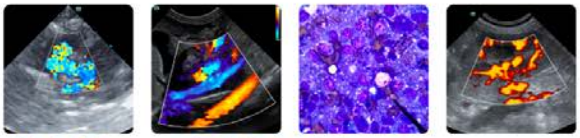


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Meeko Marsh

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

2.5 Years

WEIGHT

4.73 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Headon Forest Animal Hospital

REFERRING VET

Dr. Gibson

INVOICE

74147

DATE

4/2/26

PRESENTING CLINICAL SIGNS

Presented for vomiting yesterday and not eating since. O able to get a small amount of water and liquid food into him. Lower energy. PE revealed weight loss and a 2-3 cm firm abdominal mass that was painful. POCUS showed suspicious thickening of intestinal wall. Has been on Emavert and Mirtazapine

Abnormal PE/Chem/CBC/UA Results: Bloodwork showed neutrophils high end normal (9.6x10^9/L) with left shift, and mild monocytosis (0.88x10^9/L) and eosinopenia (0.01x10^9/L). Biochemistry: mild hyperglycemia (9.8mmol/L), mild hyponatremia 147mmol/L, mild hypochloridemia (110 mmol/L).

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 4.43 cm. Right kidney measured 4.49 cm.

Adrenal Glands

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 0.64 cm in thickness.

The left adrenal gland is not distinctly visualized.

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 and gas. 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 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.

PATIENT

Meeko Marsh

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

2.5 Years

WEIGHT

4.73 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Headon Forest Animal Hospital

REFERRING VET

Dr. Gibson

INVOICE

74147

DATE

4/2/26

The ileocecal junction is visualized. The ascending colon and what appears to be the proximal descending colon based on location are significantly thickened with some loss of wall layering. There is surrounding hyperechoic mesentery in this area and scant free fluid. Visible parts of more distal descending colon and distal colon appear normal with shadowing contents consistent with fecal material.

Pancreas

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

Free Abdomen

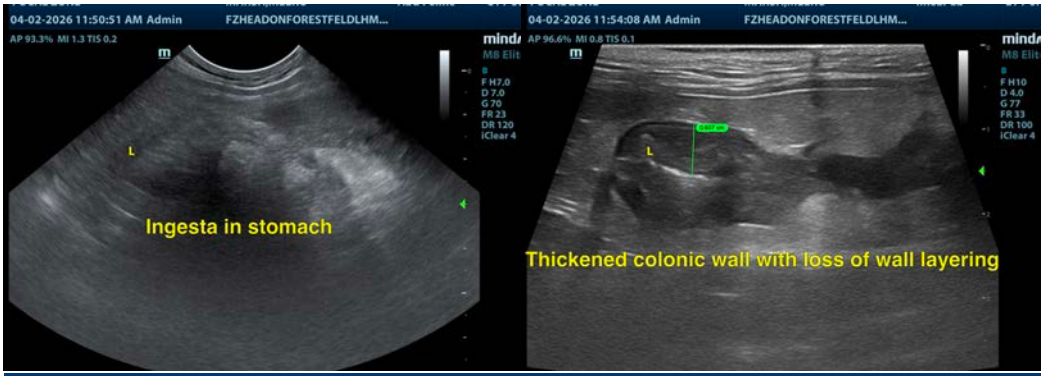
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Thickened proximal colon with loss of wall layering and surrounding inflammation and scant free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickening of the proximal colon is the likely cause of the reported palpable abdominal mass. There is a significant amount of inflammation surrounding the colon. The loss of wall layering is concerning for neoplasia. However, given the patient's young age and inflammatory process such as severe parasitism, other causes of inflammatory colitis, migrating foreign body, etc. cannot be completely ruled out. The free fluid present is currently very scant. Rehydration and reevaluation of POCUS with plan for abdominocentesis and fluid analysis, if possible, should be considered. Supportive care for colitis including broad-spectrum parasite treatment could also be considered pending patient stability with plan for reevaluation dependent on patient's response to treatment. Abdominal exploratory surgery could be considered, though there is significant morbidity and mortality associated with colonic surgery, and medical therapy may be preferable if septic abdomen can be ruled out with fluid analysis.



PATIENT

Meeko Marsh

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

2.5 Years

WEIGHT

4.73 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Headon Forest Animal Hospital

REFERRING VET

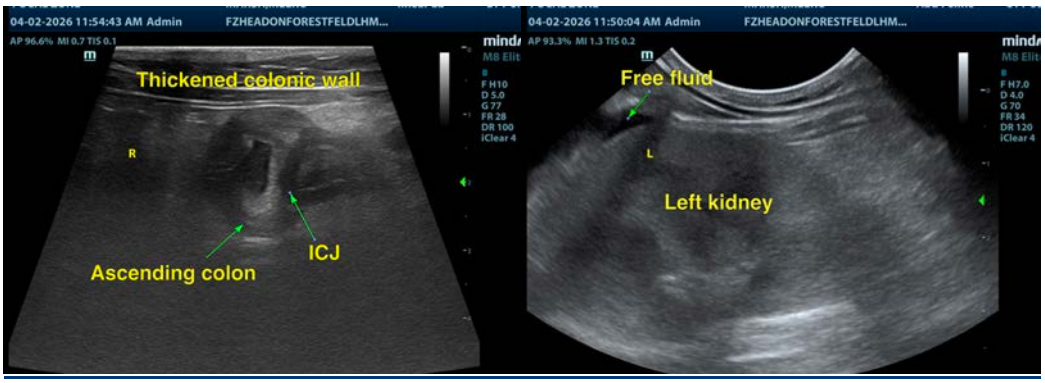
Dr. Gibson

INVOICE

74147

DATE

4/2/26



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