



PATIENT

Lucy Diciacca

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13 Years

WEIGHT

5 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dundas Animal
 Hospital

REFERRING VET

Dr. Hall

INVOICE

71984

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Presented in October for constipation. -No BM in 3 days, straining in litter box. -Eating only small amounts, drinking a little bit. No previous hx of constipation. -Was given enemas, lactulose and SQ fluids. Seemed to improve next day - normal BMs and eating. - Re-presented a week later - eating/drinking small amounts, small firm stools. No vomiting. BW done at this time. PE from Nov 3- small, firm stool on rectal. No other abnormalities on rectal or palpation. pyrexia (39.8 temp). Progressive weight loss from Sept (5.8 to 5.05 kg) O declined further diagnostics at that time. Started on empirical medications (Zeniquin, Lactulose, Mirtazapine, SQ fluids). Had improved at follow up however today (Nov 17) O now reports ongoing hyporexia, drinking little amounts.

Abnormal PE/Chem/CBC/UA Results: CBC - Hct 26.4 (30.3 - 52.3); Hgb 9.6 (9.8 - 16.2); MCHC 36.4 (28.1 - 35.8); Neuts 11.9 (2.3 - 10.29); Mono 0.7 (0.05 - 0.67) Biochem - Urea 4.4 (5.7 - 12.9); Phos 0.95 (1 - 2.42)

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 were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 3.94 cm. Right kidney measures 4.18 cm.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left measures 0.54 cm in thickness. Right measures 0.33 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. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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 a small amount of ingesta. 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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There is a focal area of severe small intestinal thickening with complete loss of wall layering, most consistent with a small intestinal mass. This area measures at least 3.2 cm in diameter. Surrounding mesentery is hyperechoic/inflamed. Multiple other small intestinal loops are visualized with normal thickness and layering with ingesta throughout.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

There is an enlarged, rounded hypoechoic lymph node near the spleen measuring 2.2 cm x 3.2 cm.

Free Abdomen

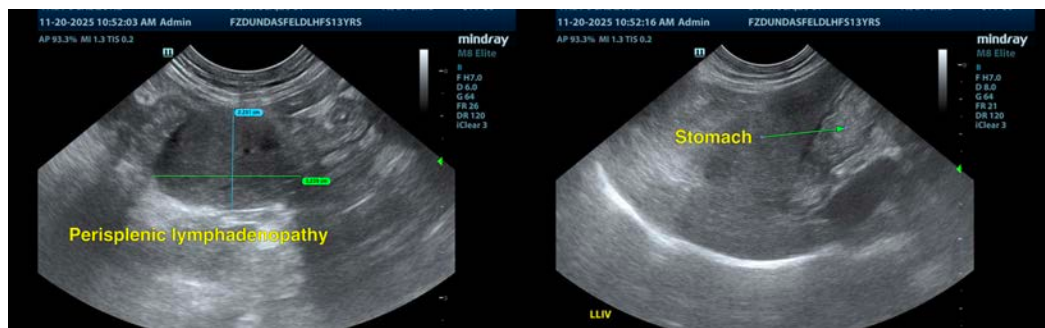
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Large small intestinal mass with surrounding inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal changes are most concerning for a small intestinal mass with GI lymphoma, carcinoma, mast cell tumor being the most common in cats. Other tumors both benign and metastatic and non-neoplastic lesions such as a mural granuloma or abscess are possibilities. Fine needle aspirate of the mass is recommended to further characterize. Ultimately surgical removal, depending on tumor type, may be both diagnostic and curative.





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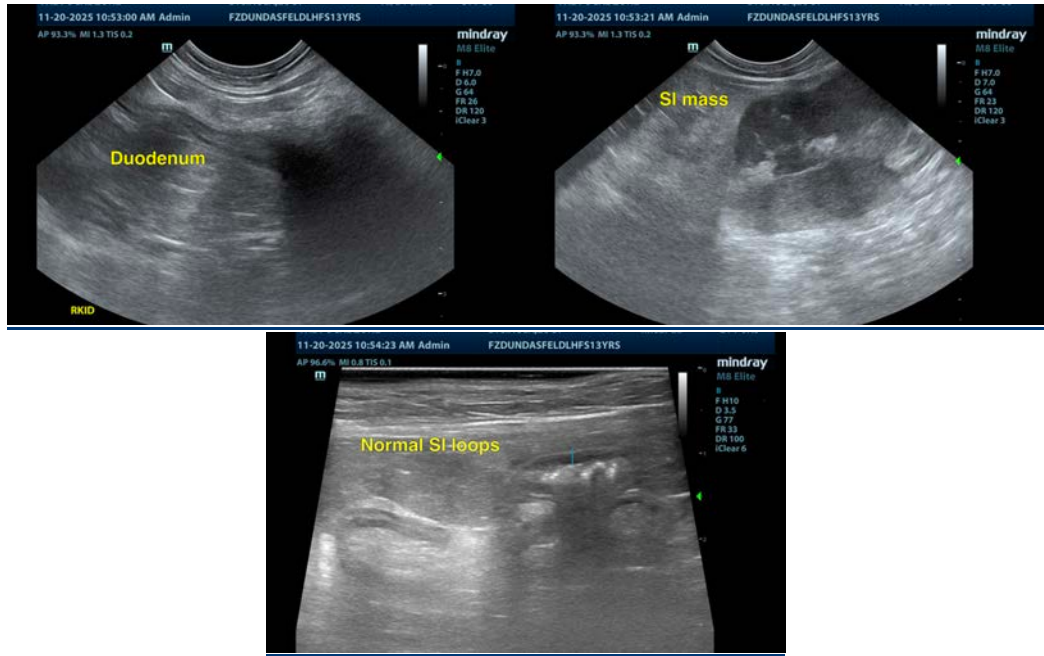
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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