



DATE PRESENTING CLINICAL SIGNS

1/20/2026

Patient History: 2 days ago was being picky with food but eating some; yesterday morning and night she did not want to eat and threw up a large amount of water. Last night started laying and hiding in places she normally doesn't go, normally only stays in my moms room on the bed but was hiding under dresser in the living room seems like shes walking weird in her back end almost looks like squatting

PATIENT

Sadie Belt

Current Medications: None listed.

SPECIES

Feline

Labwork Results: Diagnostics attached. Plt 38, Plt Crit 0.08, Glu 164, Alb 3.3, Crea 0.7, Glob 5.0, Pot 303 and Cl 110.

Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.

SEX

Spayed Female

Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

11 years

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

WEIGHT

8 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right kidney is normal is size (3.49 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

HOSPITAL NAME

Jacksonville Veterinary
Hospital

The left kidney is normal is size (3.69 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

REFERRING VET

Dr. Burk

Adrenal Glands

The right adrenal gland is normal in size (0.38 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INVOICE

11160

The left adrenal gland is normal in size (0.41 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.

In the mid-abdomen/suspect jejunum, although definitive location is difficult to guarantee. There's an approximately 4.7+ cm long loop of small bowel with a thick hypoechoic wall measuring between 1.0 cm and 1.5 cm thick with complete loss of normal layering (bowel mass.) The remaining small bowel demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

PRIMARY FINDINGS

- The small bowel mass is most concerning for infiltrative neoplasia such as round cell neoplasia i.e. lymphoma versus carcinoma versus other. Especially, given the concurrent adjacent lymphadenopathy. A benign inflammatory process is possible but considered less likely.

SECONDARY FINDINGS

- A mild amount of echogenic UB debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

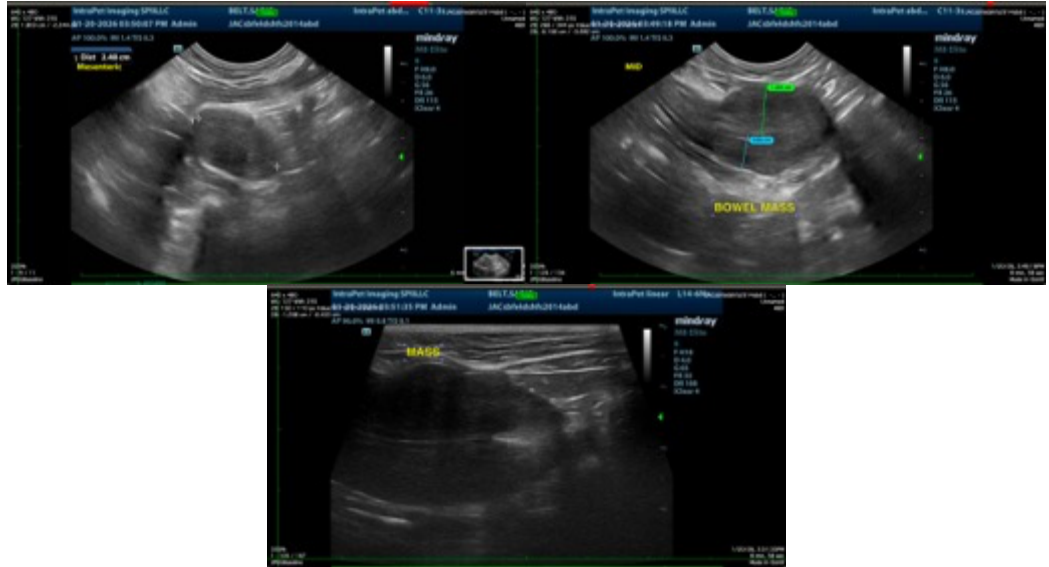
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Fine needle aspirates of the bowel mass as well as the enlarged lymph nodes are recommended if patient's coagulation status is appropriate.

Other than supportive/symptomatic medical management of clinical signs, further diagnostics treatment recommendations are largely dependent on results of the above.





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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