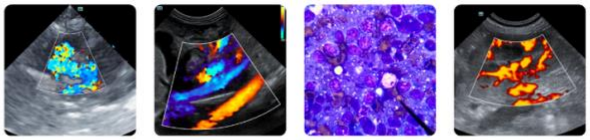


PATIENT

Abby Najarian

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5 Years

WEIGHT

3.3 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Firefly Veterinary Urgent Care

REFERRING VET

Dr. Casey Dignan VMD

INVOICE

12911

DATE

01/02/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate chronic weight loss since Aug 2025, intermittent appetite, intermittent vomiting (O reports ~1x/month). Palpable abdominal mass on PE. BW showing mild anemia and prolonged PT. Currently in urgent care setting. PMH: Polyp AS, TECA performed December 2023 - reports of thrombocytopenia secondary to an antibiotic for this per O. Sedated: Dexmedetomidine + Butorphanol IM for AUS.

Abnormal PE/Chem/CBC/UA Results: 1/2/25 Diagnostics: - CBC: RBC 6.18 L, Hct 26.7% L, Hgb 9.2 L, normocytic normochromic, non-regenerative, Mono 0.96 H, Plts 163-n, remainder NSF - Chem: Cr 0.6 L, BUN 12-L, normal LES - PT: 28 sec (15-22)- prolonged; PTT117 sec - wnl (65-119) - T4: pending BW in Aug had NSF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen with pinpoint dependent lumen mineral. Nondependent particulate mild 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.3 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.26 cm width. The right adrenal gland measured 0.38 cm width.

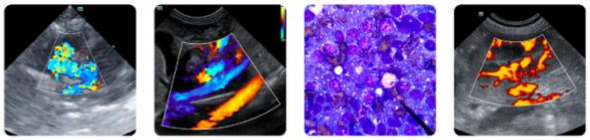
Spleen

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. The spleen measured 0.58 cm width level of the mid spleen.

Liver

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 biliary sludge. The common bile duct was not visualized.



PATIENT

Abby Najarian

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5 Years

WEIGHT

3.3 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Firefly Veterinary Urgent Care

REFERRING VET

Dr. Casey Dignan VMD

INVOICE

12911

DATE

01/02/26

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

Primarily intact variably thickened small intestine exhibiting altered wall layer ratio owing to thickened muscularis, mucosa and segmental submucosa intestinal layers. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.36 cm width.

The colon presented with intact mildly thickened visualized wall containing soft fecal matter. Descending colon wall measured 0.25 cm wall width.

Pancreas

The pancreas presented mildly enlarged in size, most notable in the right pancreatic limb, exhibiting asymmetrical contour and nonhomogenous hypoechoic parenchyma with mildly prominent left limb pancreatic duct.

Free Abdomen

A moderately sized, mild asymmetrical nonhomogenous mid abdomen mass was visualized suspected to be of lymphatic origin measuring 7.0 cm x 4.0 cm. Additional smaller yet swollen nonhomogenous mesenteric lymph nodes were also present. Generalized mild omental hyperechogenicity and a mild volume of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened small intestine and colon.
- Marked to variable mid abdomen mesenteric lymphadenopathy.
- Concurrent pancreatitis.
- Mild gallbladder debris.
- Omental hyperechogenicity and mild peritoneal effusion.
- Mild urine sediment with minor lumen mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for indistinct areas of intestinal mural proliferation to early intestinal mural mass is not definitively excluded given the proximity of marked mesenteric lymphadenopathy to regional intestinal wall. Given this presentation, neoplastic criteria i.e. lymphoma or other is suspected with severe diffuse inflammatory disease or FIP are possible. Ideally using a 25-gauge needle, FNA cytology of the enlarged mesenteric lymph nodes +/- culture/sensitivity or FIP titers/PCR is recommended for further clarification. Recheck retroviral status could be considered if clinically indicated.

PATIENT

Abby Najarian

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5 Years

WEIGHT

3.3 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Firefly Veterinary Urgent Care

REFERRING VET

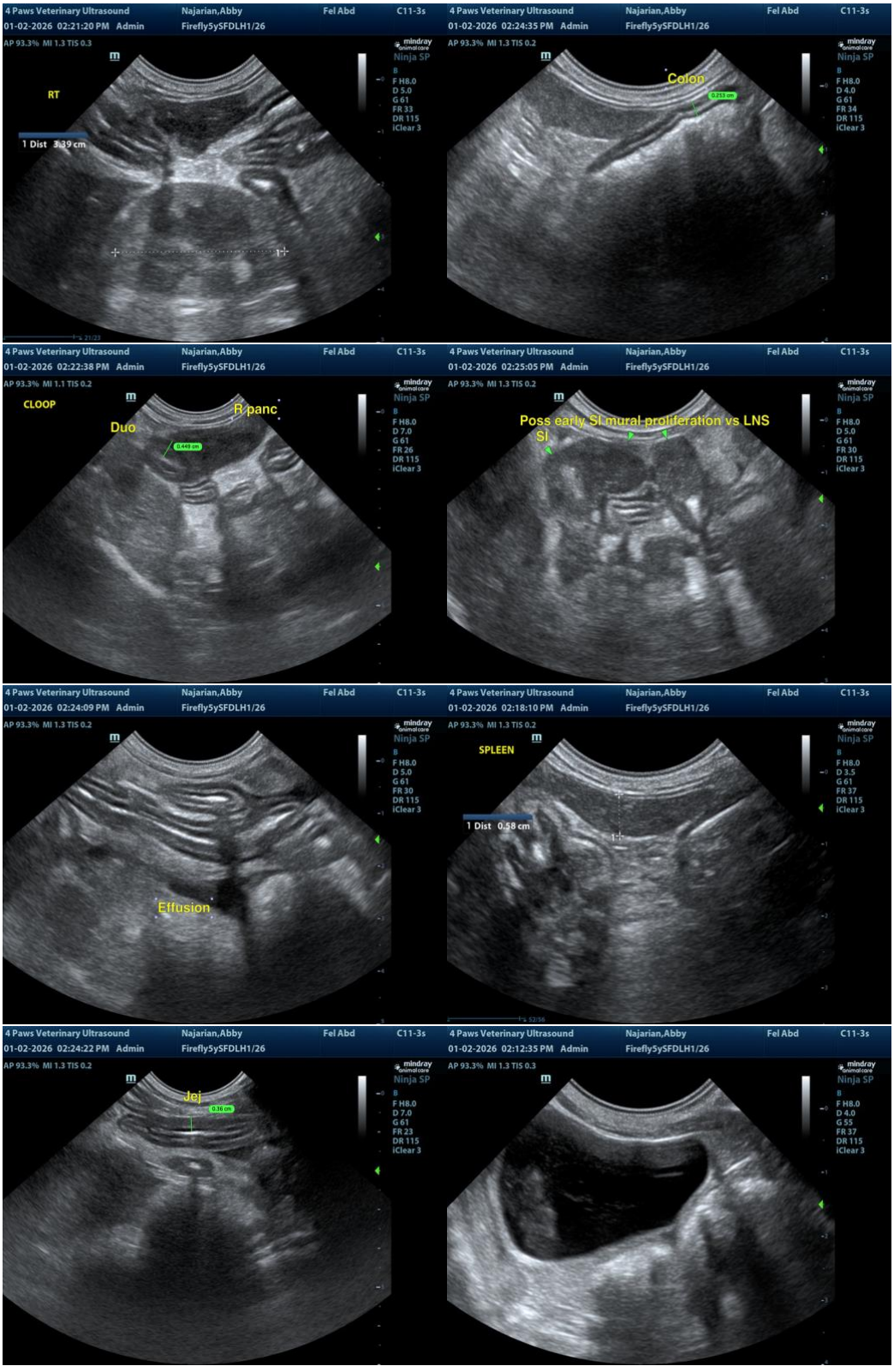
Dr. Casey Dignan VMD

INVOICE

12911

DATE

01/02/26



PATIENT

Abby Najarian

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5 Years

WEIGHT

3.3 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Firefly Veterinary Urgent Care

REFERRING VET

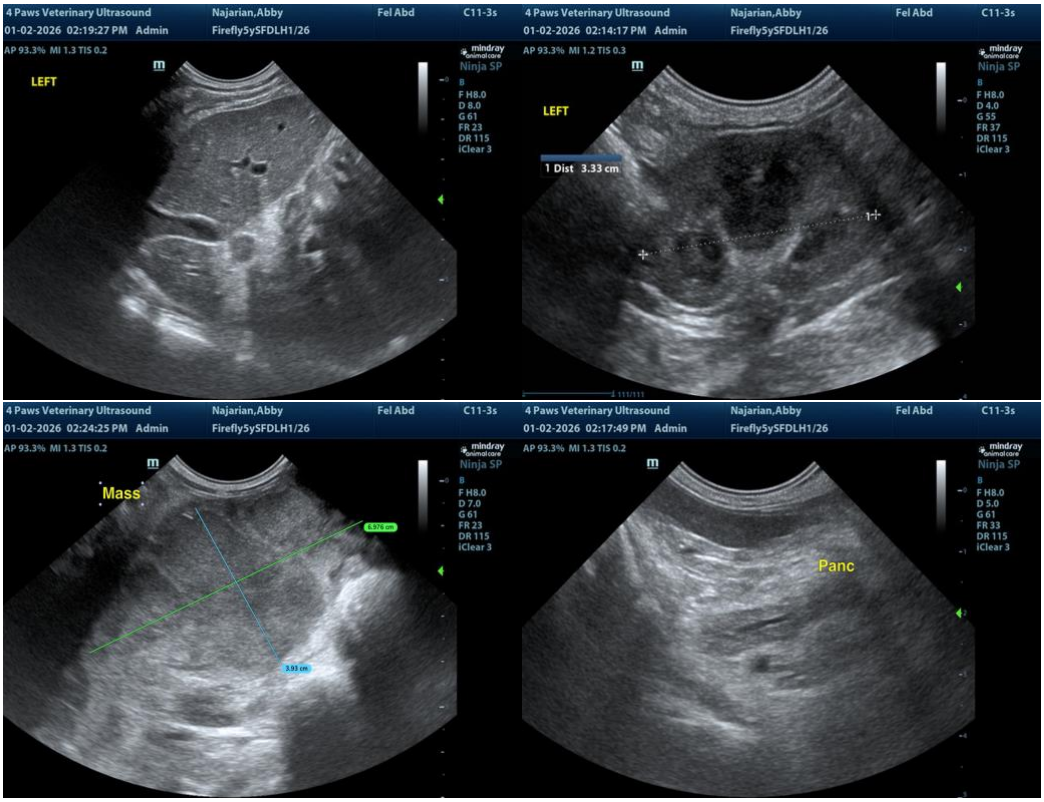
Dr. Casey Dignan VMD

INVOICE

12911

DATE

01/02/26



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