



PATIENT

Ares Bondi

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12

WEIGHT

5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast VRH

REFERRING VET

Dr. Runde

INVOICE

35892

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Presented for vomited and elevated liver enzymes. Ultrasound revealed enlarged mesenteric lymph nodes and SI thickening. endoscopy post ct - large hairball - obtained biopsies and aspirates
Abnormal PE/Chem/CBC/UA Results: ALT 399, glucose 171

COMPUTED TOMOGRAPHIC OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a post-contrast CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

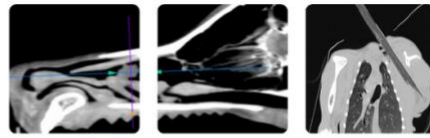
Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

At the medial aspect of the body of the spleen, a well-defined nodular is seen presenting the same attenuation and contrast enhancement pattern like the spleen.

The common bile duct is mildly dilated, measuring up to 1.5 mm in diameter. The gallbladder wall is prominent, measuring up to 1.6 mm in width – the wall layering is maintained.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement. The pancreatic duct is dilated, measuring up to 2.5 mm in diameter; throughout the dilated pancreatic duct, multiple mineral attenuating calculi are seen; measuring <1 mm.

The stomach contains foamy, unstructured material. The wall of the ileum is prominent – accentuating the muscular layer. The remainder of the position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.



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The colonic lymph nodes and jejunal lymph nodes are prominent and have a mild irregular contrast enhancement pattern.

The bony and surrounding soft tissue structures reveal no abnormalities.

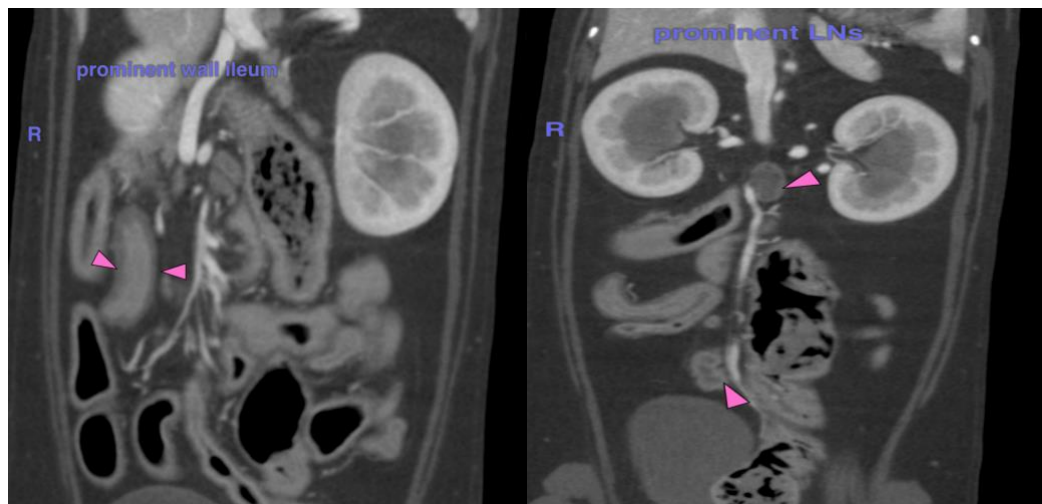
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy colonic lymph nodes and jejunal lymph nodes
- Prominent muscular layer ileum
- Foamy material in stomach
- Mild thickened gallbladder wall – suggestive for cholecystitis/cholangiohepatitis
- Dilated pancreatic duct with pancreatolithiasis and without mechanical obstruction – likely an age-related finding
- Dilated common bile duct without mechanical obstruction
- Splenunculus
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened wall of the ileum can present a normal anatomical variant (prioritized) or inflammatory (e.g. lymphoplasmacytic, eosinophilic) versus neoplastic infiltration (e.g. round cell tumor) of the wall of the ileum.

The prominent jejunal lymph nodes and colonic lymph nodes are suggestive for reactive lymphoid hyperplasia, however ultrasound guided FNA sampling would be beneficial to rule out malignant infiltration.



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.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com