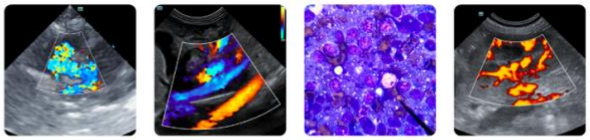


PATIENT

Capri Bellows

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

12 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Giuliani

HOSPITAL NAME

The Pet Hospital of Stratford

REFERRING VET

Dr. Giuliani

INVOICE

12298

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Pt went to ER on 11/12 for ADR, not eating, and diarrhea. At ER pt had 104.7*F fever. BW done on 11/13 showed: mild decrease in alb, calcium, sodium and anemia. Pt given convenia and SQ fluids. Temp today was 102.7. Still lethargic, vomiting, not eating, and mucoid diarrhea.

Abnormal PE/Chem/CBC/UA Results: Attached most recent bw

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate to hyperechoic moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized with no obvious pathology.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width.

Spleen

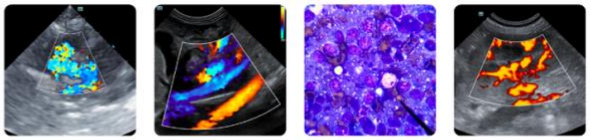
The spleen presented nonenlarged in size, mild medial capsule asymmetrical contour and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum. The spleen measured 0.75 cm width level of the mid spleen.

Liver

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented with overall intact wall layering with thickened wall noted in the area of antrum and pylorus with mild decreased generalized gastrointestinal mural echogenicity. Pylorus wall measured 0.42 cm wall width. The stomach was empty with mild lumen gas.

The small intestine presented with diffusely thickened subjective intact visible wall with altered to inverted wall layer ratio owing to variably to significantly thickened intestine muscularis layer. Thickened small intestine measured 0.52 cm wall width.

Normal intact visible colon wall layers were present. The colon was nondistended containing generalized nonformed fecal matter consistent with patient's history.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Mid abdomen to multiple variably swollen hypoechoic nonhomogenous mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of lymph nodes measured 4.1 cm x 2.5 cm. perilymphatic to generalized mild hyperechoic omentum and mild volume of effusion was visualized.

Transdiaphragmatic view of the caudal thorax revealed suspected concurrent caudal pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic swollen mesenteric lymphadenopathy, generalized hyperechoic omentum and mild volume peritoneal effusion.
- Thickened gastrointestinal tract/colon with nonformed fecal matter.
- Mildly prominent hypoechoic pancreas.
- Mild hepatomegaly with nonenlarged hypoechoic spleen.
- Suspect transdiaphragmatic concurrent pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the mesenteric lymphadenopathy meets neoplastic criteria with multicentric round cell neoplasia i.e. lymphoma or other concurrently involving the small intestine, potentially liver and thoracic cavity is suspected. Multicentric significant inflammatory disease, infectious disease or FIP is thought less likely. Assuming normal clotting status and using a 25-gauge needle, accessible lymph node and screening hepatosplenic FNA cytology and three view chest radiographs are recommended. Definitive diagnosis may require biopsies for histopathology. Recheck retroviral status may be considered if not recently done.

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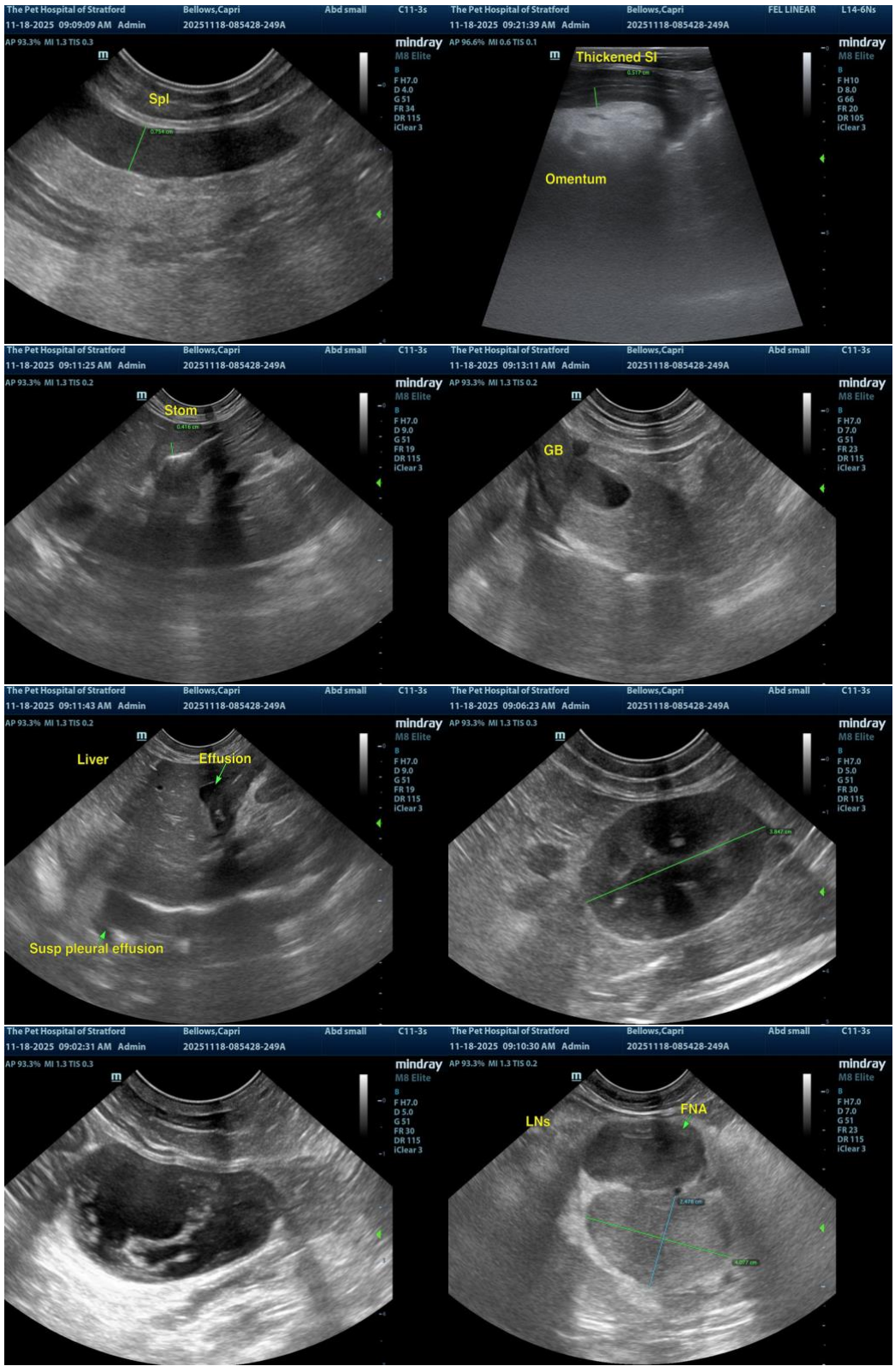

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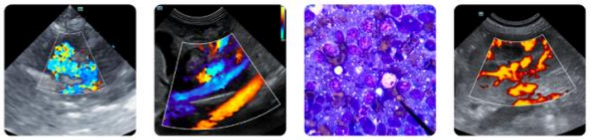

Clinical Sonography & Telecytology
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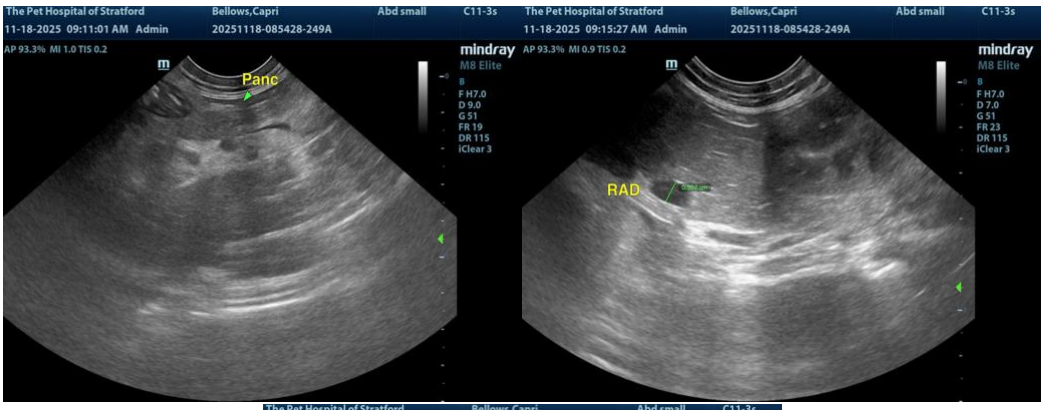

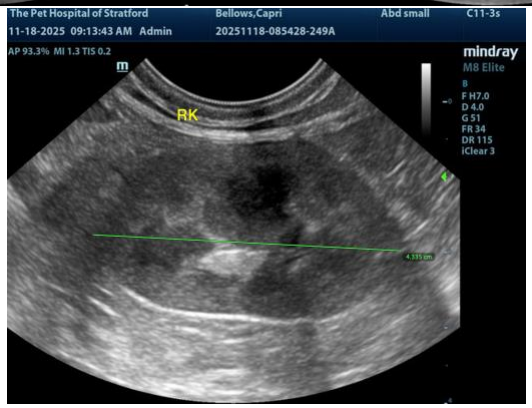

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com