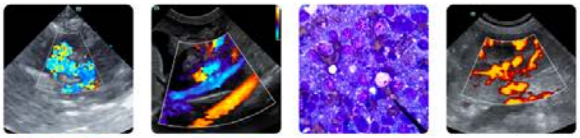


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Jinx Clarke

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

3.18 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

St. Catharine's Animal Hospital

REFERRING VET

Dr. Collado-Torres

INVOICE

71992

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Abdomen palpates normally other than possible thickening of colon, no obvious LNs, firm mass on the left shoulder attached to the skin. Rectal revealed irregular linear thickening of the rectal mucosa but no obvious mass palpated. No meds. Owner reports chronic diarrhea with ongoing weight loss. No obvious response to diet trial.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.4 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.45 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

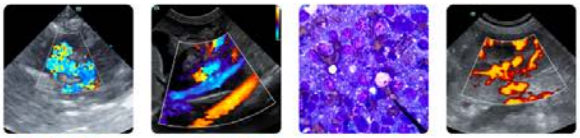
Spleen

The spleen is subjectively normal in size (0.80 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized. The ileum is prominent and thickened with intact wall layering, measuring 0.36 cm. The proximal colon and descending colon appear diffusely thickened with intact wall layering, measuring up to 0.18 cm in thickness with non-formed and formed fecal material. In the distal pelvic canal there is a large mass effect consistent with severely thickened, irregular colon/rectum. Wall thickness is severely increased, measuring at 1.01 cm with complete loss of layering.

Pancreas

The left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Prominent pancreatic duct noted.

Free Abdomen

There is a small amount of free abdominal fluid. There is a mild diffuse lymphadenopathy. Examples of mesenteric lymph nodes measure 0.41 cm and 0.58 cm. A sublumbar lymph node is visualized measuring 0.45 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Mild segmental thickening of the small intestine with prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Diffusely thickened colon with intact wall layering and severely thickened distal colon/rectum with loss of layering – Findings are concerning for infiltrative disease/neoplasia (carcinoma, round cell neoplasia etc.).
- Small volume free abdominal fluid, diffuse inflammation, and mild mesenteric lymphadenopathy – Findings are most consistent with diffuse inflammatory change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The proximal colon appears diffusely thickened with intact wall layering. Distally in the intrapelvic region at the level of the urinary bladder there is severe colorectal irregularity and thickening with complete loss of layering. Recommend a fine needle aspirate of the colon wall.

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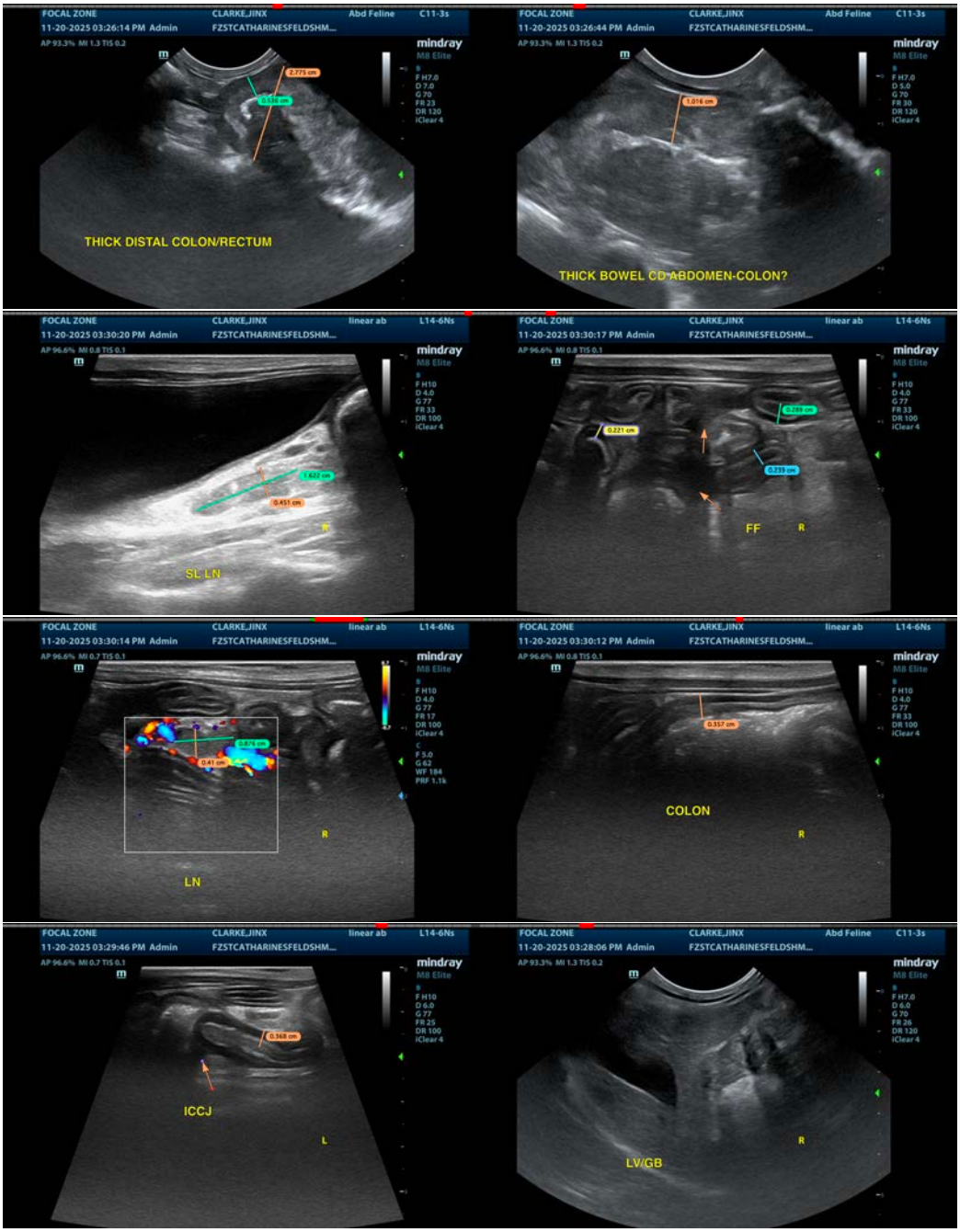
Based on the diffuse inflammatory change present, there could be concern for metastatic disease. If possible, recommend a contrast CT scan for further evaluation prior to surgical evaluation.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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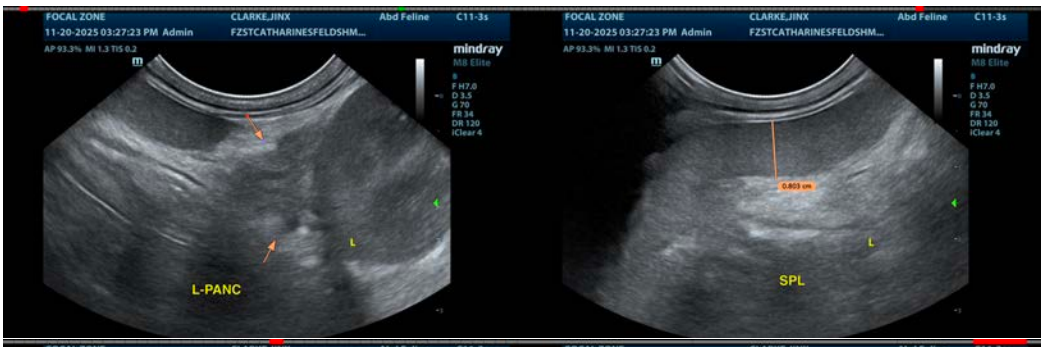

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com