



## PATIENT

Jasmine Maxey

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

14 years

## WEIGHT

8.69 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Nikki Wright

## HOSPITAL NAME

Bush AH

## REFERRING VET

Dr. Wright

## INVOICE

75006

## DATE

4/29/26

## PRESENTING CLINICAL SIGNS

History: recheck of mesenteric lymphadenopathy found at previous AUS - pet is being treated for hyperthyroidism. no GI upset that O is aware up but she is indoor/outdoor. Weight is stable.  
Abnormal PE/Chem/CBC/UA Results: hx T4 - 3.6 and CBC/Chem/UA otherwise NSF. recheck labs are pending since starting methimazole

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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 3.6 cm, right measured 3.5 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

The adrenal glands are not visualized.

### 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.

### 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.



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## *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. Fecal material is present within the colon.

## *Pancreas*

Prominent appearance of the left pancreatic lobe with a hypoechogenic appearance, but irregular capsule and normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreatic lobe measures 0.9 x 1.9 cm in size. Normal size and appearance of the right lobe.

## *Free Abdomen*

Focal mesenteric lymphadenomegaly measuring 0.6 x 0.9 cm in size with a hypoechogenic appearance and a rounded shape. Normal echogenic appearance of the mesentery surrounding the lymph node. The rest of the mesenteric lymph nodes are of normal size and echogenic appearance.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Prominent left lobe of the pancreas
- Ongoing, focal mesenteric lymphadenomegaly

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the lymph node on this ultrasound is similar, but possibly smaller than that of the previous ultrasound.

The prominent appearance of the left lobe of the pancreas would be consistent with a previous episode of pancreatitis. As the lymph node is of a similar appearance and size as that of the previous ultrasound, the most likely etiology would be reactive hyperplasia.



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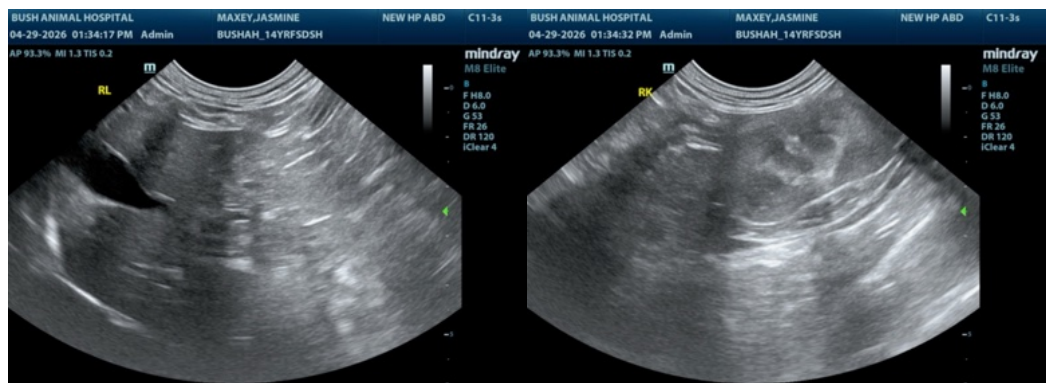
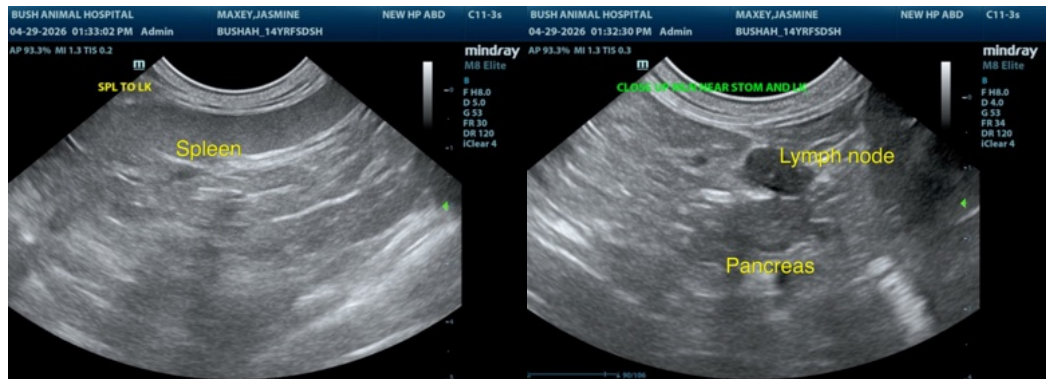
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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