



PATIENT

Spruce DeGidio

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.4 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Shelby Young

INVOICE

13235

DATE

01/16/26

PRESENTING CLINICAL SIGNS

ADR ~5-6 days. Started sun/mon. P has been ADR in general, hiding more, and eating less. O feels P has lost weight and is very concerned. 3lb weight loss over the last year, 1lb weight loss within the last month. Abdominal mass palpated. AFAST performed, intestinal mass mid abdomen seen. O considering surgical removal +/- onco referral for chemotherapy. Advised full AUS to look for possible metastasis, although warned O not always seen grossly. Current Medications: Lysine paste, Revolution Plus

Abnormal PE/Chem/CBC/UA Results: See attached labs: CBC: mildly regenerative microcytic anemia (HCT 15.3%, MCV 34.9, MCH 10.0, retic 66.1k), neut 16.15k (H), plt 776k (H). Chem 17: TP 5.1, Alb 2.1, all else wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.7 cm in length. The right kidney measured 3.9 cm in length. Mild pyelectasia was present bilaterally.

Adrenal Glands

No obvious pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



PATIENT

Spruce DeGidio

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.4 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Shelby Young

INVOICE

13235

DATE

01/16/26

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained mild retained nonshadowing ingesta/chyme.

Segmental mid abdomen intestinal mass was visualized consistent with jejunal location exhibiting markedly thickened hypoechoic wall and loss of intestinal mural detail measuring approximately 7.0 cm x 3.5 cm. Segmental to generalized proximal and distal thickened jejunum with intact to altered wall layer ratio owing to thickened muscularis layer. The thickened jejunum wall measured 0.34 cm. Mild surrounding peri-intestinal hyperechoic omentum.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The left pancreas presented normal in size and contour with mild nonhomogenous hyperechoic parenchyma compared to adjacent omentum.

Free Abdomen

No obvious visualized significant peritoneal effusion or hypoechoic to swollen mesenteric lymphadenopathy was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Mid abdomen intestinal mural mass with concurrent intact to thickened proximal and distal intestinal segments.
- Sonographically unremarkable liver/spleen.
- Mild gallbladder debris.
- Nonspecific chronic renal changes exhibiting pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass is most consistent with neoplastic criteria with considerations including round cell neoplasia such as lymphoma, carcinoma, or other. FNA cytology of the intestinal mass wall could be considered for further clarification. Given high propensity for round cell neoplasia and altered intact adjacent intestinal segments, diffuse neoplastic process is suspected. Three view chest radiographs and surgical or oncology consult pending sampling is suggested. Urinary workup recommended if not recently done.



PATIENT

Spruce DeGidio

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.4 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

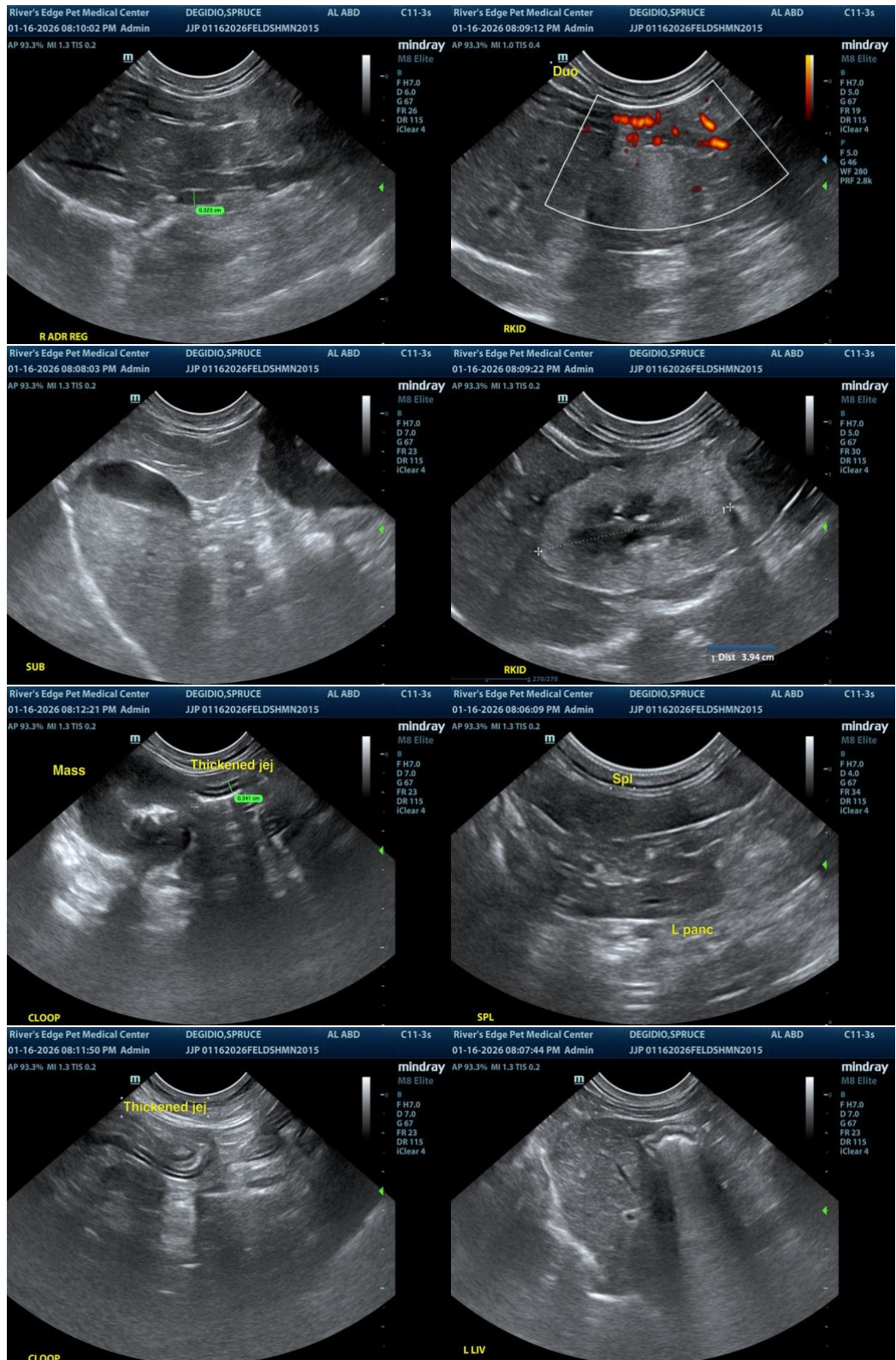
Dr. Shelby Young

INVOICE

13235

DATE

01/16/26





PATIENT

Spruce DeGidio

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.4 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

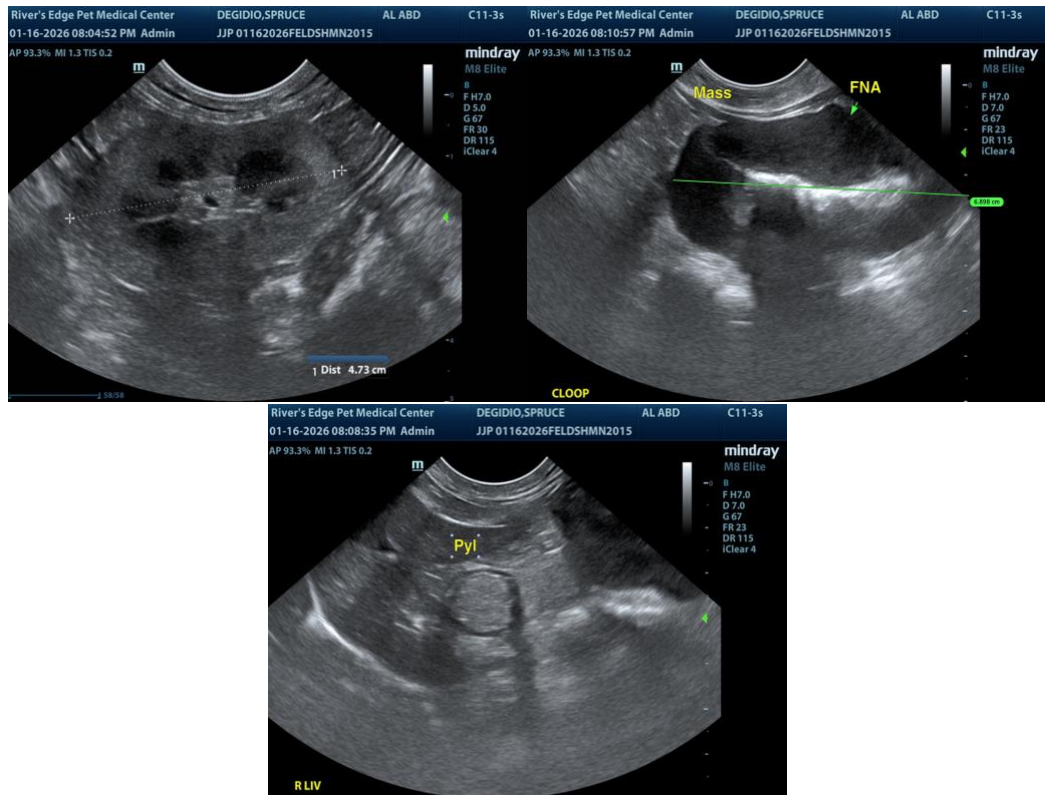
Dr. Shelby Young

INVOICE

13235

DATE

01/16/26



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com