



**PATIENT**

Hank Couroux

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

3.64 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Novel Vet Clinic

**REFERRING VET**

Dr. Gibbs

**INVOICE**

72056

**DATE**

1/8/26

**PRESENTING CLINICAL SIGNS**

14-year-old MN DSH with chronic kidney disease (stable, managed with subcutaneous fluids at home for 15 months and renal diet). Patient presented approximately 10 days ago with acute onset lethargy, vomiting, and inappetence. Blood work at that time revealed stable kidney values within normal range but elevated neutrophils without bands or fever. Patient was treated with Convenia injection and showed clinical improvement for approximately 10 days. Owner reports recurrence of clinical signs over the past 48 hours including: Lethargy and decreased activity, Significantly decreased appetite (eating approximately one can of food per day, requires encouragement and mixing of foods) Decreased interest in treats (Temptations), not defecating routinely, no vomiting, appears weak, Renal Dx. Current Medications cerenia, mirtazapine, restorolax as needed, fluids weekly, convenia

Abnormal PE/Chem/CBC/UA Results: kidney values stable, evidence of infection- neutrophilia

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Left measures 3.28 cm. Right measures 3.19 cm.

**Adrenal Glands**

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 0.21 cm in thickness. Right measures 0.20 cm in thickness.

**Spleen**

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. There is hyperechoic shadowing within the biliary tract, consistent with biliary mineralization. There is no visible intrahepatic biliary distention.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

In what appears to be the descending colon there is severe thickening of the tissue with complete loss of wall layering, consistent with mass effect. The mass is at least 2.5 cm in thickness.

**Pancreas**

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

**Lymph Nodes**

The sublumbar and colonic lymph nodes are enlarged, rounded, and hypoechoic.

**Free Abdomen**

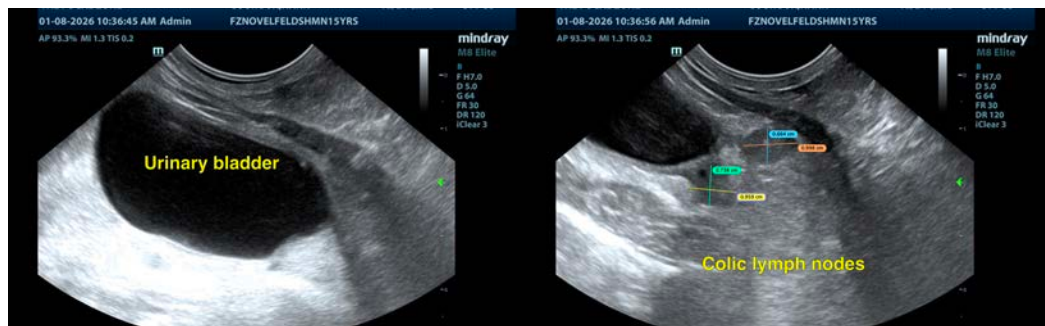
No free fluid noted.

**ULTRASONOGRAPHIC FINDINGS**

- Large colonic mass with surrounding lymphadenopathy.
- Mild degenerative renal changes.
- Incidental hepatic biliary tree mineralization.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Colonic thickening with loss of wall layering is most concerning for infiltrative disease with adenocarcinoma, lymphoma, gastrointestinal stromal tumor (GIST), leiomyosarcoma, mast cell tumor, extraskelatal osteosarcoma, hemangiosarcoma, and extramedullary plasmacytoma being differentials. Non-neoplastic inflammatory disease or infectious disease (pythiosis) remains a possibility. FNA of the mass is recommended for attempt at further differentiation. Colonoscopy may be of benefit to further evaluate the colonic wall and obtain biopsy. Ultimately surgical biopsy may be both curative and diagnostic if excision is possible.





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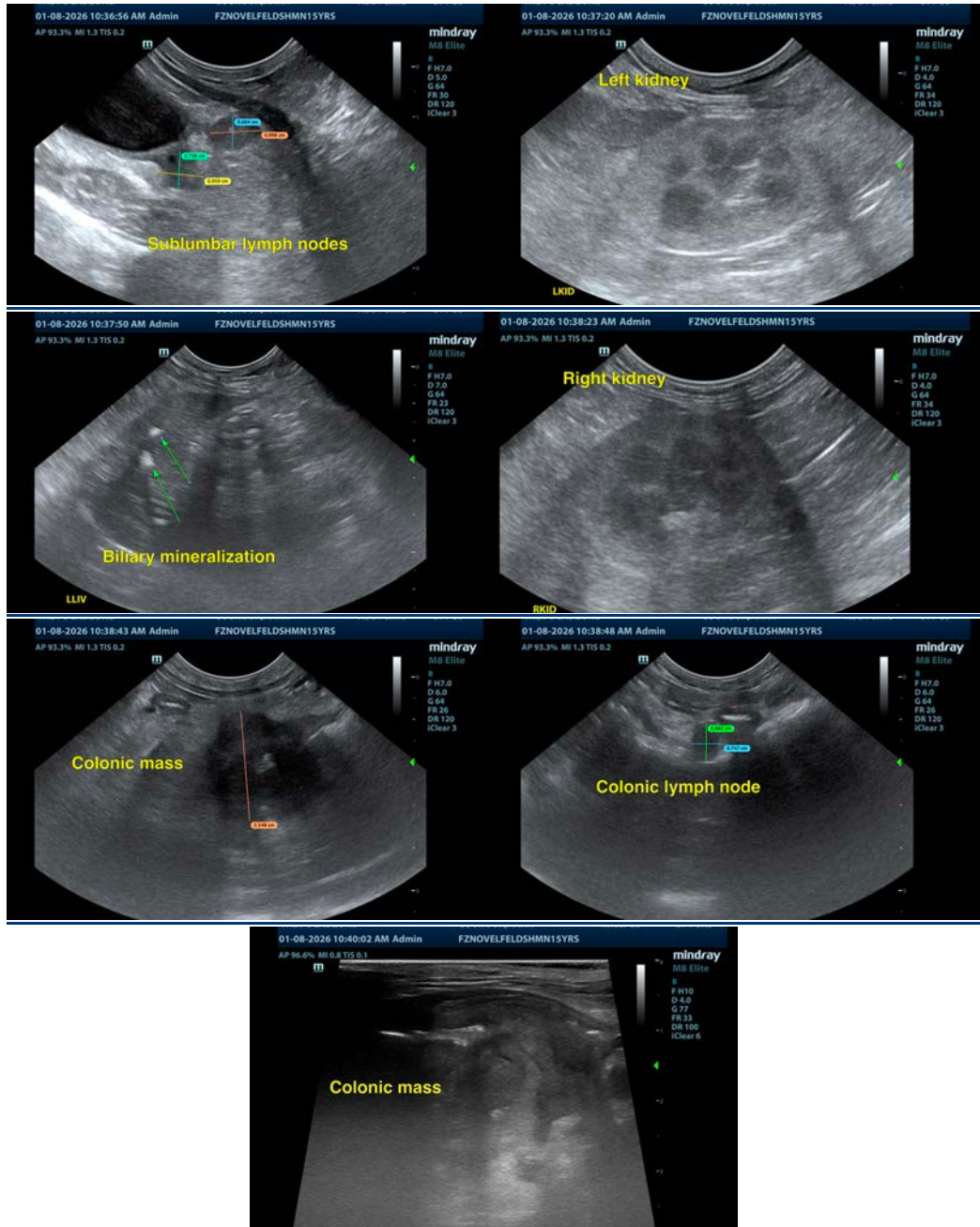
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC info@SonoPath.com