



PATIENT

Boobie Beatty

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

12.1 lbs

INTERPRETED BY

Brad Harris, DVM,
DACVECC, Residency
trained in cardiology

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Saum Hadi

INVOICE

71515

DATE

11/1/25

PRESENTING CLINICAL SIGNS

P presents for chronic diarrhea, hyporexia. Initial work up at a previous clinic. No cause on senior panel including TT4, normal fecal OP. Minimal response to prednisolone. Has been off steroids for a few weeks.

Abnormal PE/Chem/CBC/UA Results: Normal labs in June 2025.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 3.55 cm. Right kidney measures 3.72 cm.

Adrenal Glands

The left adrenal gland is visualized and has normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.44 cm.

The right adrenal gland is not visualized.

Spleen

The spleen measures 0.79 cm at the hilus. It is smooth with homogeneous parenchyma and capsule that is without significant irregularity or deformation. There are several hyperechoic nodules within the spleen consistent with myelolipomas that do not readily distort the splenic capsule. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder is minimally distended with a mild amount of suspended echogenic debris and dependent sediment. The gallbladder wall is appropriately thin. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach and intestines are non-distended and free of stasis with normal peristaltic activity. There is a focal segment of small intestine with an eccentric mural mass effect that obliterates normal wall layering and is hypoechoic to surrounding tissue and wall layers. The pylorus and ileoceocolic junction are patent. There is no evidence of shadowing obstructive material. The colon contains normal



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shadowing feces. There are several prominent ileocecolic junction lymph nodes with a mildly distorted length to width ratio and hypoechoic parenchyma.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

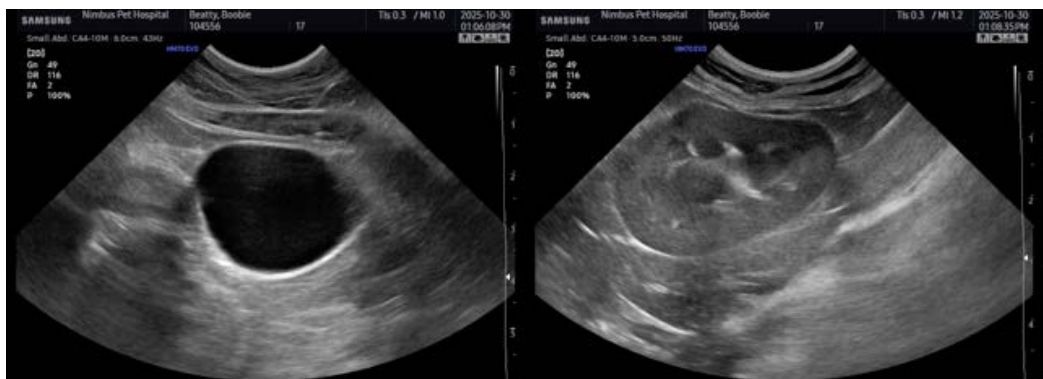
No significant free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- There are hyperechoic splenic foci throughout the splenic parenchyma consistent with myelolipomas. These are likely incidental and not overtly pathologic.
- The dependent gallbladder sediment is likely an incidental finding at this time.
- The eccentric mural small intestinal mass is concerning for a neoplastic infiltration. Round cell neoplasia such as lymphoma or carcinoma should be considerations.
- The prominent, hypoechoic ileocecolic lymph nodes are concerning for potential metastatic infiltration. However, reactive lymphadenopathy is also a possibility.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the small intestinal mass and ileocecolic lymph nodes with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.





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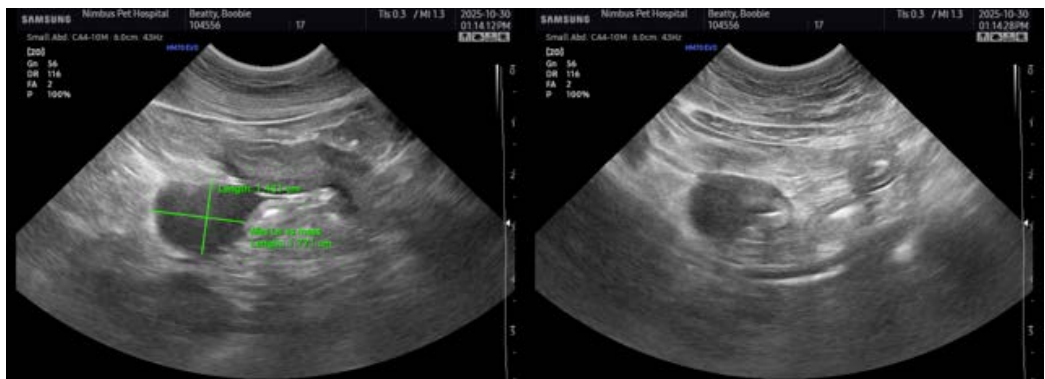
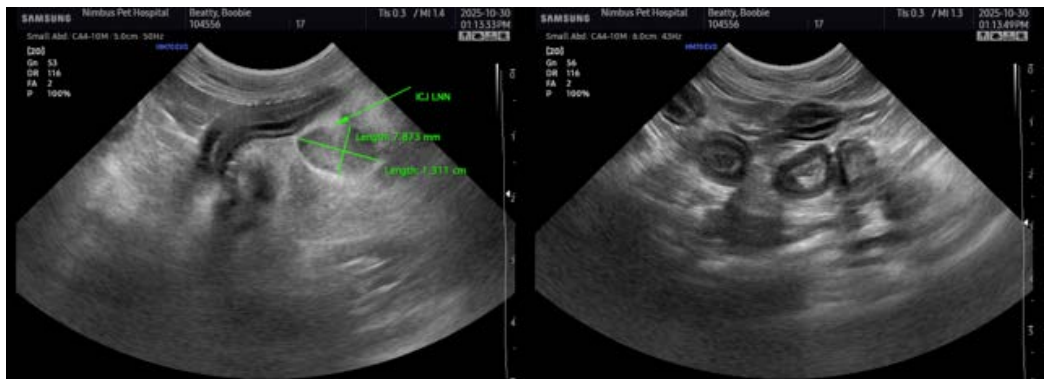
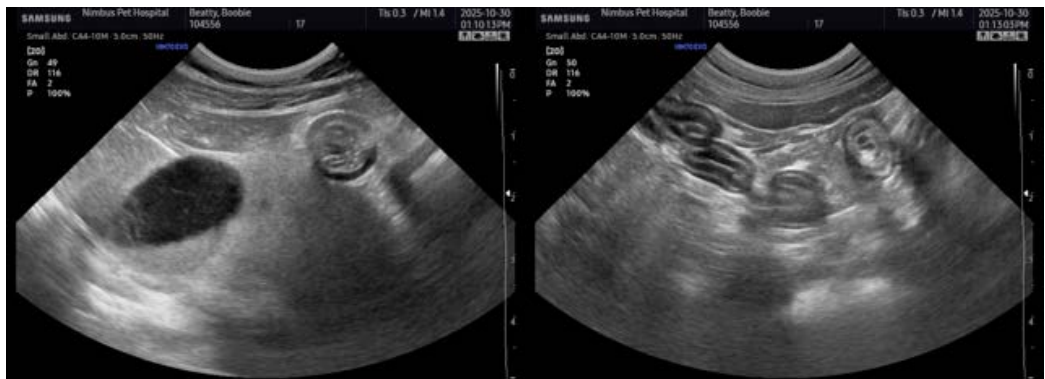
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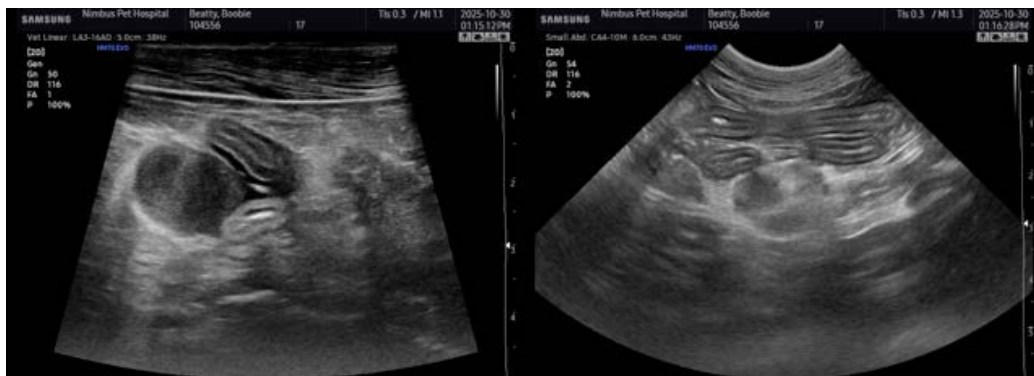
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com