



PATIENT

Emma Roth

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3+

WEIGHT

3

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

73099

DATE

12-23-25

PRESENTING CLINICAL SIGNS

Presented for straining to have a bowel movement, decreased appetite, vomiting. Ultrasound showed thickened intestines and associated lymphadenopathy.

Abnormal PE/Chem/CBC/UA Results: CA 7.4, Alb 2, HCT 23, WBC 19.64

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen are provided for review totaling 3 series. One pre-contrast series of the whole-body, soft tissue algorithm. One post-contrast series of the thorax, soft tissue algorithm. One post-contrast series of the abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

There is a focal to segmental region of marked circumferential intestinal wall thickening, extending for at least 6.0 cm in length. The wall thickness in this segment measures approximately 0.8 to 1.1 cm. This lesion is located in the right caudal abdominal region, involving the terminal jejunum and ileum. A portion of the affected intestinal segment demonstrates a mass-like appearance, with associated luminal narrowing and partial obstruction, evidenced by retention of heterogeneously hypoattenuating fluid material, small mineral foci, and gas accumulation within the orally adjacent intestinal segment.

The ileocolic and jejunal mesenteric lymph nodes are mildly enlarged. The largest jejunal lymph node measures approximately 2.2 × 1.1 cm. Remaining abdominal lymph nodes are within normal limits.

The adjacent serosal fat shows fat stranding, consistent with local inflammatory or infiltrative change. The remaining serosal fat exhibits normal attenuation.

The stomach is empty, normal wall thickness.

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material. Wall thickness is within normal limits.

The liver is homogeneously soft tissue attenuating and mildly non-uniformly contrast enhancing correlated to the post-contrast phase, incidental, with normal size and shape. The gallbladder, cystic duct and common bile duct are within normal limits.

The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal pelvis and ureters are within normal limits.

The urinary bladder is moderately filled by homogeneously hypoattenuating fluid material. Normal wall thickness.

The spleen is homogeneously soft tissue attenuating, and incidental non-uniformly contrast enhancing, with normal size and shape.

The pancreas, remaining abdominal lymph nodes and adrenal glands are within normal limits.

THORAX



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The sternal and cranial mediastinal lymph nodes are moderately enlarged and rounded. The sternal lymph node measures approximately 1.3×0.8 cm, and the largest cranial mediastinal lymph node measures approximately 1.9×1.0 cm. Tracheobronchial lymph nodes are within normal limits.

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The trachea and main bronchi are within normal limits.

The pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

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The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

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The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

The pleural space, diaphragm, and thoracic wall are unremarkable.

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The thoracic esophagus is mildly air-filled, likely correlated to the anesthesia.

The musculoskeletal structures are unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Segmental, with mass-like intestinal wall thickening involving the terminal jejunum and ileum, associated with partial luminal obstruction, adjacent serosal fat stranding, and mild enlargement of the ileocolic and jejunal mesenteric lymph nodes. Primary differential diagnoses include intestinal neoplasia (particularly lymphoma or adenocarcinoma), concurrent mild regional peritonitis.
- Moderate enlargement of the sternal and cranial mediastinal lymph nodes. Differential diagnoses include reactive lymphadenopathy or metastatic involvement.
- No evidence of pulmonary metastatic disease.

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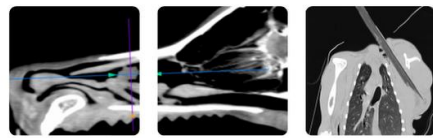
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings show a focal intestinal infiltrative process affecting the terminal jejunum and ileum, resulting in partial mechanical obstruction. The mass-like mural thickening, regional lymphadenomegaly, and serosal reaction are most consistent with intestinal neoplasia, likely lymphoma or less likely adenocarcinoma.

Histopathological confirmation is required for definitive diagnosis. Ultrasound-guided fine-needle aspiration and/or surgical biopsy of the intestinal lesion and associated mesenteric lymph nodes is recommended.

Given the imaging suspicion of intestinal neoplasia, particularly lymphoma, laboratory testing for Feline Leukemia Virus (FeLV) is recommended, especially considering the patient's age.



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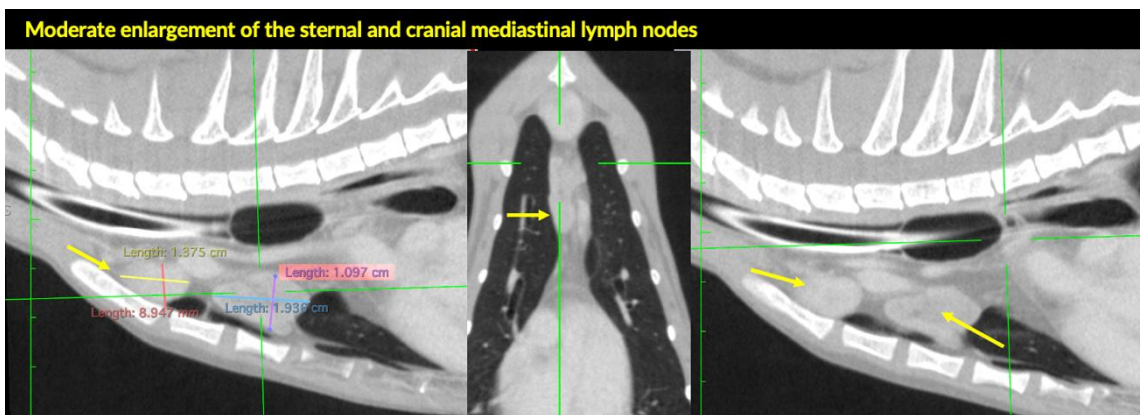
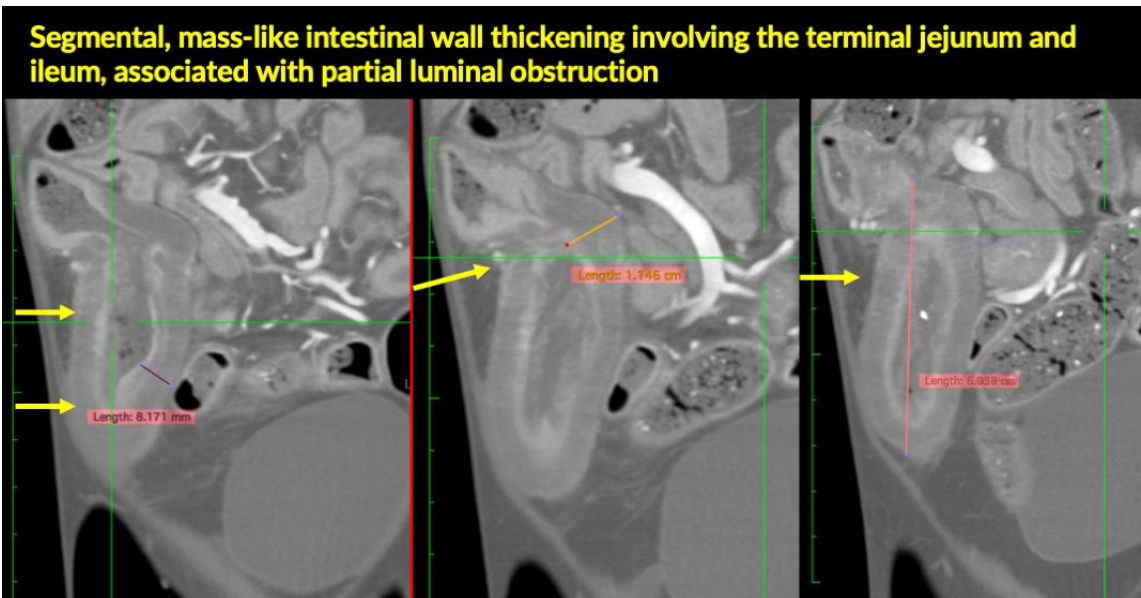
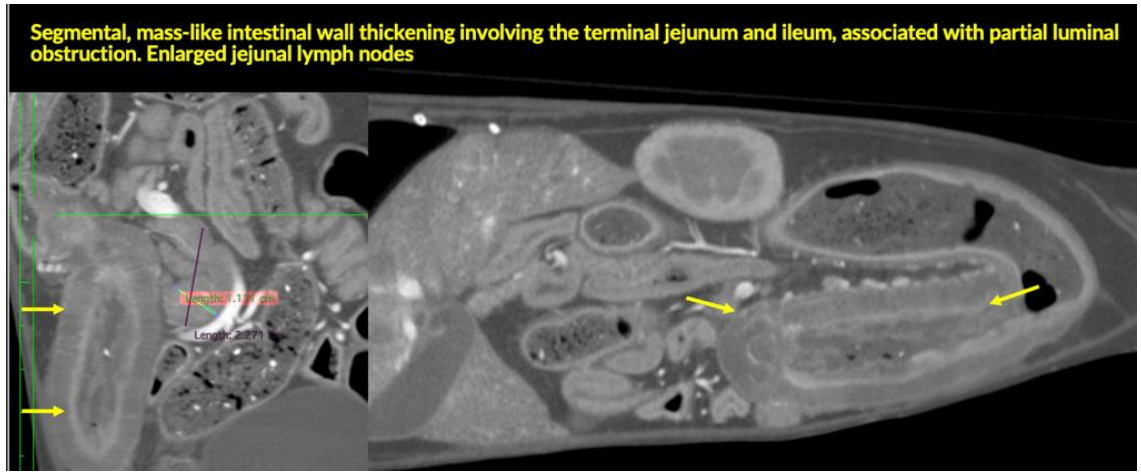
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@sonopath.com

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