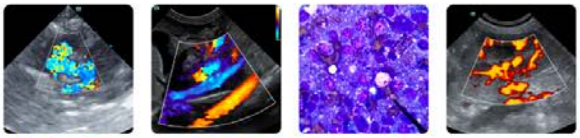


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Johnny Cash Craney

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

4.8 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Headon Forest Animal Hospital

REFERRING VET

Dr. Guagliano

INVOICE

72845

DATE

2/10/26

PRESENTING CLINICAL SIGNS

Sept 2025 dental COHAT with extractions but gradual decline in appetite since that time. P only eats small amounts daily and vomits once a month. Drinking water. PE mild dehydration, profound weight loss was 7.52kg in Sept! now 4.8kg. Round firm tennis ball sized structure palpable in middle/dorsal abdomen suspected mass. Has been on Gabapentin and Mirtazapine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 3.78 cm. Right kidney measures 3.6 cm.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

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

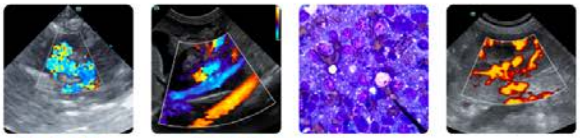
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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 stomach is unable to be well visualized/isolated from the marked other pathology within the cranial abdomen. No definitive gastric pathology is observed but it can't be ruled out.

In the mid abdomen there is at least one small bowel mass measuring 5.2+ cm long, characterized by a thick (1.7 cm thick), heterogeneous, hypoechoic wall and complete loss of normal layering. The bowel mass is surrounded by markedly enhanced/hyperechoic "clumped" fat and mesentery and trace free fluid. The remaining small bowel appears to demonstrate diffusely mildly thick walls predominated by a thick muscularis layer relative to the mucosa. Given the marked degree of pathology, it is difficult to determine whether there are multifocal areas with loss of layering versus just the one large mass. The



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lumen of most of the small bowel is empty. However, adjacent to the mass there is a moderately fluid distended loop of bowel that could indicate at least a partial obstruction being caused by the mass.

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 apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The small bowel mass is concerning for infiltrative neoplasia such as round cell neoplasia i.e., lymphoma versus carcinoma versus other. A benign inflammatory process is possible but considered less likely. Evidence of a focal peritonitis is noted adjacent to the mass. There also appears to be some concern for at least partial obstruction caused by the mass.

- Age related kidney changes.

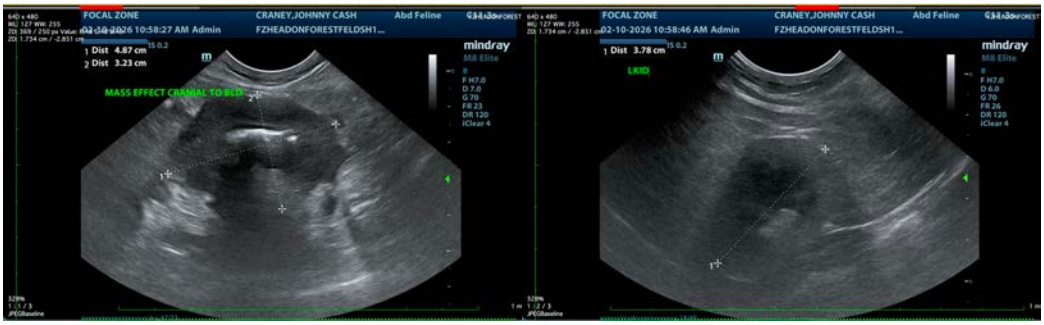
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

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.

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.

Sampling of the bowel mass is recommended. Fine needle aspirates could be considered if patient's coagulation status is appropriate, but ultimately, I suspect an exploratory laparotomy with excisional biopsies/resection and anastomosis of the mass may be warranted pending cytology results, or if elected instead of fine needle aspirates. If surgery is pursued, a pre-surgical planning abdominal CT scan could be considered to further differentiate possible adjacent or multifocal changes.



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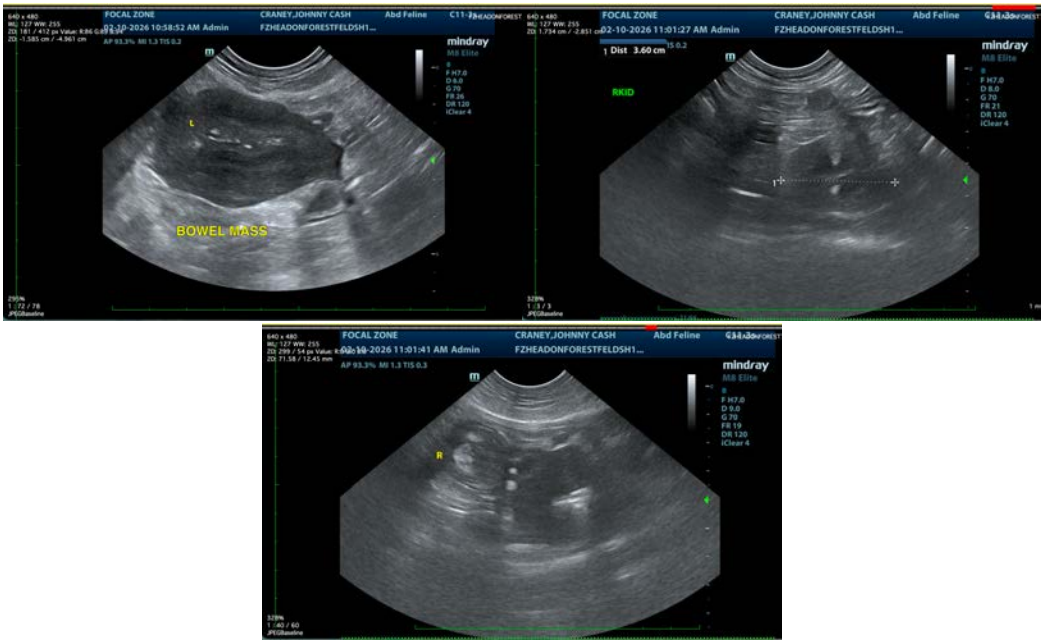

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com