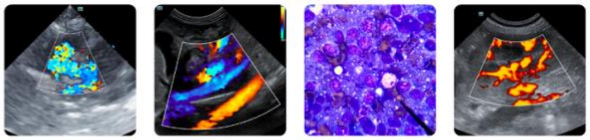

PATIENT

Andy French

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

11

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Christensen

HOSPITAL NAME

Tranquility Veterinary Clinic

REFERRING VET

Dr. Peng

INVOICE

12652

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Decreased appetite for past month. Severe anorexia last 2 weeks. Bad teeth so dental and extractions performed. Healing well but appetite still off. Will eat occasionally. On Simbadol, Onsior and Mirtaz.

Abnormal PE/Chem/CBC/UA Results: Plt= 112, K+= 3.4, Cl= 108, Alk-phos= 177. Rads included.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 1.0 cm) presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.08 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.47 cm width. The right adrenal gland measured 0.49 cm width.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen measured 0.73 cm width.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with minor sand. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** was over distended with chyme continuing into the small intestine. Dilated small intestine was paired with empty small intestine creating an obstructive pattern. A stricturing portion of

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intestine was noted creating a focal intestinal mass measuring approximately 2.0 cm x 1.5 cm. The colon was unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Heart

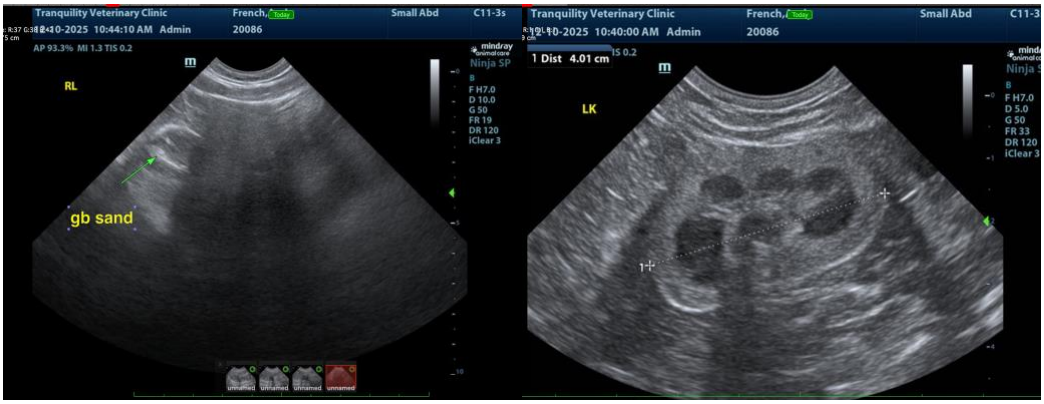
Rapid view of the heart revealed normal contractility and volumes with a heart rate of 140.

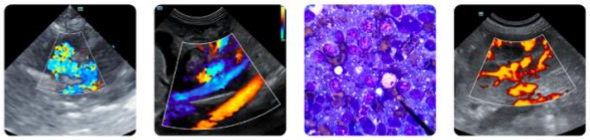
ULTRASONOGRAPHIC FINDINGS

- Age-related renal/hepatic changes.
- Stricturing intestinal mass with obstructive pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of metastatic disease. Surgical intervention with resection and anastomosis is recommended. Manual expression of the gallbladder could be considered at the time of surgery, however, does not appear to be an issue at this time. Chronic over distention of the upper GI tract appears to be present owing to the mass. Chest radiographs are warranted prior to surgery. Differentials on the intestinal mass are round cell neoplasia, carcinoma, granulomatous disease or nonneoplastic fibroplasia.





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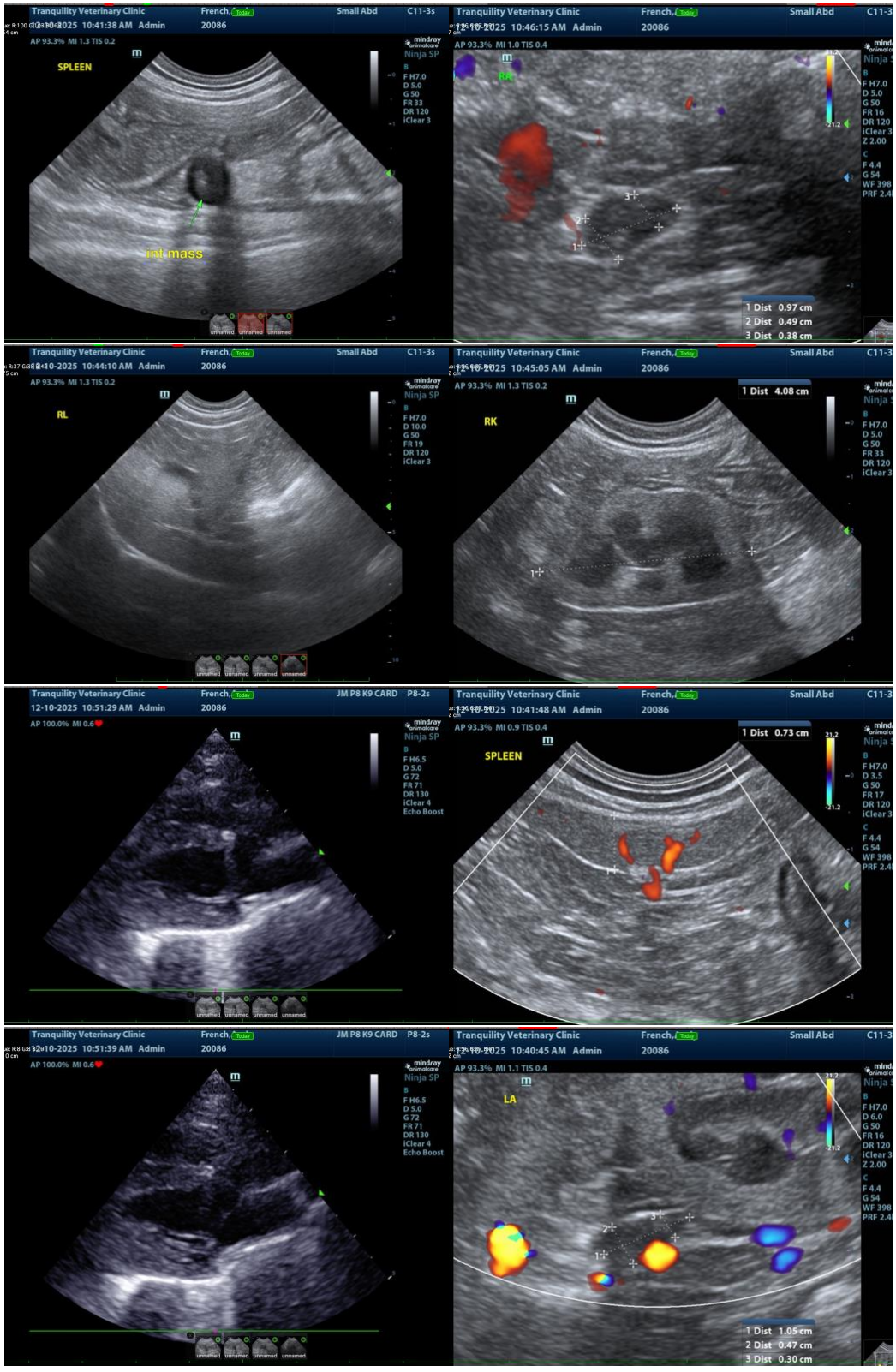

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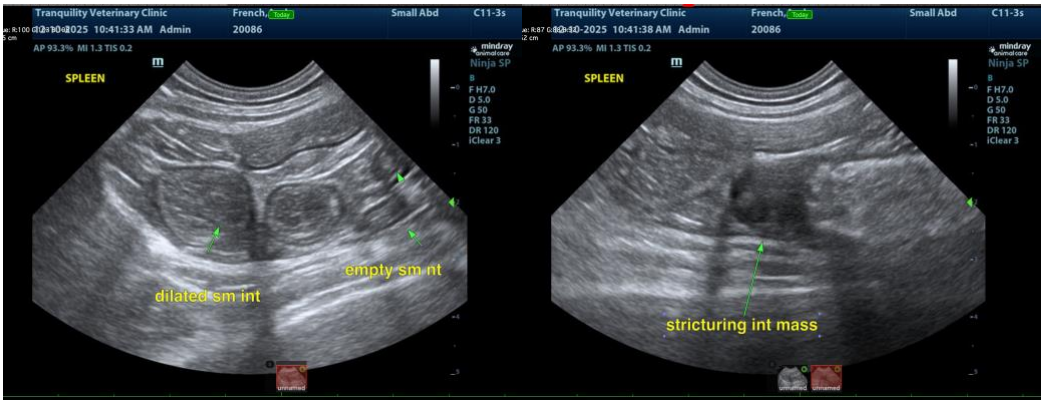

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com