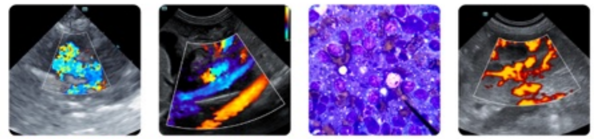


PATIENT
Roscoe Maugeri

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
11 years

WEIGHT
16.5 lbs

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Animal Hospital of Roxbury

REFERRING VET
Dr. Elia/Hickenbottom

INVOICE
78797

DATE
6/17/26

PRESENTING CLINICAL SIGNS

History: Looking for primary cancer-Hypereosinophilia. Current Medications: Famotidine
Abnormal PE/Chem/CBC/UA Results: WBC-39.07; EOS-24.14

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 3.9 cm, right measured 4.0 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.59 cm in width. The right adrenal gland measured 0.5 cm in width.

Spleen

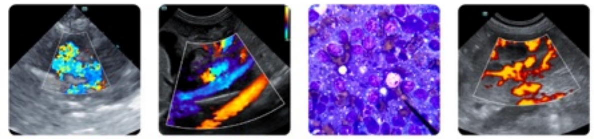
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.0 cm in width.

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 small 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, 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. Thickening of the small intestine (up to 0.4 cm) with no loss of layering but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

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

Prominent mesenteric lymph nodes measuring up to 0.4 x 0.8 cm in size with a slightly rounded shape and hypoechogenic appearance.

Large, irregular, hypoechogenic mass was associated with the mesenteric lymph node measuring 2.9 x 4.0 cm in size.

No ascites evident.

Diffuse, hyperechogenic appearance of the mesentery surrounding the small intestine and lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Mesenteric lymphadenomegaly.
- Enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the lymph node mass would be neoplasia with granuloma a less likely differential diagnosis.

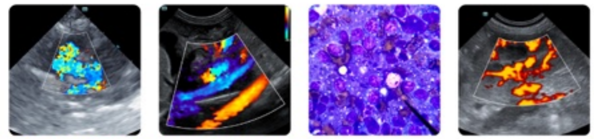
Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, infiltrative neoplasia and possibly lymphadenitis.

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease, granulomatous enteritis and lymphoma.

The mesenteric inflammation can be ascribed as secondary to the enteropathy, mesenteric lymphadenomegaly and the lymph node mass.

Initial further assessment would be FNA cytology of the lymph node mass.

Additional diagnostics that can be considered would be survey thoracic radiographs, fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.



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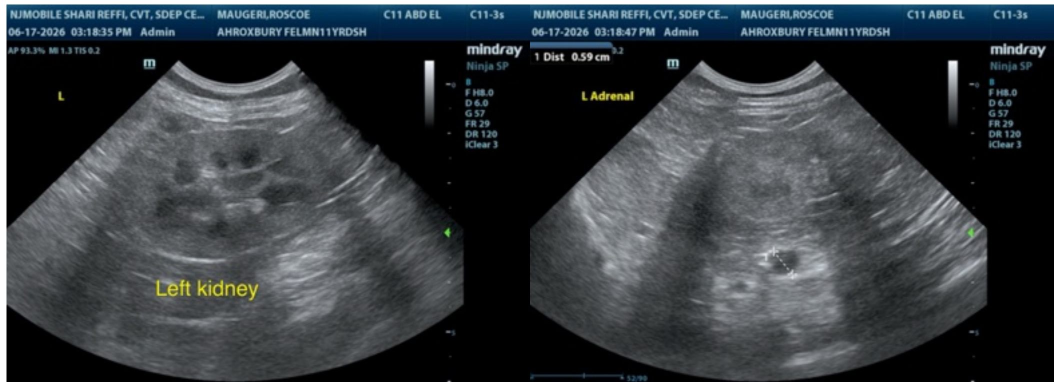
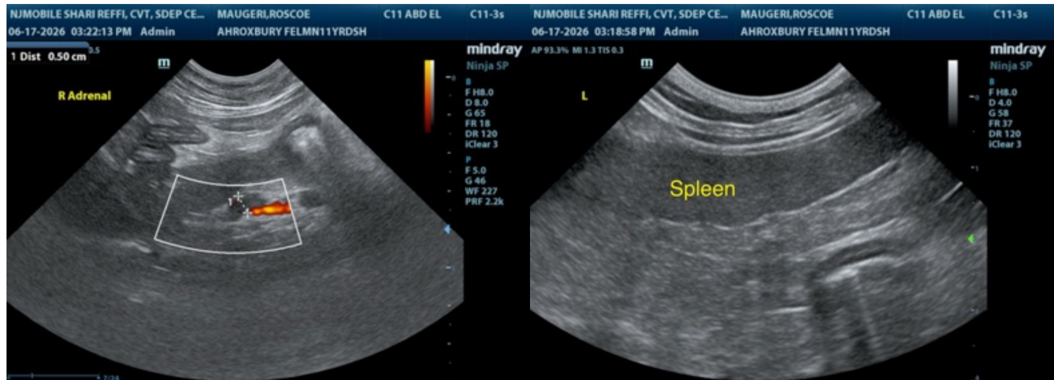
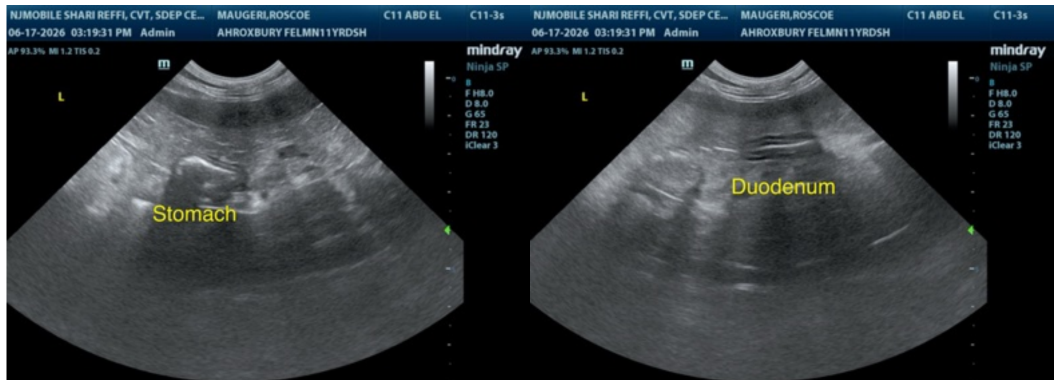
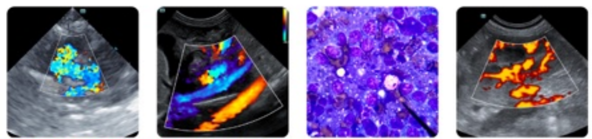
Specific therapy would be dependent on an etiological diagnosis.









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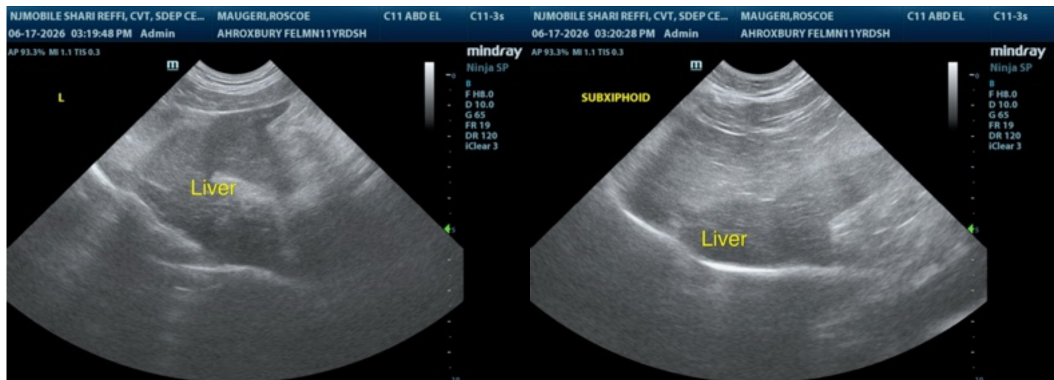

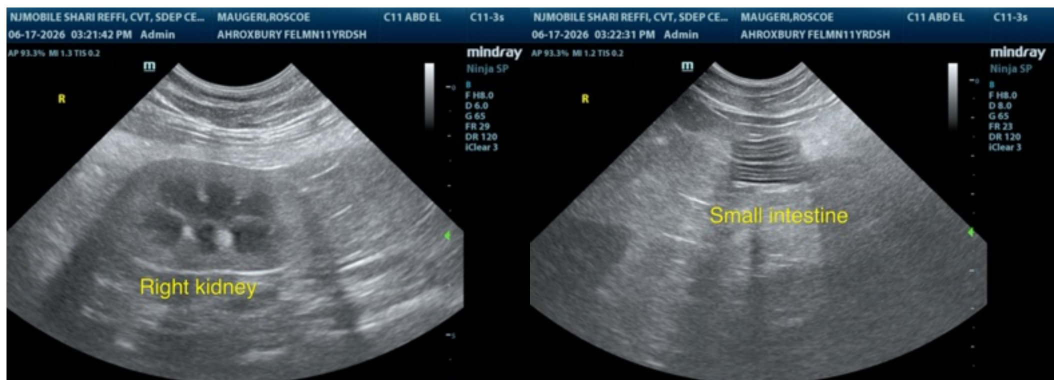

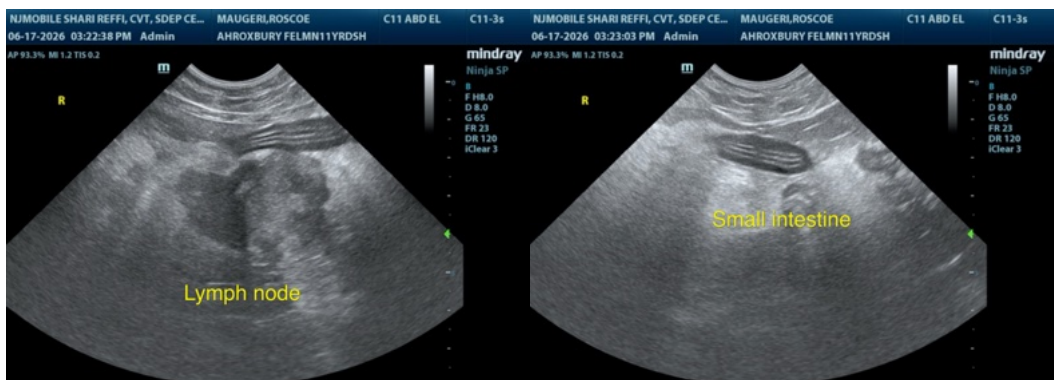

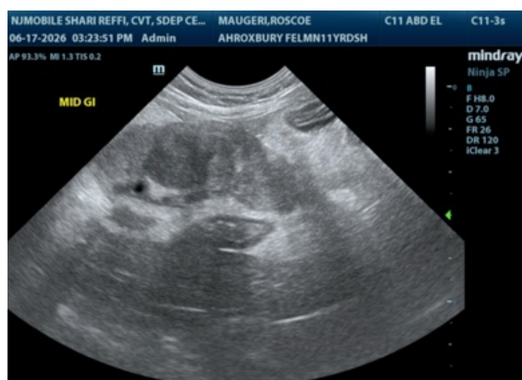

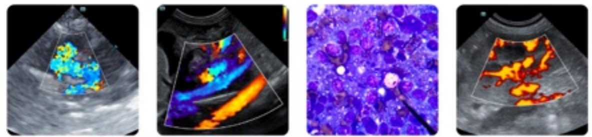

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com