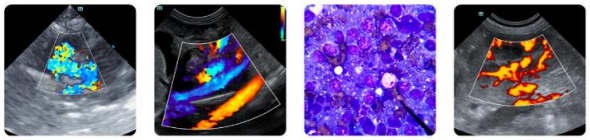


PATIENT

PT Pepe

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 yrs

WEIGHT

12.6

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Calise

INVOICE

10943

DATE

6/2/26

PRESENTING CLINICAL SIGNS

decrease appetite
Abnormal PE/Chem/CBC/UA Results: globulin 6.6

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. Mild, nondependent particulate to focally hyperechoic 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 pathology in the area of the aortic trifurcation.

Normal size and margination were present in the left kidney. 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 4.1 cm in length.

The right kidney was enlarged in size. A 1:3 cortex/medullar ratio was overall maintained with nonuniform hyperechoic cortex echogenicity exhibiting enhanced to indistinct corticomedullary border demarcation. Asymmetrical renal margination was noted with no obvious right retroperitoneal or perinephric effusion. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

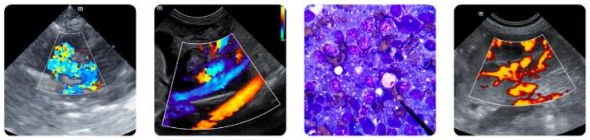
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.7 cm width at the level of the mid spleen.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 without evidence of retained ingesta, fluid, or foreign material.



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The small intestine presented overall intact wall layering exhibiting segmental mildly thickened wall and altered wall layer ratio. Segmental thickened small intestine measured up to 0.3 cm wall width. Altered wall layered ratio primarily owing to subjective mildly thickened muscularis layer. The ileocolic junction was intact with a non-thickened wall, measuring 0.36 cm.

Segmentally thickened proximal colon was noted, exhibiting hypoechoic mural echogenicity and loss of proximal colon wall layer detail. The proximal colon measured 0.36 cm wall width. The remainder of the visualized colon exhibited overtly normal intact wall layering. Generalized formed to semi-formed fecal matter was noted.

Pancreas

The area of the pancreas was normal, exhibiting 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

Multiple, irregular to variably enlarged, swollen hypoechoic mid-abdomen mesenteric lymph nodes were present. An example of a larger lymph node measured 3.7 cm x 1.9 cm, exhibiting width: length ratio >0.5. Perilymphatic hyperechoic omentum was noted. Minor midabdomen peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Multiple variable hypoechoic to swollen jejunocolic lymphadenopathy
- Variably thickened small intestine with altered wall layering and subjective emerging proximal mural mass
- Mild right renomegaly exhibiting cortical hyperechogenicity
- Perilymphatic hyperechoic omentum and minor peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the lymph nodes meet neoplastic criteria with multicentric round cell neoplasia, i.e., lymphoma or other involving the small intestine, proximal colon and suspect right kidney, probable. FNA cytology of a lymph node for further clarification and potential oncology consult indicated. Nonspecific, inflammatory disease or less likely FIP, given patient age, possible yet thought less likely.

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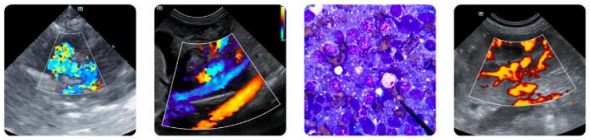

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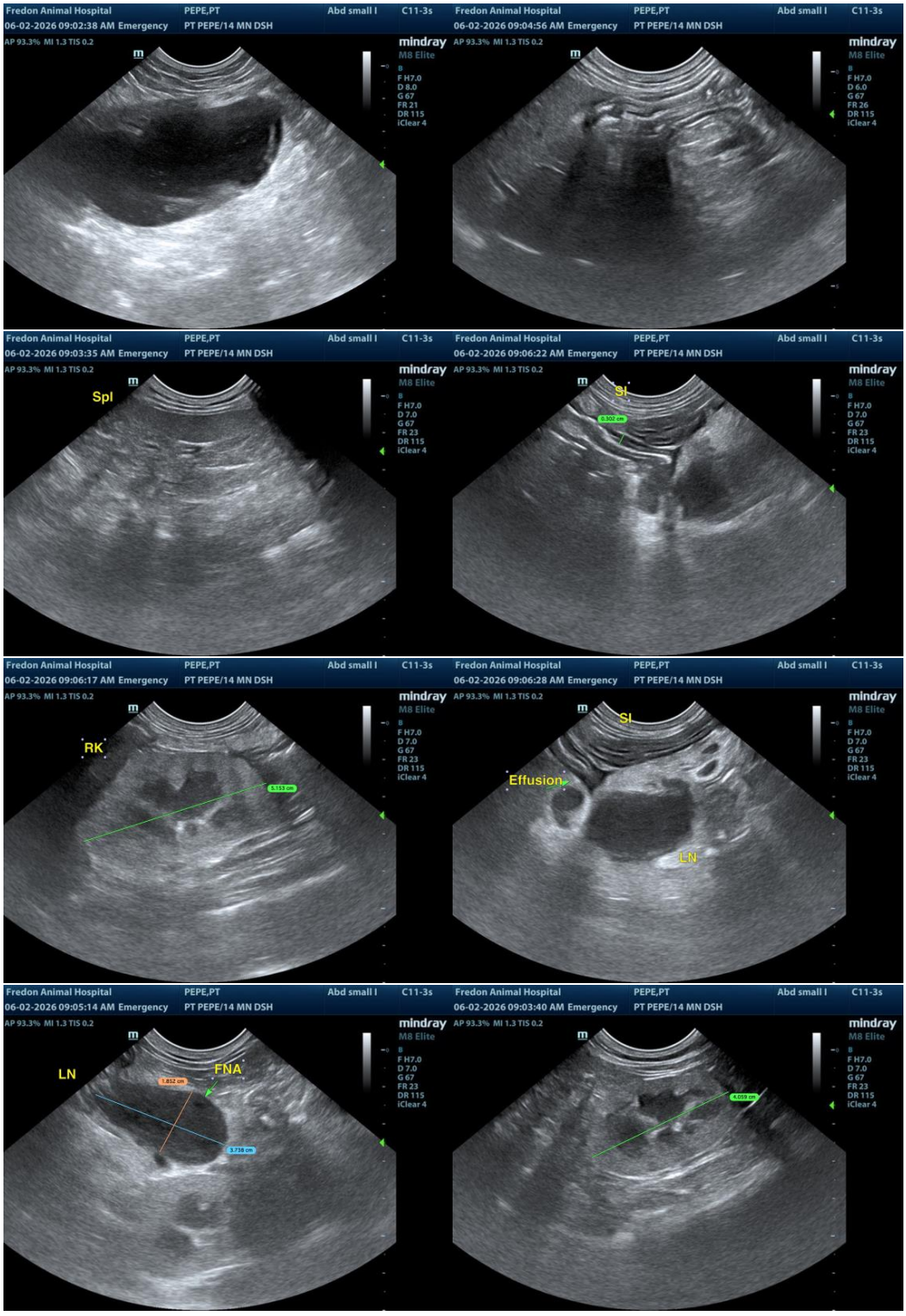

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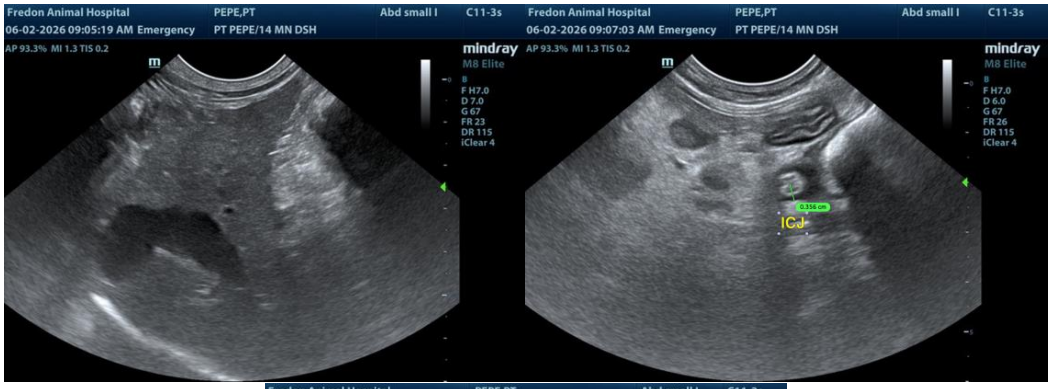

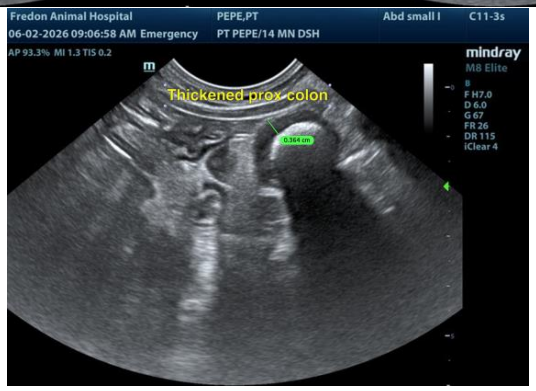

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com