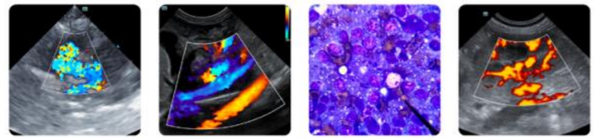


PATIENT

Nile Leskanic

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

10

WEIGHT

11 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Hurley

HOSPITAL NAME

Bayshore Veterinary Hospital

REFERRING VET

Dr. Hurley

INVOICE

13258

DATE

01/19/26

PRESENTING CLINICAL SIGNS

- P presented for vomiting multiple times in the past 2 days. O explains that P is a little more lethargic than normal the past 2 days, P acting similar to when he had a bout of pancreatitis long ago.

PE: WNL Chem: Elevated TP and GLOB ALB/GLOB: 0.4 CBC: NSF

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. Primarily anechoic urine was present in the lumen. Nondependent particulate mild to moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and mild asymmetrical margination was present in the kidneys. Mild thickened cortex exhibiting increased cortex echogenicity with enhanced indistinct corticomedullary border demarcation. No evidence of pyelectasia was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width.

The right adrenal gland was not definitively visualized.

Spleen

The spleen was indistinctly visualized with no obvious pathology in the area of the spleen or evidence of splenomegaly.

Liver & Gallbladder

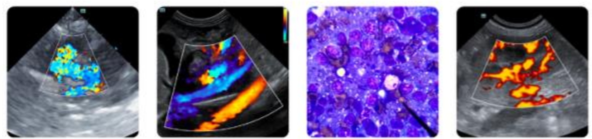
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material.

Segmental variably thickened intestine wall exhibiting indistinct mural detail and mural hypoechogenicity in the mid to cranial abdomen, appearing to involve the ileocolic junction and extending into the proximal to possible transverse colon. The thickened ileocolic junction wall measured 1.1 cm wall width. The adjacent variably thickened intestine wall measured 0.33 cm to 0.42



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cm wall width. By comparison, intact visualized small intestine adjacent to the spleen measured 0.25 cm wall width. Associated suspect metabolic to possible paralytic segmental intestinal ileus exhibiting retained nonshadowing ingesta/chyme. Mild regional peri-intestinal hyperechoic omentum.

Descending colon in the area of the left kidney exhibited overtly normal intact wall layering containing semi formed to possible soft fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No obvious visualized significant or swollen omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

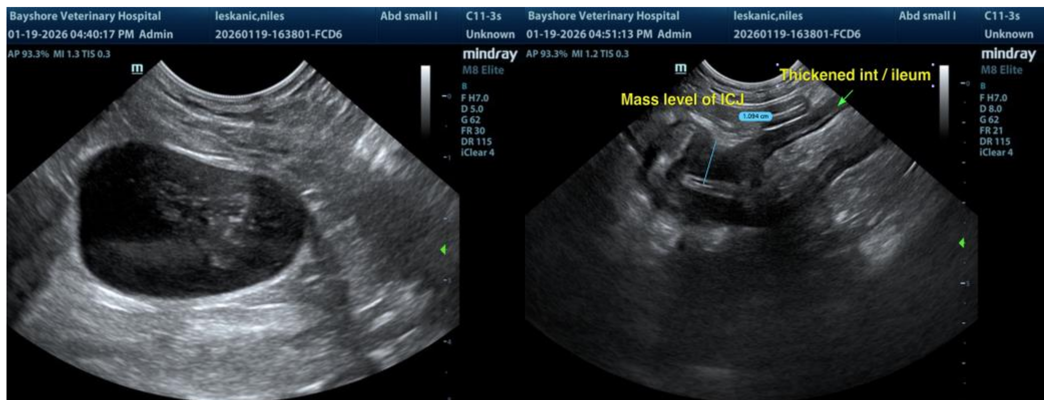
- Segmental variably thickened small intestine with ileocolic mass appearing to extend into the proximal to possible transverse colon.
- Associated mild ingesta/chyme distended distal small intestine and regional peri-intestinal hyperechoic omentum.
- Sonographically normal empty stomach.

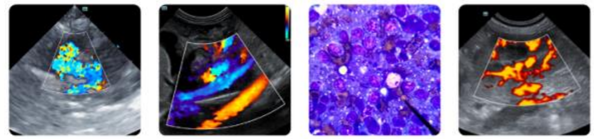
Secondary Findings

- Mild chronic renal changes exhibiting medullary mineral.
- Mild to moderate urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the enterocolic mural pathology and ileocolic mass may include favored neoplasia, i.e. adenocarcinoma, lymphoma or other FIP or potentially fibroplasia. FNA cytology of the thickened intestinal wall could be considered for initial clarification. Subjectively, the enterocolic mural pathology appears to be extensive. Three view chest radiographs are recommended if not done.





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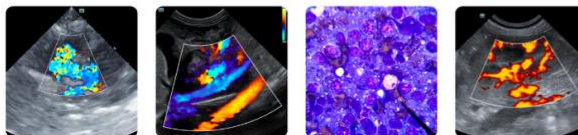

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com