



**PATIENT**

Blaze Humston

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

17 Years

**WEIGHT**

3.72 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

East Plains Animal  
 Hospital

**REFERRING VET**

Dr. Hindle

**INVOICE**

75523

**DATE**

5/29/26

**PRESENTING CLINICAL SIGNS**

Patient presented today for ongoing GI concerns including chronic vomiting, inappetence, weight loss, and blood in the stool. Suspected in past IBD vs lymphoma, but had not had an abdominal US previously. Along with recent new onset of head tremors recently. No known toxin/plant/FB exposure. Indoors only. No other neurological abnormalities. Concern for an irregular feel to one segment of small intestine on exam- possible mass? Patient is QAR on exam, with tacky MM, discomfort on abdominal and hind end palpation. Osteoarthritis and muscle loss in the hind end. Patient previously maintained on RC hypo diet, but has not been eating this well lately.

Current Medications: Gabapentin 30mg PO BID chronically for arthritis/pain control.

Abnormal PE/Chem/CBC/UA Results: Bloodwork currently pending in clinic- will email. Blood pressure normotensive 100-120 systolic. Radiographic Findings NA Primary Question to Be Answered in This Exam Cause of the chronic GI concerns and progressive weight loss as well as recommended next steps. Any correlation to recent onset of head tremors?

**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 kidney measures 3.76 cm. Right kidney measures 3.58 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 0.39 cm in thickness. Right measures 0.36 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.



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**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.

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 the distal colon there is severe circumferential thickening with complete loss of wall layering, measuring 2.0 cm in diameter, most consistent with a colonic mass.

**Pancreas**

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

**Free Abdomen**

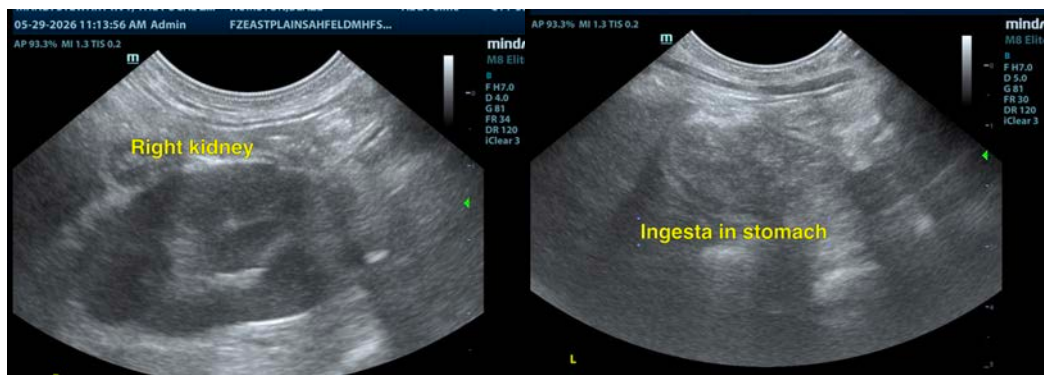
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

**ULTRASONOGRAPHIC FINDINGS**

- Distal colonic mass.
- Mild aging renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the distal colon are most consistent with a colonic mass. FNA is recommended to further define the tissue. While ultrasonographically it appears that this mass is originating from the colonic wall, a circumferential pericolonic mass is less likely but possible. FNA should help differentiate cytologically. Ultimately, abdominal explore and resection may be required for more definitive diagnostics and treatment.





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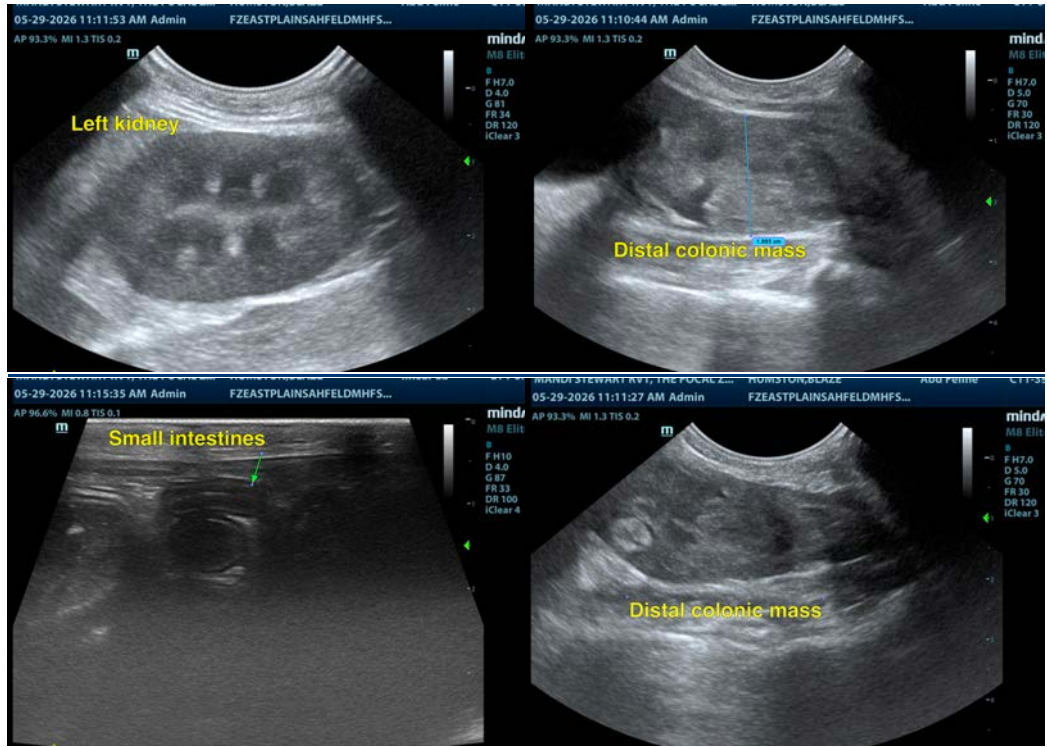
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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