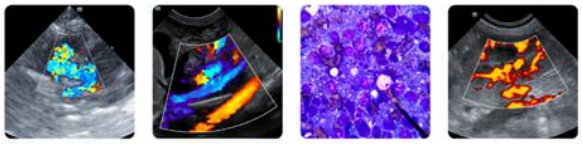


PATIENT
Kia Friedenthal

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
9yr

WEIGHT
6.6lb

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Jack Reese

HOSPITAL NAME
Willow Run Veterinary

REFERRING VET
Gewnna Johnson VMD

INVOICE
23712

DATE
01/19/2026

PRESENTING CLINICAL SIGNS

- Patient presented for second opinion on possible renal mass diagnosed at rDVM
- Azotemia noted on bloodwork
- O's noting soft stool with mucus and straining at home
- Patient also diagnosed and being treated for bronchopneumonia

Abnormal PE/Chem/CBC/UA Results: RBC 5.71 (6.54 - 12.20 M/µL) Hematocrit 25.9 (30.3 - 52.3 %) BUN 55 (16 - 36 mg/dL) Globulin 5.3 (2.8 - 5.1 g/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Intact corticomedullary architecture. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.5 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.

Spleen

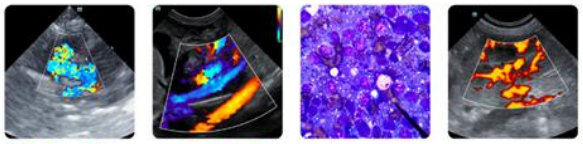
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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. Normal vascular volume. 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 with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.20 cm in width.

Extensive variably thickened colon exhibiting indistinct to loss of colon mural detail accentuated by expansive irregular mixed echogenic mass appearing to involve the distal descending colon at the level and cranial to the urinary bladder. The mass measured ~ 5-4 cm with surrounding hyperechoic omentum.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Mild volume peritoneal effusion was present.

Intermittent enlarged, hypoechoic mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. A mesenteric root lymph node measured 1.5 cm length and 1.3 cm width.

ULTRASONOGRAPHIC FINDINGS

Primary

- Extensive colon mass accentuated with irregularly expansive distal descending colon mass.
- Associated caudal abdomen to pericolic non-uniform hyperechoic omentum and intermittent swollen lymphadenopathy.
- Bilateral chronic renal changes exhibiting intact corticomedullary architecture.
- Sonographically normal gastrointestinal tract.
- Mild heterogeneous pancreas.
- Mild peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized colon including the expansive descending colon mass is consistent with neoplastic criteria with evidence of regional metastatic lymphadenopathy and potential pericolic omental seeding. Curative surgical options are suspected to be precluded. FNA cytology of the mass for further assessment and potential for oncology consult could be considered. Correlation of azotemia with UA recommended if not done.

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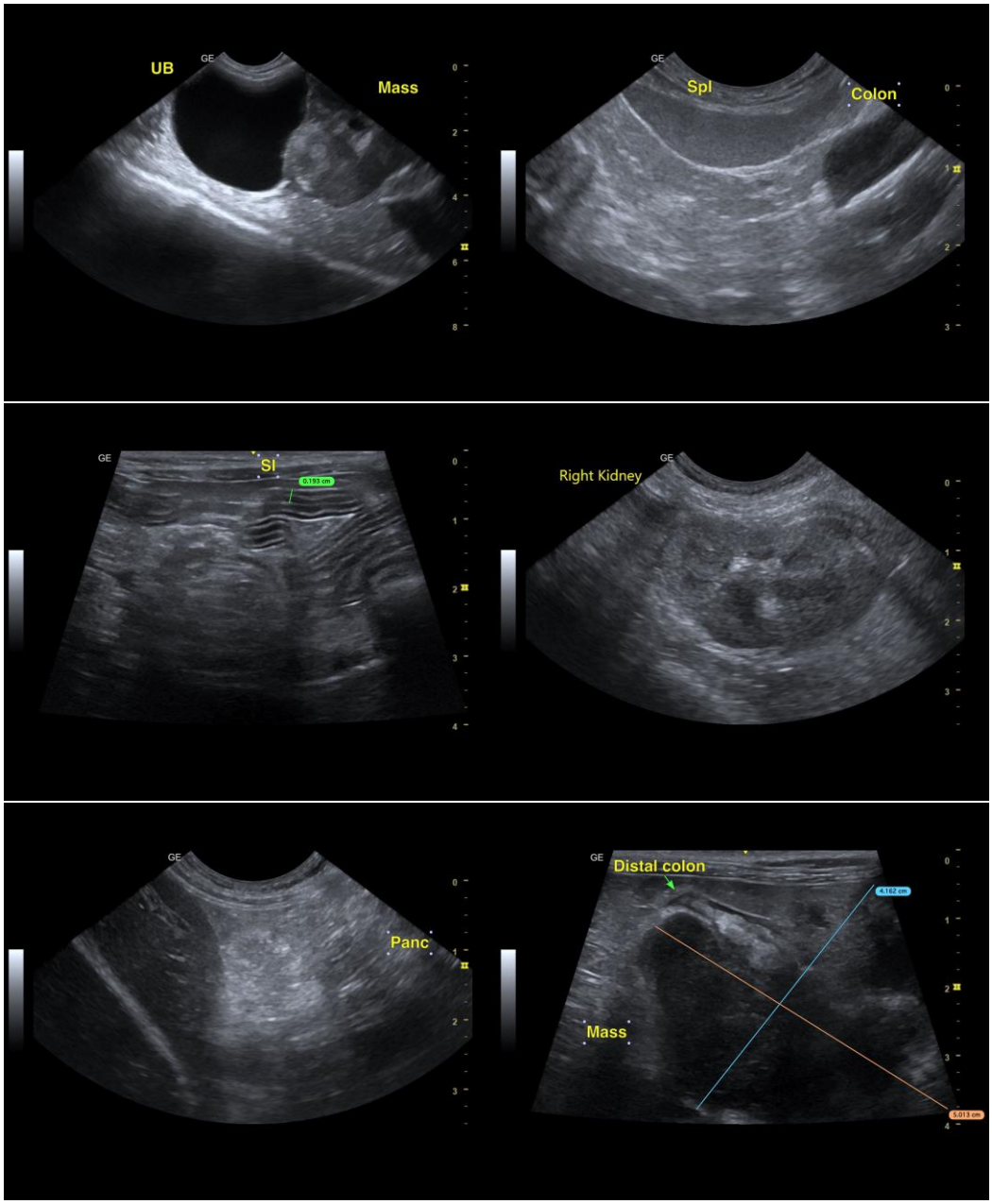

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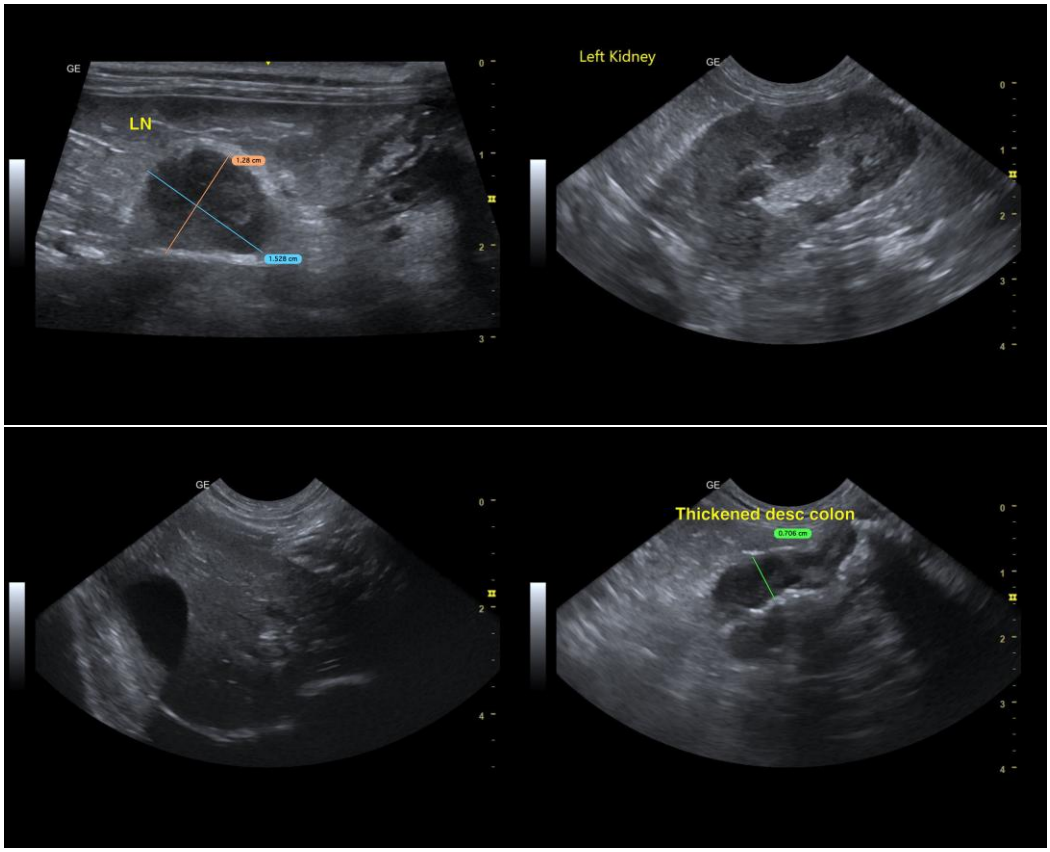

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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