



**PATIENT**

Sunny McClemen

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

13.1 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Black River Veterinary  
Hospital

**REFERRING VET**

Dr. Gussman

**INVOICE**

72454

**DATE**

12/9/25

**PRESENTING CLINICAL SIGNS**

V+ on and off for past month. Unremarkable PE.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Left kidney measured 3.77 cm. Right kidney measured 3.5 cm.

**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. Right measured 0.38 cm. Left measured 0.39 cm.

**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.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **stomach** was empty. However, an obstructive distal small intestinal mass was noted with a stricturing pattern with a region of approximately 4.0 cm appearing to be involved. This is followed by empty small intestine. Much of the intestine presented prominent muscularis. Regional inflammation present.



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**Pancreas**

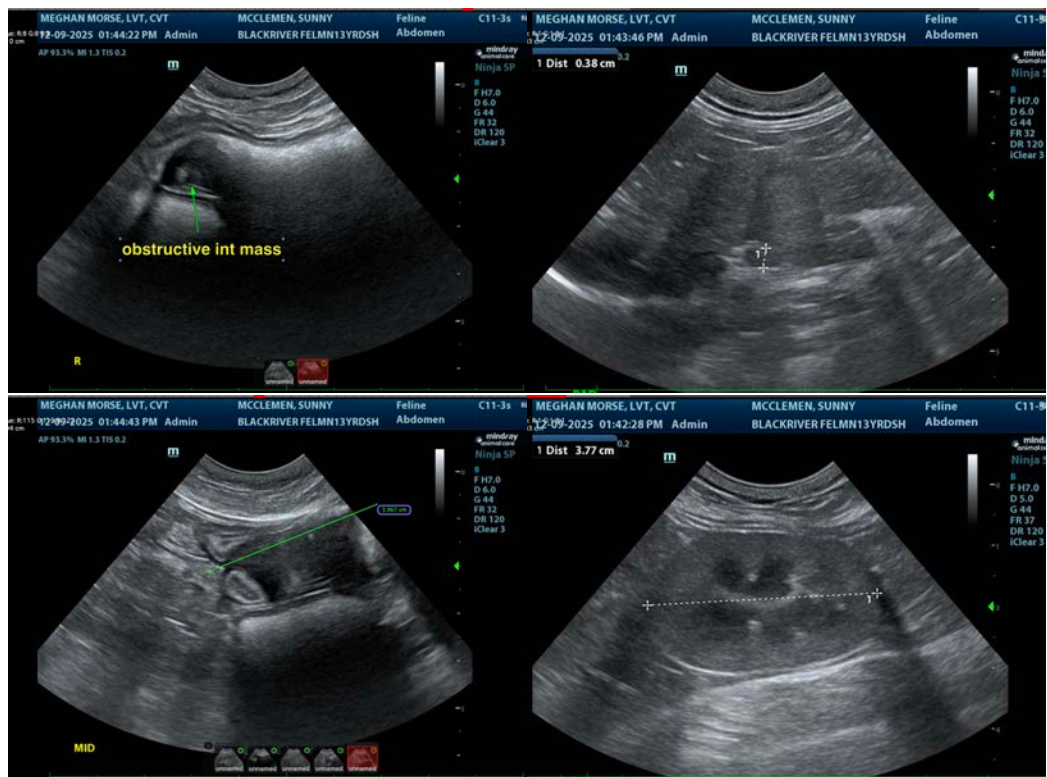
The **pancreas** was enlarged, irregular and hypoechoic. Enhanced surrounding mesentery noted. The left limb measured 1.5 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Strictureing intestinal mass with partial obstructive pattern. IBD GI pattern otherwise.
- Low-grade pancreatitis.
- Age related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory surgery with expectation towards resection and anastomosis indicated. This appears to be distal small intestine. The pattern would suggest carcinoma. However, round cell neoplasia or granulomatous disease possible. Resection of approximately 6-7 cm of intestine would be recommended. Chest radiographs warranted prior to surgical intervention.





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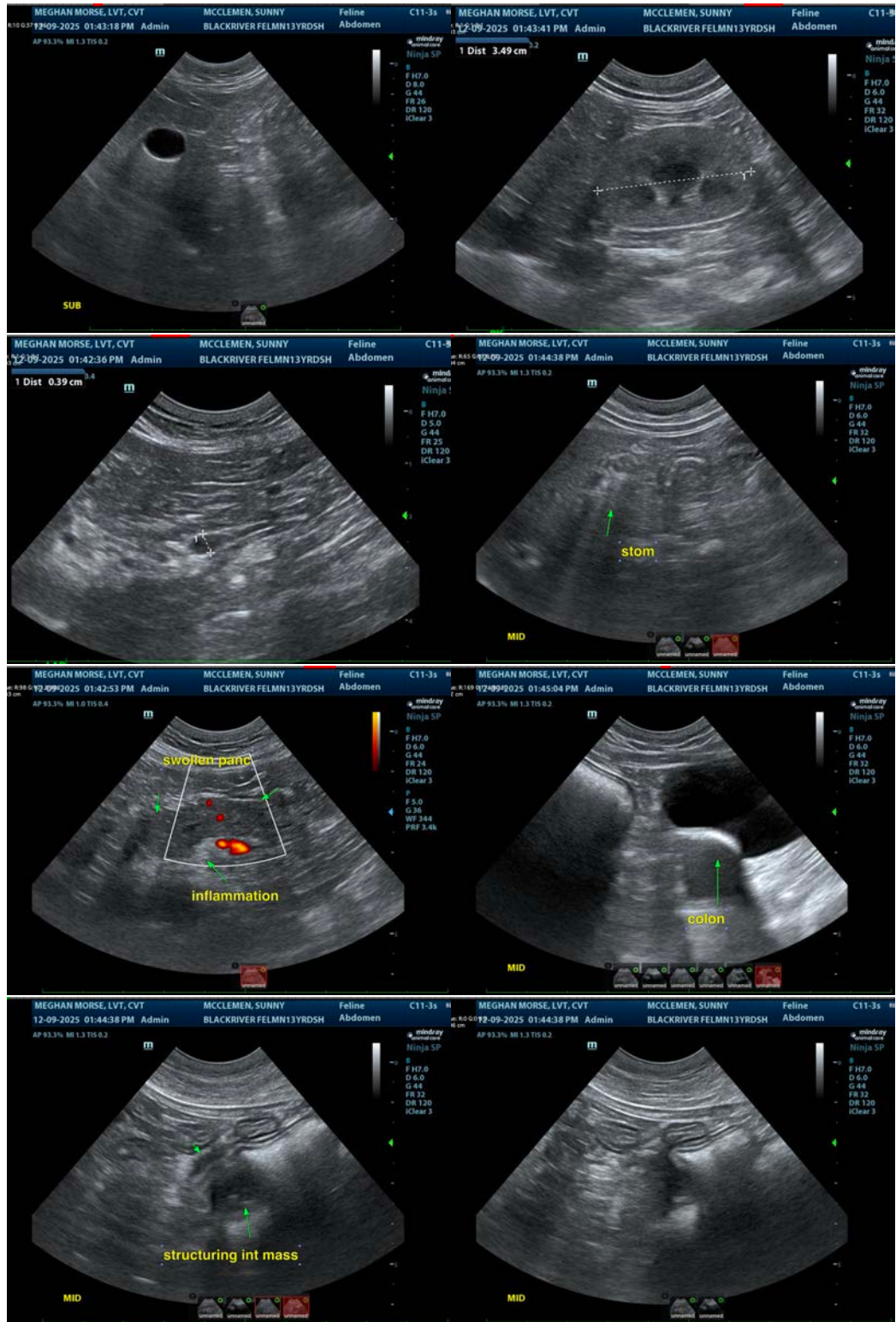
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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**Eric Lindquist**, DMV, DABVP(CFM), Cert. IVUSS,  
CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)

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