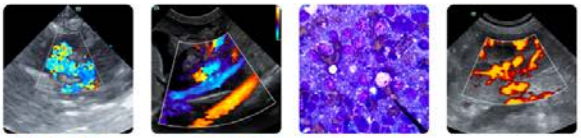
Spleen

The spleen is subjectively normal in size (0.64 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.



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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.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.24 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There is a focal section of small bowel with a focal irregular hypoechoic mass effect asymmetrically involving the bowel wall with some luminal compromise. Wall layering is lost. This measyres 2.08 cm x 1.95 cm.

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 area of 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 mid abdominal mass effect suspected to represent a large hypoechoic, rounded lymph node measuring 1.63 cm x 4.08 cm. A 2nd bowel mass lesion cannot be ruled out, but an association with the small intestine is not visualized.

The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder.
- Focal hypoechoic bowel mass lesion – This could represent a benign or neoplastic lesion (adenoma, carcinoma, round cell neoplasia, other).
- Mid caudal abdominal mass lesion – This 2nd lesion has the appearance most consistent with an enlarged lymph node, although an association with the bowel cannot be definitively ruled out. A metastatic lymph node is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal bowel mass lesion that is asymmetrical and results in loss of wall layering with some narrowing of the bowel lumen. Recommend a fine needle aspirate of this lesion for cytologic evaluation. Additionally, there is a 2nd mass effect that is suspected to be an enlarged mesenteric lymph node. No association with the small intestine is observed, but this cannot be definitively ruled out. Recommend a fine needle aspirate of this lesion as well.

If a cytologic diagnosis cannot be obtained, surgical evaluation with biopsies +/- bowel resection may be warranted.

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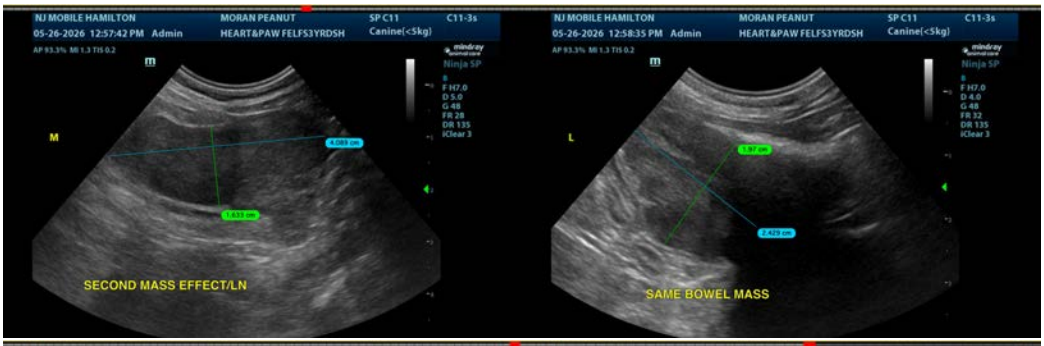
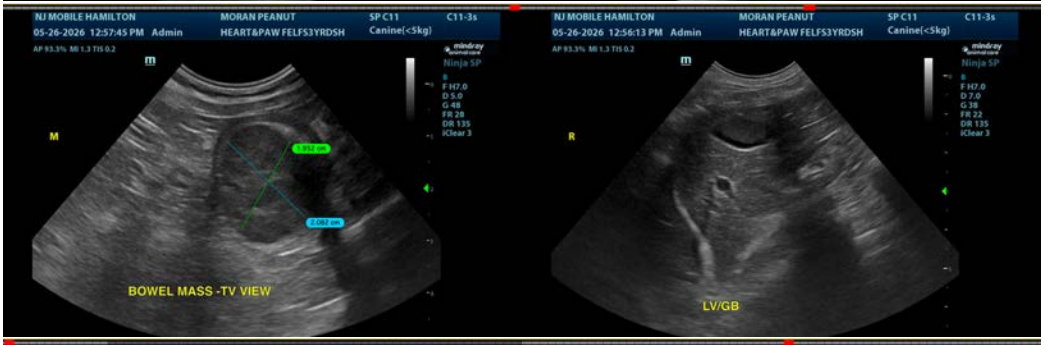
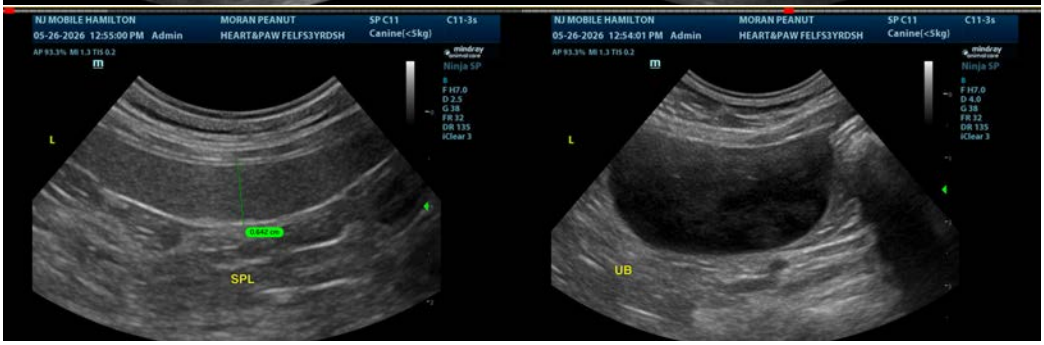
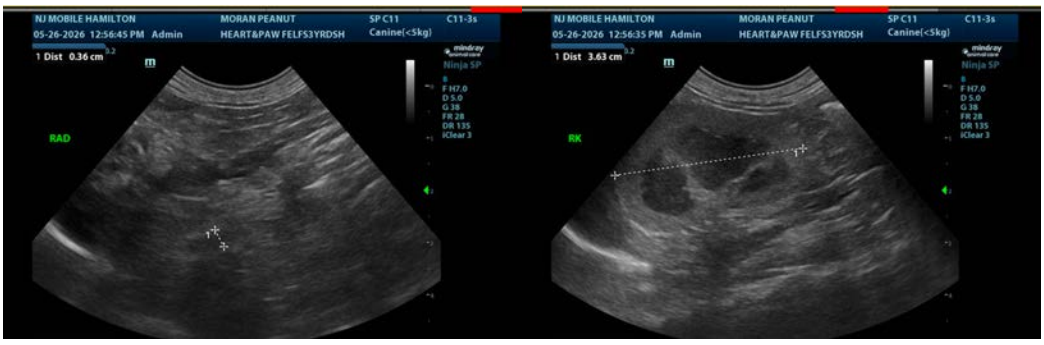
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).









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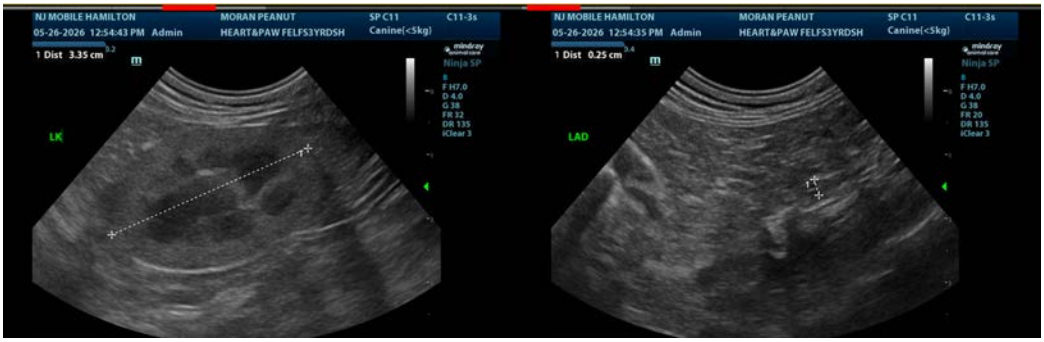

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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