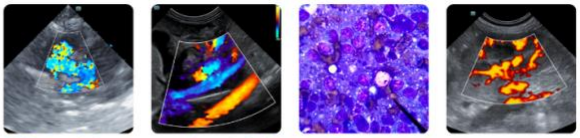


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Tigger Shanaman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

10.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Johnson

INVOICE

13324

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Persistent intermittent vomiting since July 2025, weight loss, polyphagia
- abdominal palpation suspicious for mass in cranial abdomen
- ABNORMAL Labwork Values: Jan 2026: GI panel—severe low cobalamin (<150), high folate (>24). Mild anemia (Hct 28, rbc 6.1), low calcium (8) and total proteins (5.8)(malabsorption suspected) - SDMA, T4 in July 2025 WNL
- Current Medications: B12 injection .3 ml q week

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 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.

Mild enlargement 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. Indistinct corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. A discrete hyperechoic corticomedullary band was present and consistent with medullary rim sign. The left kidney measured 4.7 cm in length. The right kidney measured 5.0 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 0.37 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

Spleen

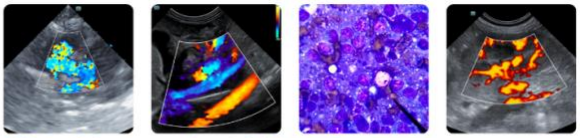
The spleen presented normal in size with mild medial capsule asymmetrical contour and primarily homogenous parenchyma. A subtle hyperechoic noncapsule deforming splenic nodule was present measuring 0.38 cm.

Liver & Gallbladder

The liver was subjectively mildly enlarged in size. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild gastric ingesta with no signs of ileus, obstruction or foreign material.

The small intestine presented primarily intact mildly thickened wall with segmental maintained wall layer ratio and concurrent segmental altered wall layer ratio owing to mildly thickened mucosa and muscularis layer. Within the mid abdomen, a segmental jejunal mural mass exhibiting thickened hypoechoic wall and loss of jejunal mural detail was present potentially measuring 4.5 cm in length with a wall width of 0.75 cm. An example of intact thickened intestinal wall measured 0.37 cm wall width. Within the cranial abdomen, intussusception was present potentially in the area of the ileocolic junction.

Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Multiple irregularly enlarged nonhomogenous mesenteric lymph nodes were present with an example measuring 2.5 cm x 1.4 cm. A concurrent mild hyperechoic swollen inguinal lymph node was also present measuring 1.2 cm in diameter. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

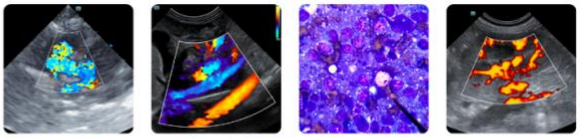
- Jejunal mural mass with concurrent thickened intact intestinal segments.
- Intussusception- suspect ileocolic intussusception versus unspecified small intestinal intussusception.
- Multiple mesenteric and focal inguinal lymphadenopathy.
- Mild hepatomegaly.
- Bilateral mild renomegaly exhibiting discrete medullary rim.

Secondary Findings

- Discrete hyperechoic splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal status, jejunal mural mass, accessible lymph node and screening hepatic FNA cytology could be considered for further clarification or evidence of multicentric neoplastic criteria which is favored. Multicentric inflammatory disease or granulomatous disease/FIP is thought less likely. The jejunal mural mass and intussusception do not overtly appear to be obstructive. If surgery is a potential in this patient and assuming no pathology on three view chest radiographs, abdominal CT would be ideal for further clarification and surgical planning.



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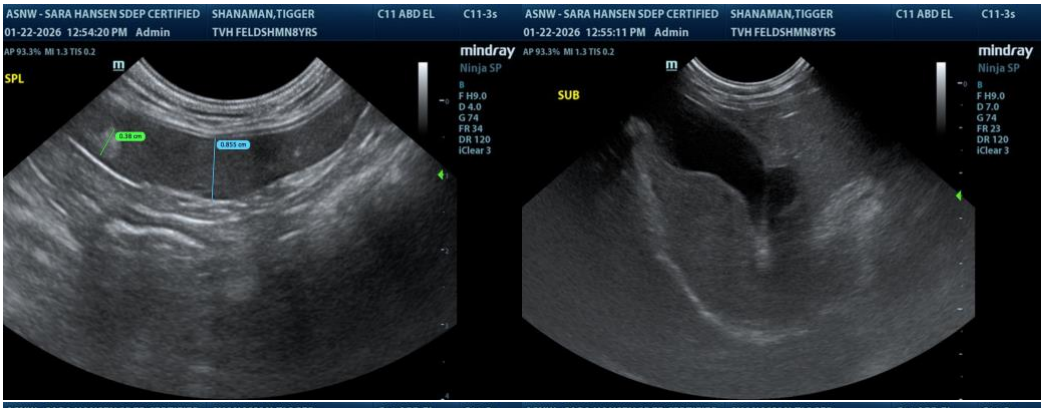

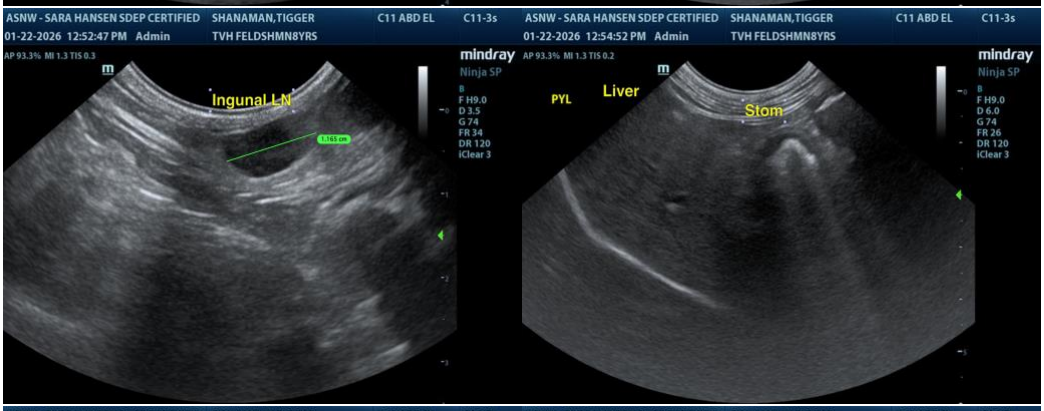

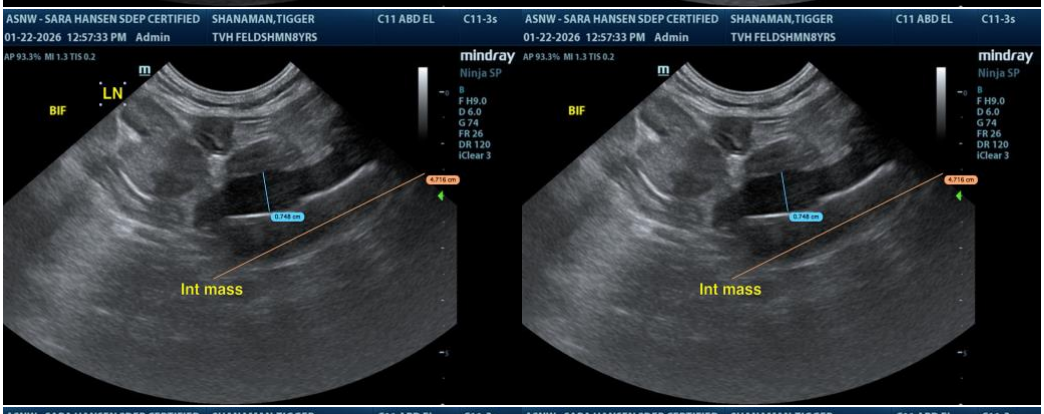

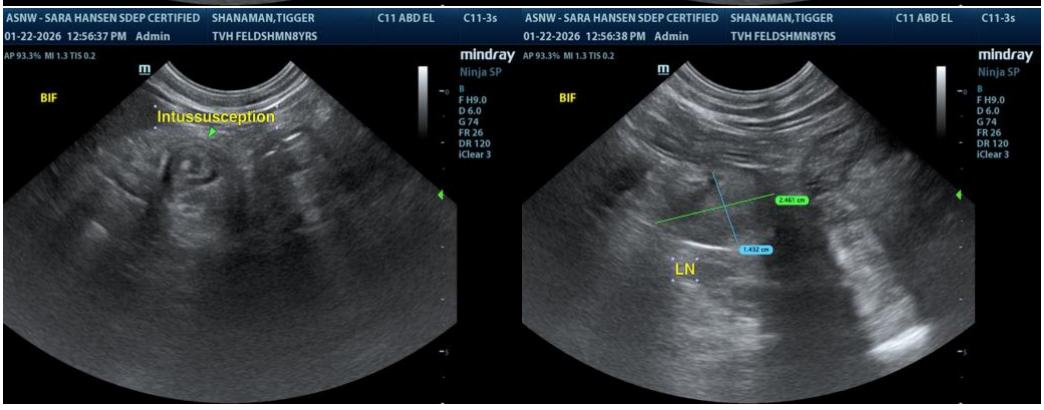

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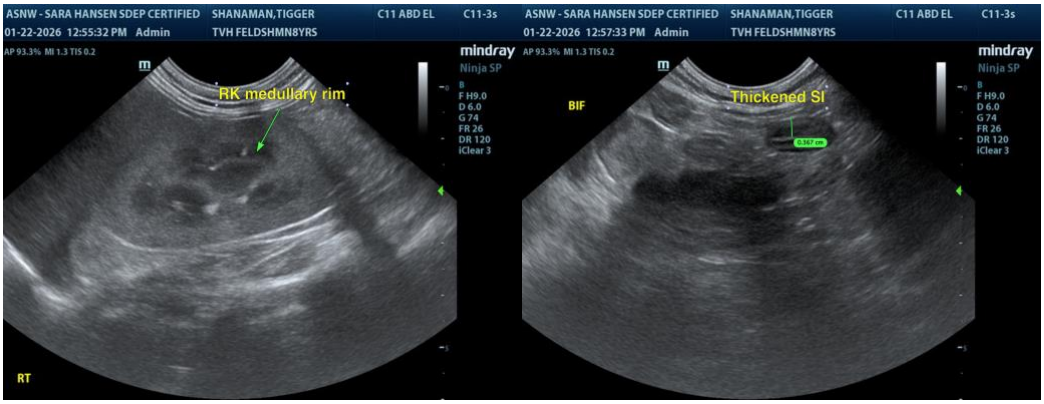

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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