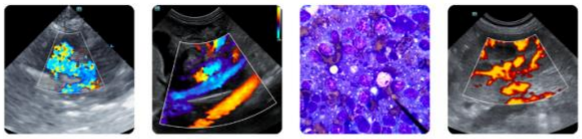

PATIENT

Oliver Toll

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2017

WEIGHT

9.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Lehigh Valley Animal Hospital

REFERRING VET

Dr. Primiani

INVOICE

14662

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- Chronic vomiting
- Responds to medical management, but still 1-2x daily
- Medication: rx diet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent /mild 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.95 cm width level of the mid spleen.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented variably thickened wall exhibiting segmental indistinct to loss of mural detail including mid abdomen intestinal mural mass with thickened segmental intestinal wall and complete loss of mural detail. Intestinal mass wall measured 0.53 cm wall width. By comparison, variably thickened small intestine wall measured 0.32 cm wall width.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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

Multifocal irregularly swollen hypoechoic mesenteric lymph nodes were present with the largest in the cranial abdomen adjacent to the stomach with potential for undifferentiated mass. An example of enlarged lymph node measured 2.4 cm in diameter. Peri-intestinal/perilymphatic hyperechoic omentum with no obvious visualized significant effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

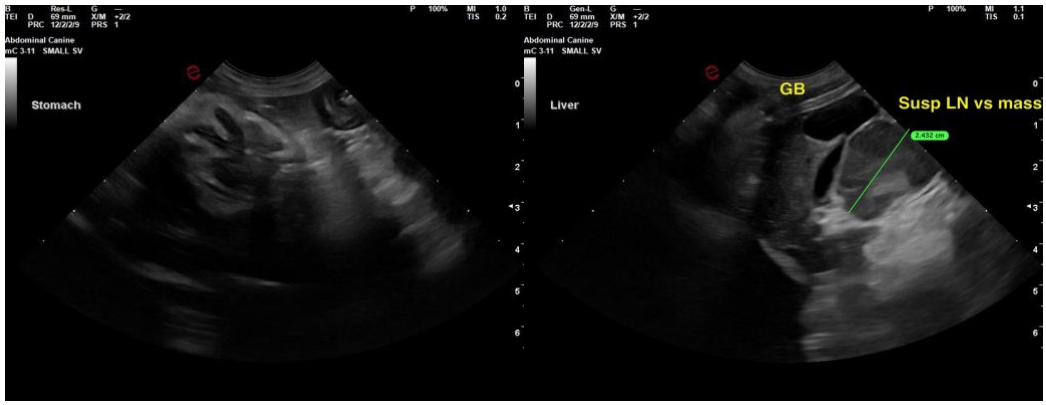
- Diffuse infiltrative enteropathy pattern with segmental intestinal mural mass.
- Multifocal variably swollen to hypoechoic mesenteric lymph nodes with possible cranial abdomen lymphatic versus undifferentiated mass.
- Generalized hyperechoic omentum.
- Sonographically normal empty stomach.

Secondary Findings

- Bilateral chronic renal changes.
- Urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, multicentric, intestinal, and lymphatic neoplastic criteria is met. Multicentric round cell neoplasia such as lymphoma or other is probable. Further assessment may include (assuming normal clotting status) lymph node +/- intestinal mass wall FNA cytology. Technically severe multicentric inflammatory disease or FIP is possible yet thought less likely.



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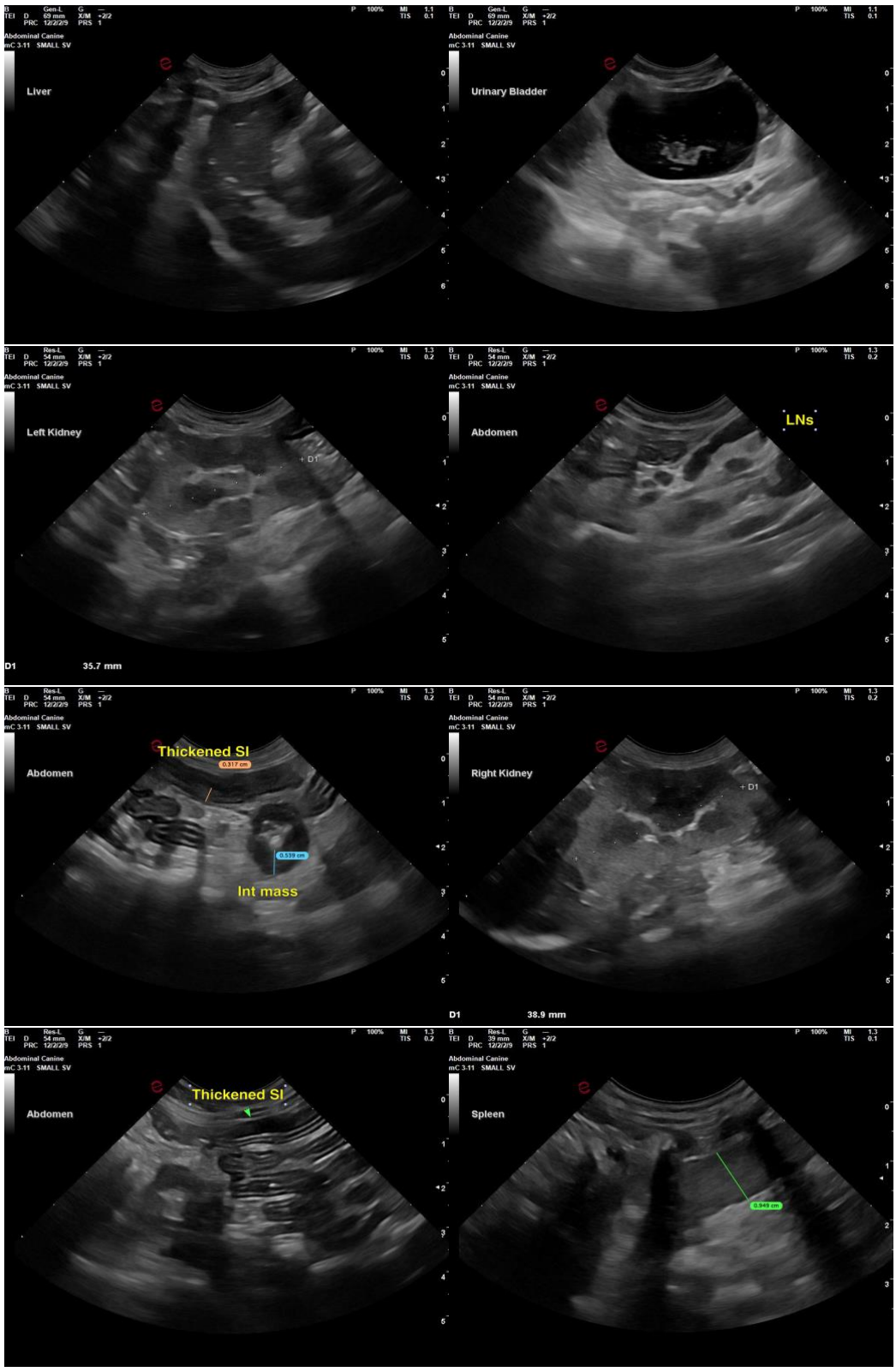

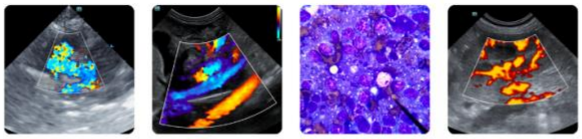

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com