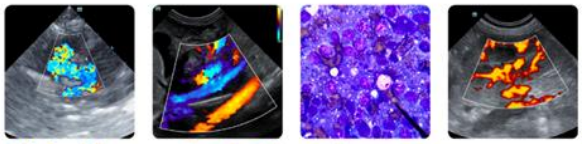


PATIENT

Gracie Doodle

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

2.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Brandywine Valley Veterinary Hospital

REFERRING VET

Gail Rockwood, DVM

INVOICE
23728

DATE
01/30/2026

PRESENTING CLINICAL SIGNS

- AUS to further evaluate weight loss and poor appetite, abdominal distension (minor), depressed, pale mucous membranes. Bloodwork shows mild anemia, hypoalbuminemia, high-normal SDMA. Hx chronic renal insuf.
- Meds: Cerenia, Mirtaz

Abnormal PE/Chem/CBC/UA Results: Diagnostics - CBC: Hct 29.9% L, Hgb 9.8 L, WBC 23.1 H, Neut 20.895 H, remainder NSF - Chem: Alb 2.0 L, normal LES, BUN 25, Cr 0.9, SDMA 14 - T4: 1.0 L-euthyroid

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 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. Intermittent hyperechoic corticomedullary band consistent with indistinct medullary rim was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

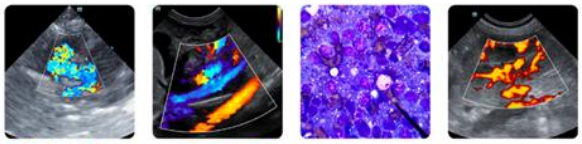
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

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.

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.



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Gastrointestinal

The stomach exhibited mild to moderate gas distention with overtly normal visible stomach wall.

A segmental, ill-defined to irregular mid-abdomen intestinal mass potentially measuring 3-4 cm in length was present. Diffuse to marked intestinal distention suspect proximal to the intestinal mass with ingesta and gas. The ileocolic junction was not definitively visualized owing to intestinal artifact.

The visualized definitive distal descending colon at the level of the dorsal urinary bladder exhibited normal intact wall and non-distended size containing semi-formed fecal matter.

Pancreas

The left pancreas was normal in size with capsule asymmetry and mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Mild volume peritoneal effusion, regional peri-intestinal non-homogeneous hyperechoic omentum exhibiting multiple small hypoechoic omental nodules vs lymph nodes and intermittent mildly enlarged non-homogenous mesenteric lymph nodes were present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intestinal mass with concurrent diffuse to marked distended intestinal segments with shadowing content /gas
- Peri-intestinal non-homogenous hypoechoic potentially nodular omentum, intermittent mesenteric lymphadenopathy and mild volume peritoneal effusion
- Subjective normal visualized distal descending colon containing semi-formed fecal matter
- Chronic renal changes exhibiting indistinct medullary rim

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass appears to involve the small intestine and is likely obstructive given degree of intestinal distension with shadowing content and gas. A mass at the level of the ileocolic junction or involving portions of the colon thought less likely yet not definitively excluded. Neoplasia considered probable with potential for regional omental seeding and metastatic lymphadenopathy. Abdominal CT would be ideal for further clarification given significant intestinal artifact.

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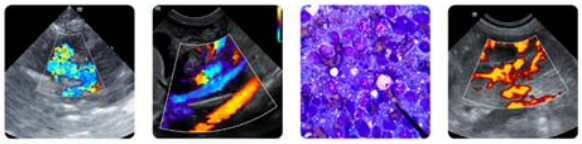

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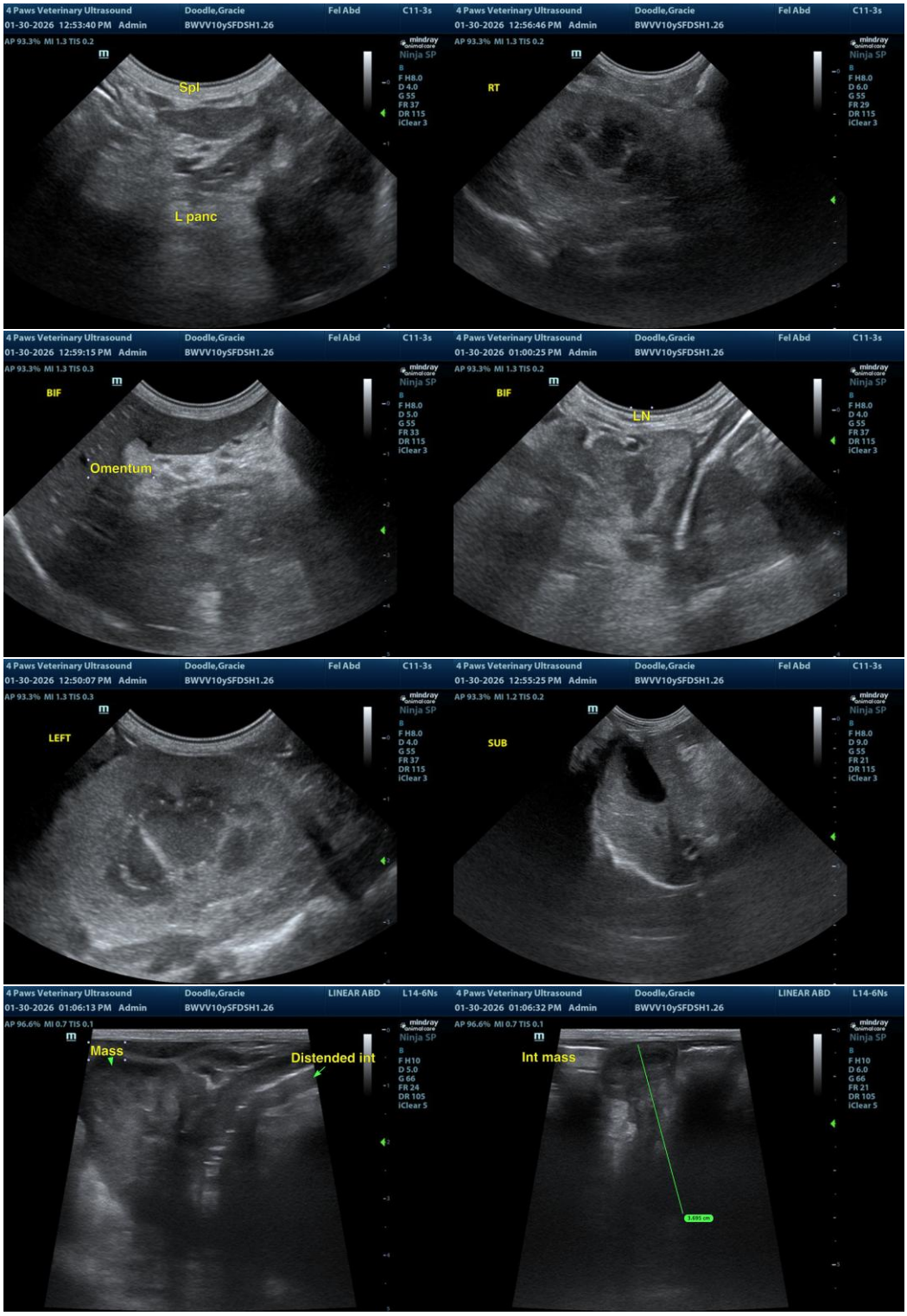

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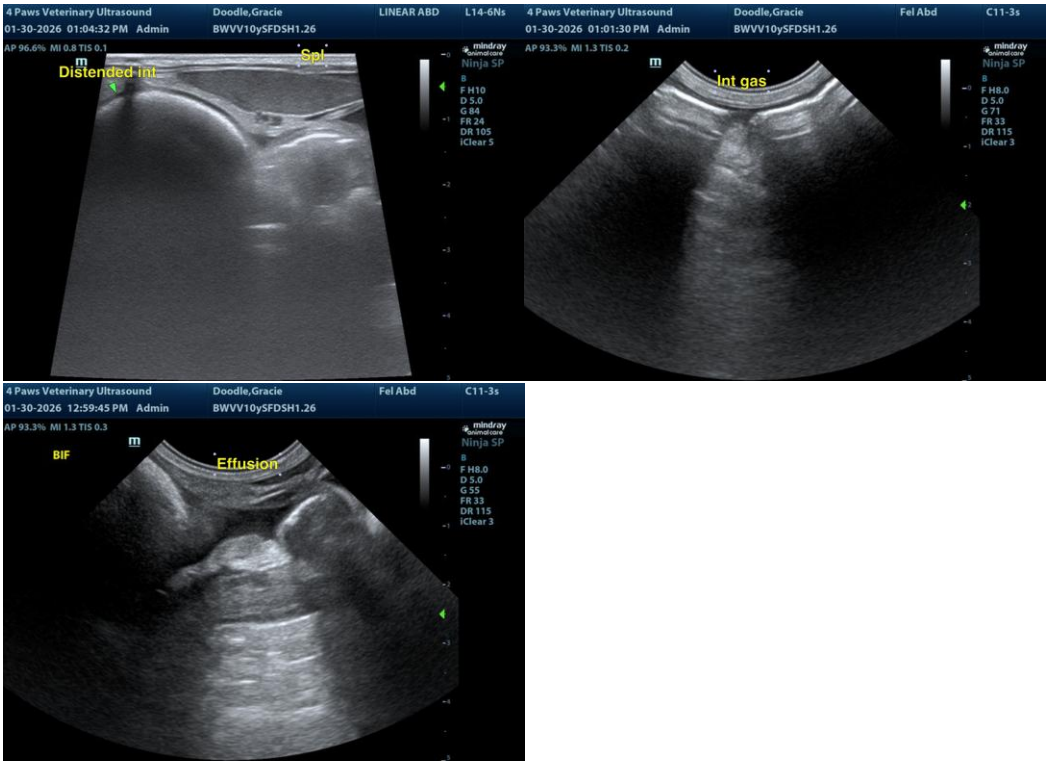

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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