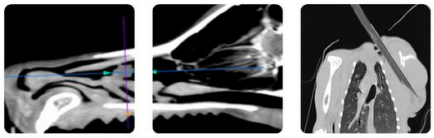


PATIENT

Gary Kieswetter

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Tabby

AGE

6Y

WEIGHT

12.68

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidi K - Jenna W

HOSPITAL NAME

Animal Clinic Northview

REFERRING VET

Randall V. Hutchison

INVOICE

73629

DATE

2-5-26

PRESENTING CLINICAL SIGNS

- Hx of vomiting for 3 weeks
- still has appetite
- responds to cerenia but when d/c - vomiting resumes
- suspected mesenteric lymphadenopathy
- U/S guided FNA performed- cytology pending

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 2 series. One pre-contrast series of the thorax and abdomen, bone algorithm. One post-contrast series of the thorax and abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

Multiple enlarged abdominal visceral lymph nodes are present, varying in size and morphology, with several appearing rounded to amorphous.

The cranial and caudal mesenteric lymph nodes are the most prominently enlarged, measuring up to approximately 3.0 × 2.6 cm and 2.4 × 1.9 cm, respectively. Additional enlarged lymph nodes include the celiac, jejunal, ileocecal, hepatic, pancreaticoduodenal, and splenic lymph nodes.

Within the gastrointestinal tract, there is no evidence of focal mural mass formation. However, there are two regions of mild gastric wall thickening. A small segment of mild wall thickening is suspected in the distal jejunum, measuring approximately 5.9 mm.

The ileocecal junction and cecum are within normal limits.

The liver is normal in size and shape, with homogeneous soft tissue attenuation and uniform contrast enhancement.

The gallbladder, cystic duct, and common bile duct are within normal limits.

The kidneys are normal in size, shape, contour, and attenuation on pre- and post-contrast images. The renal pelvises and ureters are unremarkable.

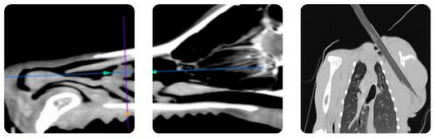
The urinary bladder is moderately distended with homogeneously hypoattenuating fluid material admixed with hyperattenuating contrast material. The bladder wall thickness is normal.

The spleen is normal in size and shape, with homogeneous attenuation and uniform contrast enhancement.

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

The pancreas and adrenal glands are within normal limits.

The serosal fat demonstrates normal attenuation.



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The musculoskeletal structures are unremarkable.

THORAX

Multiple cranial mediastinal lymph nodes are enlarged, variable in size, with the largest measuring approximately 1.2 × 0.6 cm and 1.2 × 0.75 cm.

The trachea and main bronchi are within normal limits.

The sternal and tracheobronchial lymph nodes are unremarkable.

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

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

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

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

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked, generalized abdominal lymphadenomegaly, involving cranial and caudal mesenteric, celiac, jejunal, ileocecal, hepatic, pancreaticoduodenal, and splenic lymph nodes. Differential diagnoses include lymphoma, less likely severe inflammatory or infectious lymphadenitis.
- Suspect of mild segmental gastrointestinal wall thickening involving the stomach and distal jejunum, without discrete mass formation. Differential diagnoses include early or infiltrative neoplasia (e.g., lymphoma, inflammatory gastric and bowel disease.
- Multiple mildly enlarged cranial mediastinal lymph nodes are present. Differential diagnoses include association with the generalized abdominal lymphadenomegaly, suggesting systemic involvement, such as lymphoma.
- No evidence of pulmonary metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are most consistent with a systemic lymphoproliferative or inflammatory process, given the presence of extensive abdominal lymphadenopathy with concurrent cranial mediastinal lymph node enlargement. Alimentary or multicentric lymphoma is a primary differential diagnosis consideration.

Correlation with the pending cytologic results from the ultrasound-guided fine-needle aspiration is recommended. If cytology is inconclusive, histopathology or flow cytometry, along with GI biopsies, may be required for definitive diagnosis and disease classification.

Gastrointestinal ultrasonography is more sensitive and specific than CT for evaluation of wall layering and mild mural thickening.

Further clinical staging, including hematologic evaluation and infectious disease testing (FeIv), should be considered as clinically indicated.

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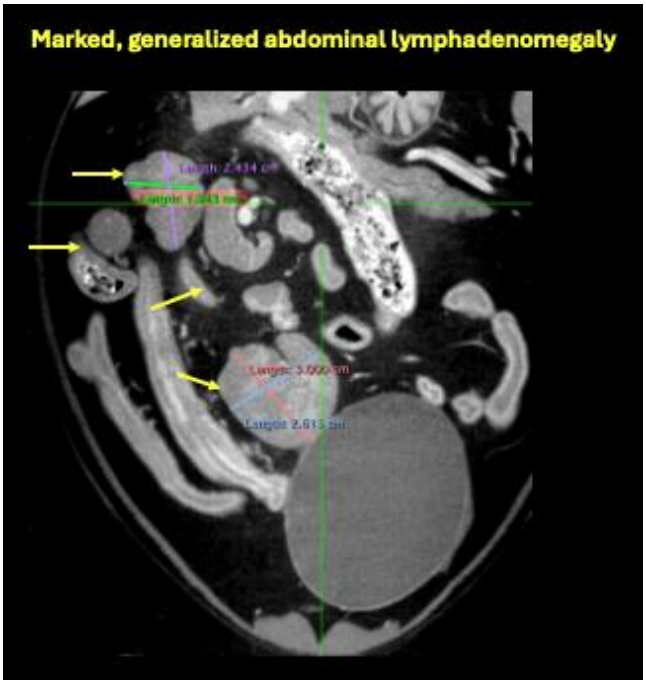

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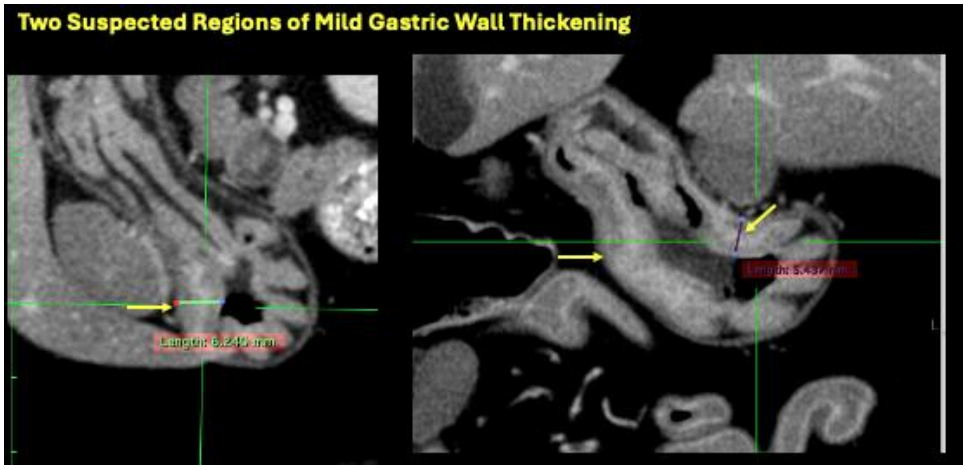

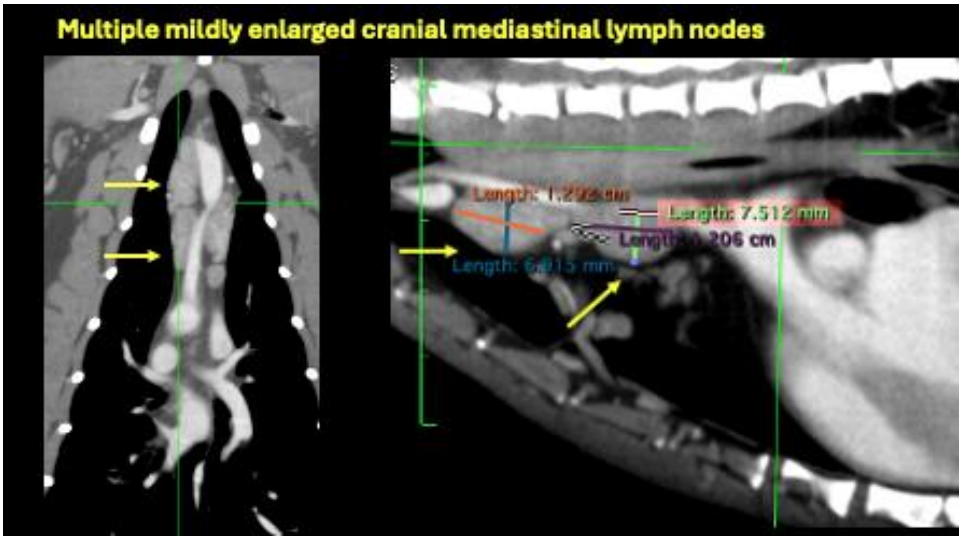

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com