



**PATIENT**

Geddy Anable

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

6.5 pounds

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Meghan Morse LVT  
CVT

**HOSPITAL NAME**

Kingston Animal  
Hospital

**REFERRING VET**

Dr. Turner

**INVOICE**

14942

**DATE**

04/08/26

**PRESENTING CLINICAL SIGNS**

Wt loss (1 lb in 1 month), v+, constipation, inappetence, large amount of palpable stool present, muscle loss, Hx of PU sx for UO. Current meds: Mirtazapine

Abnormal PE/Chem/CBC/UA Results: Monocytosis (680) ALT, AST, and ALKP decreased GLOB U/A: 2+ blood USG 1.069

**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. Mobile debris present in the urinary bladder. 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. The left kidney measured 3.76 cm in length. The right kidney measured 3.65 cm in length.

*Adrenal Glands*

Right adrenal gland was visualized and measured on still image only. Resolution is inadequate to assess glandular detail or confirm measurement. The right adrenal gland measured 0.51 cm in thickness.

The left adrenal gland was not 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 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.

Multiple loops of small intestine are subjectively thickened with normal wall layering. Some loops are more significantly thickened with hazy wall layering. There is a focal loop of what is suspected to be



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jejunum that is severely thickened with complete loss of wall layering measuring up to approximately 1.5 cm in thickness, most consistent with a small intestinal mass.

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

**Pancreas**

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

**Lymph Nodes**

Mesenteric lymph nodes are severely enlarged and heterogenous.

**Free Abdomen**

There is scant free abdominal fluid visualized.

**ULTRASONOGRAPHIC FINDINGS**

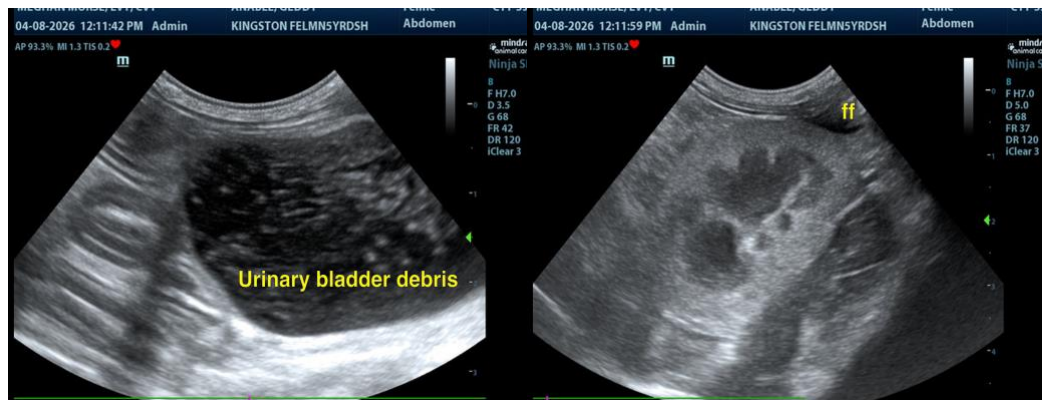
- Small intestinal mass with free fluid and severe mesenteric lymphadenopathy.

**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.

The presence of free fluid is concerning for possible perforation, and abdominal exploratory surgery should be strongly considered. Ideally sampling of the effusion with evaluation for sepsis is recommended. Volume of effusion is small and sampling may be challenging. Rehydration with IV fluids may increase the volume of effusion allowing for sampling.

If emergency abdominal explore is not pursued, lymph node FNA is recommended to further define.





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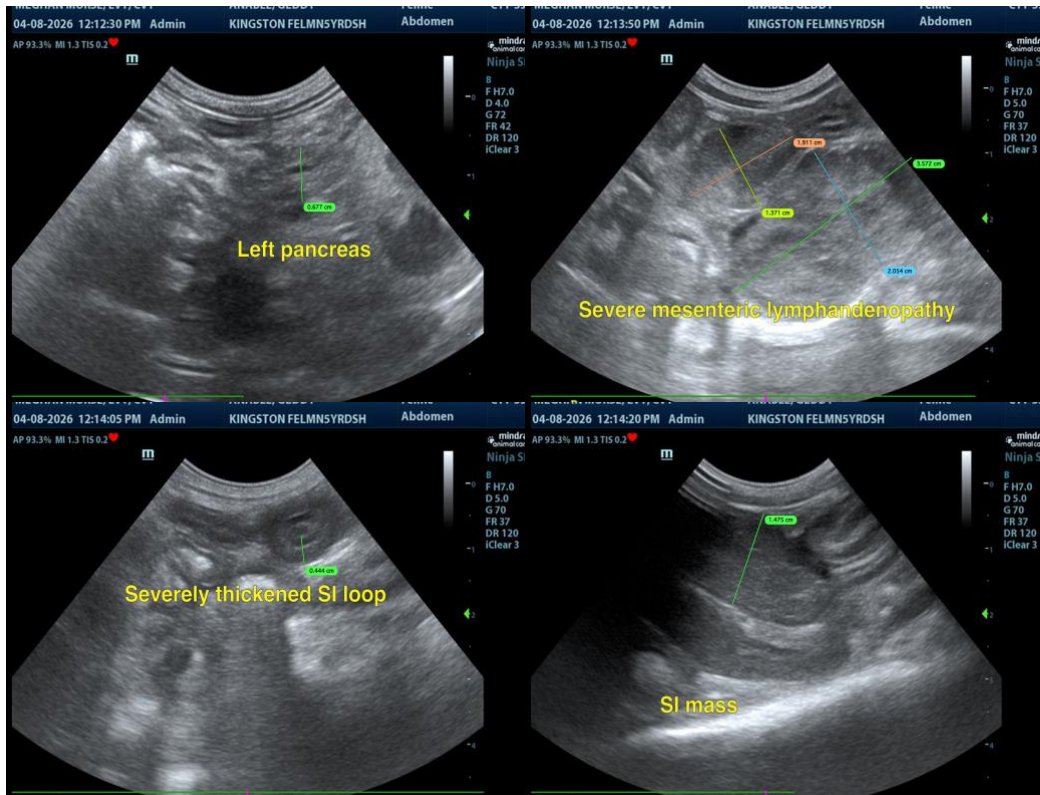
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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