

**PATIENT**

Mischief Edwards

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

10.5 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Santa Clara Animal  
 Hospital

**REFERRING VET**

Dr. Giddens

**INVOICE**

75596

**DATE**

6/2/26

**PRESENTING CLINICAL SIGNS**

Chronic weight loss and pica behavior- large abdominal mass found on recent exam. ABNORMAL Labwork Values: Bloodwork in January 2026 all WNL. Current Medications: Gabapentin for veterinary visits.

**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.

The right kidney is normal is size (4.7 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.

The left kidney is normal is size (4.18 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.

**Adrenal Glands**

The right adrenal gland is normal in size (0.39 cm shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.37 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 stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.



<b>PATIENT</b>	If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.
Mischief Edwards	
<b>SPECIES</b>	In the mid to right cranial abdomen is an irregular, hypoechoic mass measuring 5.3 cm x 7.7 cm in size that has bowel running through the center of it, appearing as if the mass is bowel in origin. Definitive area of bowel is unable to be identified in these images, but a normal ileocecolic junction is also not visualized and could be involved in the mass. Other differentials for the mass include mesenteric root lymph node with bowel running through it, but that differential is less likely than a bowel mass. Trace free fluid is noted adjacent to the mass. The remaining visible small bowel appears normal and empty.
Feline	
<b>BREED</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
DSH	
<b>SEX</b>	<b><i>Pancreas</i></b>
Neutered Male	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.
<b>AGE</b>	
12 Years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
10.5 lbs	<ul style="list-style-type: none"><li>• Mid abdominal/suspect bowel) possibly ileocecolic junction) mass versus lymph node versus other – 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.</li><li>• The mild free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.</li></ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Beth Johnson, DVM DACVIM	If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.
<b>IMAGING PERFORMED BY</b>	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.
Sara Hansen	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.
<b>HOSPITAL NAME</b>	Fine needle aspirates of the mass are recommended if patient's coagulation status is appropriate.
Santa Clara Animal Hospital	Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.
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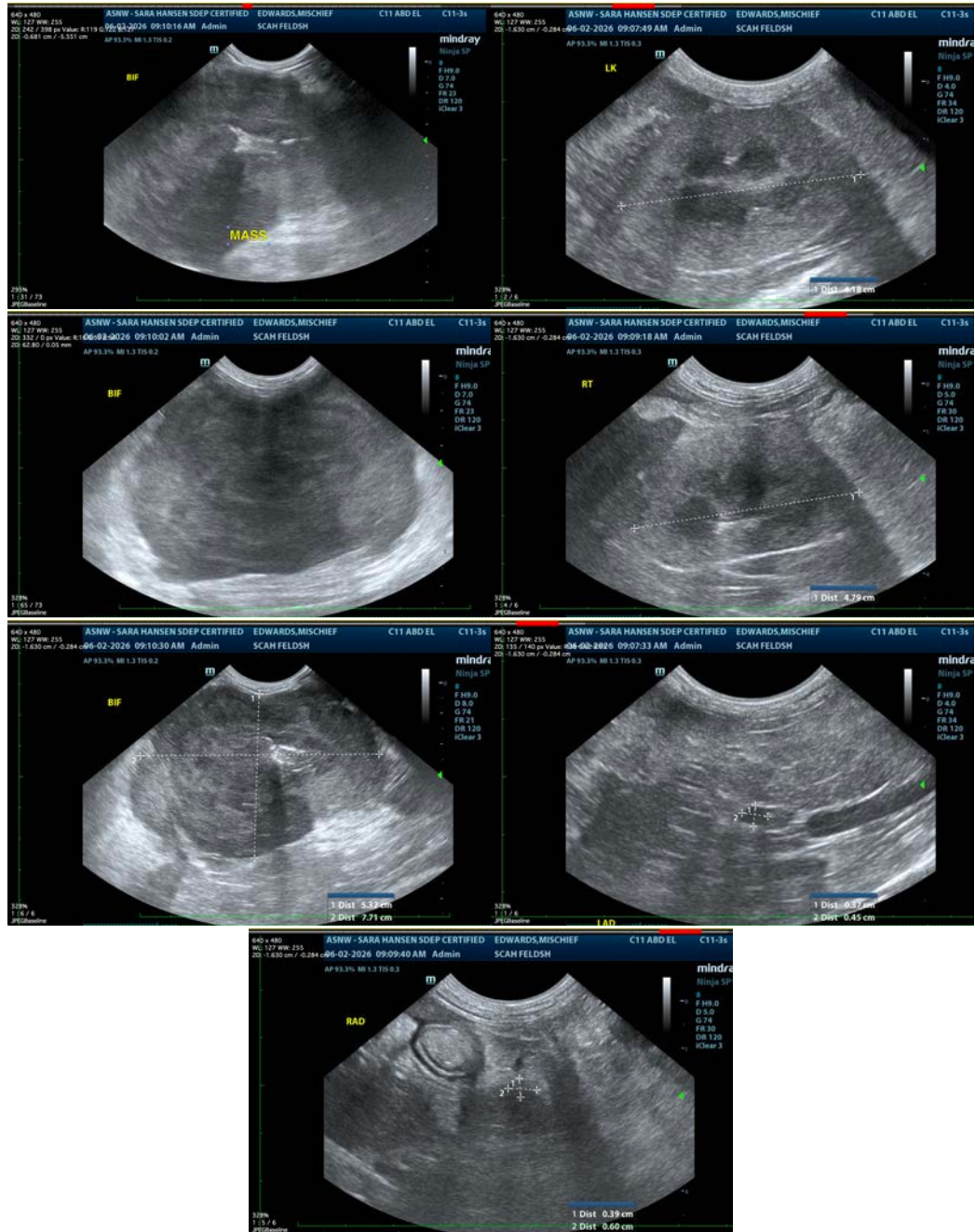
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM** [info@sonopath.com](mailto:info@sonopath.com)