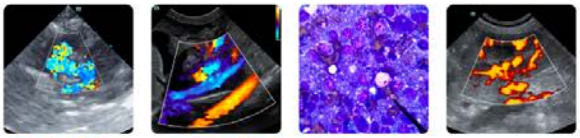

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Mishu Abdaldin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

4.45 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Village Cat Clinic

REFERRING VET

Dr. Waxwell

INVOICE

72576

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Anorexia, weight loss and Vomiting Temperature: 38.1 °C Pulse: 200 bpm Respiration: 50brpm Attitude: Quiet, lethargic, and uncomfortable. Hydration: Estimated 5-10% dehydrated with sunken eyes and decreased skin turgor. Pain scale (Feline Grimace Scale): 4/10 BCS: 4/9 MCS: 2/3 Current Medications "Just Gold" oral droplets

Abnormal PE/Chem/CBC/UA Results: Labs attached.

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. Gravity dependent debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

The left kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Left kidney measured 3.91 cm.

The right kidney has an irregular capsule and mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Areas of indentation in renal capsule with underlying triangular shaped hyperechoic parenchyma consistent with areas of previous infarcts. Right kidney measured 4.39 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.26 cm in thickness. Right measures 0.40 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 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is significantly thickened and wall layering is distinct with a significantly

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thickened muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed.

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

The caudal abdominal mass may reflect an abscess or infiltrative lymph node, though it does not have the classic appearance of a lymph node. No other pathologic lymphadenopathy was noted.

Free Abdomen

In the caudal abdomen in the area of the colon there is a large, complex, generally hyperechoic mass with some areas of hypoechogenicity consistent with possible fluid accumulation or cavitated areas. The mass measures at least 6.8 cm x 4.6 cm. On some views there is a hyperechoic line running through the mass with acoustic dropout deep to the line, consistent with mineral opacity or foreign material within the mass. The mass is in the area of the colon but is not definitively colonic in origin.

ULTRASONOGRAPHIC FINDINGS

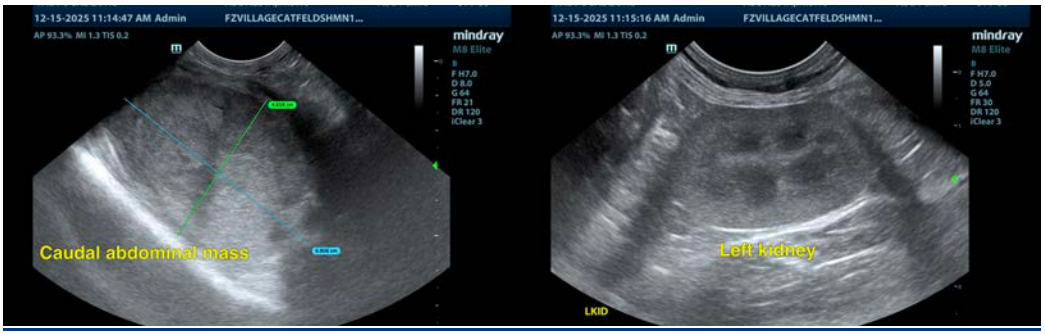
- Large, complex caudal abdominal mass.
- Diffusely thickened small intestine with prominent muscularis.
- Mild aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive organ of origin of the caudal abdominal mass could not be determined, but a colonic mass or free omental or mesenteric mass is considered likely. FNA of the mass is recommended to further define. Ultimately, abdominal explore for further investigation and attempt at mass removal is recommended.

The hyperechoic structure running through the mass is unusual. This may reflect a mineralized area of mass or could reflect foreign material. An encapsulated abscess from migrating foreign material either from the colon or otherwise within the abdomen remains a possibility. Abdominal CT prior to surgery could be considered for further visualization and surgical planning.

The small intestinal changes are most consistent with IBD or small cell lymphoma. If surgery is pursued, GI biopsy should be taken at the time to further define. This may be unrelated to the caudal abdominal mass or may reflect the same pathologic neoplastic process.



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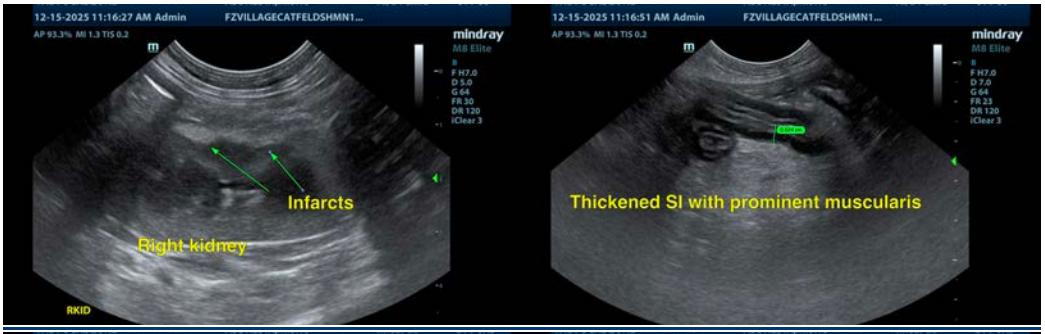

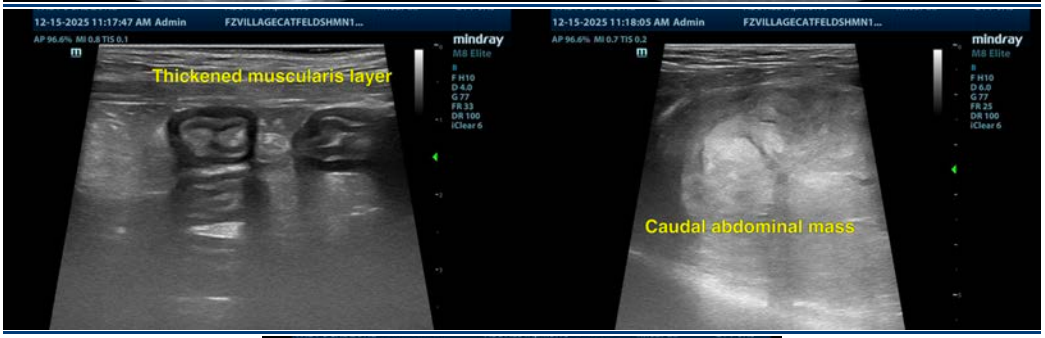

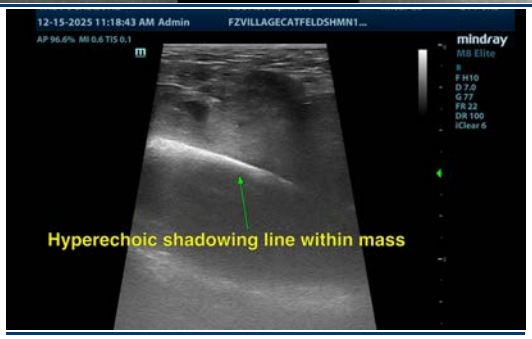

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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