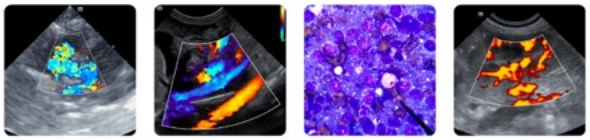


PATIENT

Enoch Jardinero

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

1 year

WEIGHT

5.1 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Corbeil

HOSPITAL NAME

Cochrane AH

REFERRING VET

Dr. Corbeil

INVOICE

73938

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- came in March 11th for 1 week lethargy and not eating, 1kg weight loss
- POCUS showed very large abdominal/mesenteric LNs and adjacent severely thickened loop of intestine.
- CBC chem showed severe hyperglobulinemia and low AG ratio 0.3, moderate anemia
- felv FIV snap test negative
- Ddx dry FIP vs lymphoma vs other. FNA of large cluster mesenteric LNs showed mixed lymphocyte population ('reactive'), FIP mRNA test on lymph node aspirate was negative
- started 5mg prednisolone PO q12hr - clinical signs resolved, gained back 1kg
- March 11th bloodwork- Total Protein 96 g/L rr 57- 89 Globulin 72 g/L rr 28- 51 Hematocrit 0.246 L/L rr 0.303- 0.523 UA cysto inactive sediment FNA large mesenteric LNs - Reactive lymphoid hyperplasia with mild inflammation Recheck bloodwork March 31st- Globulin 54 g/L rr 28- 51 - improved Total Protein 85 g/L rr 57- 89 -normal AG ratio improved 0.6 ALP 114 U/L rr 14- 111 - steroid tx Glucose 13.35 mmol/L rr 4.11- 8.84 likely stress (fractious in clinic, req sedation) Hematocrit 0.227 L/L rr 0.303- 0.523 slightly worsened anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

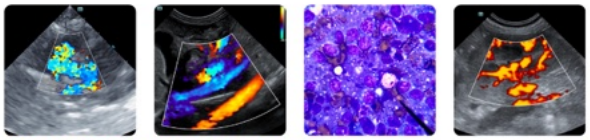
Normal renal size (left measured 4.5 cm, right measured 4.3 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.21 cm in length x 0.42 cm in width. The right adrenal gland measured 1.1 cm in length x 0.32 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.9 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. The small intestine measured up to 0.25 cm. Fecal material is present in the colon.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.3 x 1.1 cm in size maintaining a normal shape, but with a hypoechogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenomegaly.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the mesenteric lymphadenomegaly would be lymphadenitis, granulomatous disease and infiltrative neoplasia such as lymphoma.

Reactive hyperplasia, would be an unlikely differential diagnosis.

The most likely etiologies for the urinary bladder sediment would be incidental debris and crystalluria.

Ideal further assessment of the mesenteric lymphadenomegaly would either be a wedge or tru cut biopsy.

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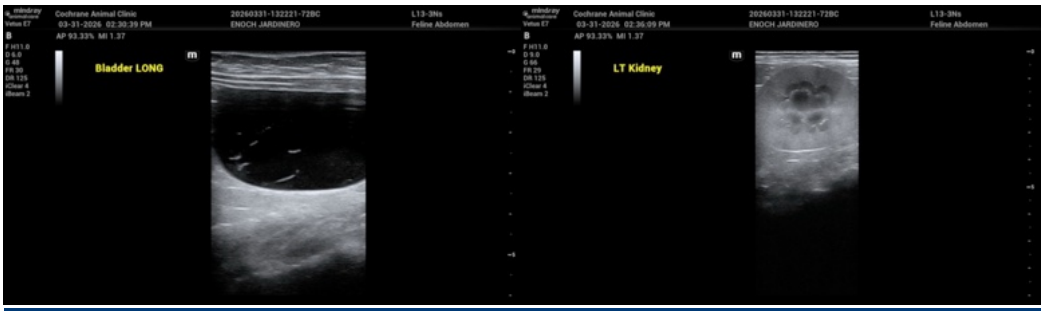
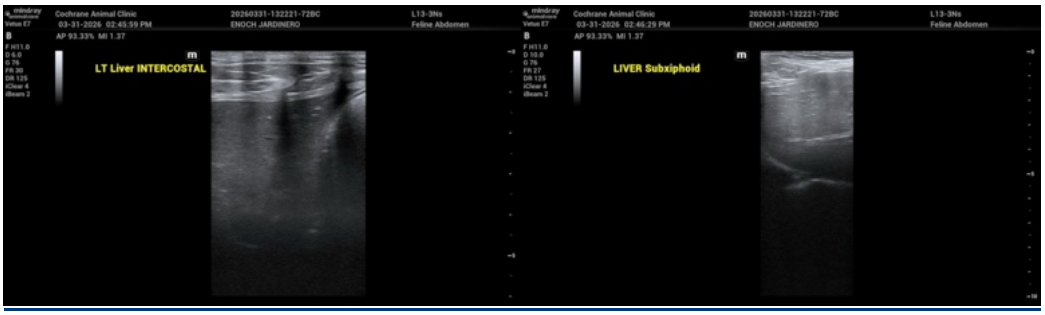
Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the prednisolone and to taper off if there is complete resolution of the mesenteric lymphadenomegaly.





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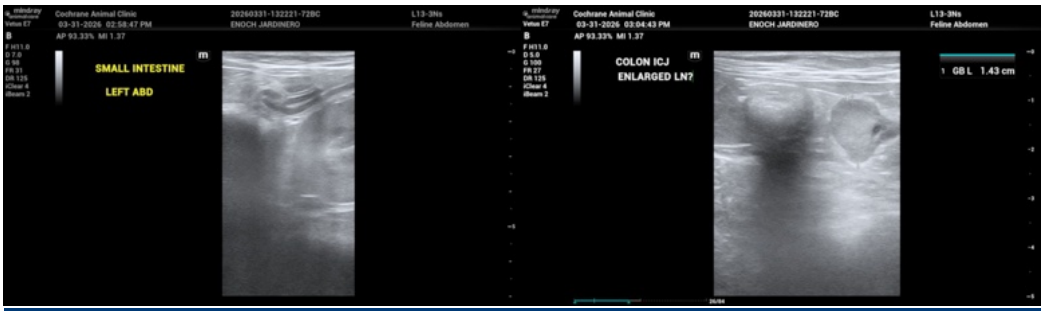

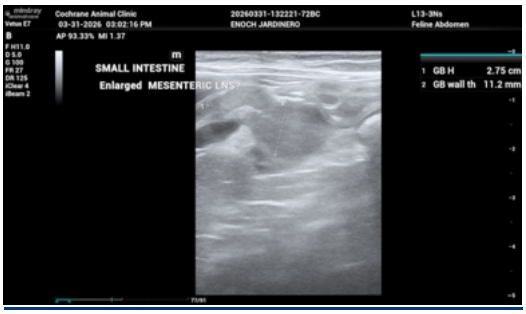

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com