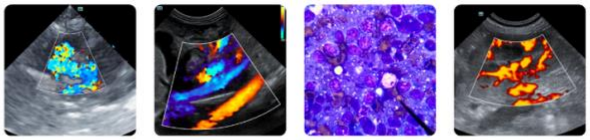

PATIENT

Jack Marshall

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

1 Year 4 Months

WEIGHT

2.3 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dave Stasiuk, RDMS, RDCS

HOSPITAL NAME

Canyon Meadows

REFERRING VET

Dr. Scott

INVOICE

13041

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

Mid abdominal mass felt low electrolytes. Awaiting FIP. Low albumin. Emaciated cat. SDMA at 14. Mild increase in bilirubin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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. A mild hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 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 0.40 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width at the caudal pole.

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 0.70 cm width level of the mid spleen with mild splenic folding.

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 subnormal in size potentially owing to the presence of gastric ingesta with minor edematous wall. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering. The stomach contained a mild to moderate amount of variably echogenic nonshadowing ingesta.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Similar appearing segmental nonshadowing ingesta was present.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

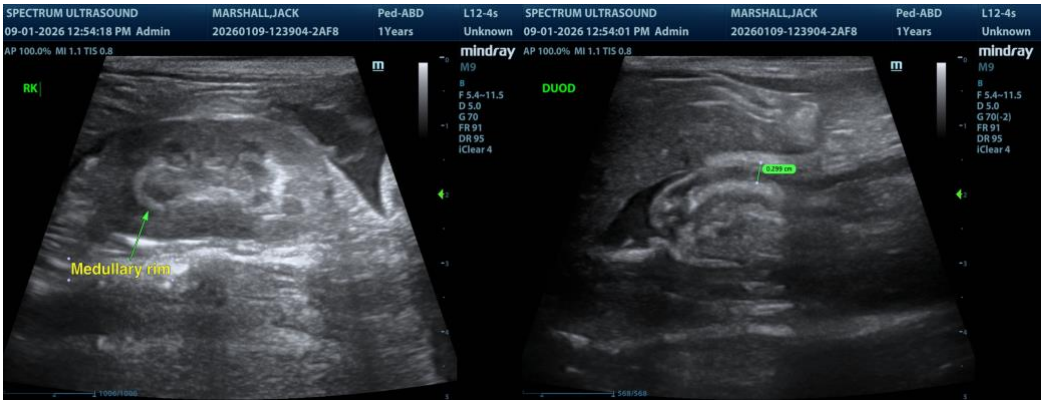
A mid abdomen mild to irregular nonhomogenous mass was present exhibiting hyperechoic parenchyma which may indicate areas of mineralization or potential gas artifact measuring approximately 4.4 cm in diameter. Generalized nonhomogenous omentum and mild peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Mid abdomen nonhomogenous mass exhibiting potential mineralization versus gas artifact.
- Peritoneal effusion and generalized nonhomogenous omentum.
- Bilateral mild nonspecific renal medullary rim sign.
- Normal volume liver with mild contracted edematous gallbladder.
- Normal gastrointestinal tract with nonshadowing gastrointestinal ingesta.
- Nonenlarged mildly folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neoplasia or FIP are considered primary considerations. The mass may indicate omental, lymphatic, or non-obvious intestinal origin without evidence of gastrointestinal obstruction given potential for intra-mass gas artifact. Correlation with pending diagnostics as well as mass FNA cytology and effusion analysis. Unfavorable prognosis is indicated.



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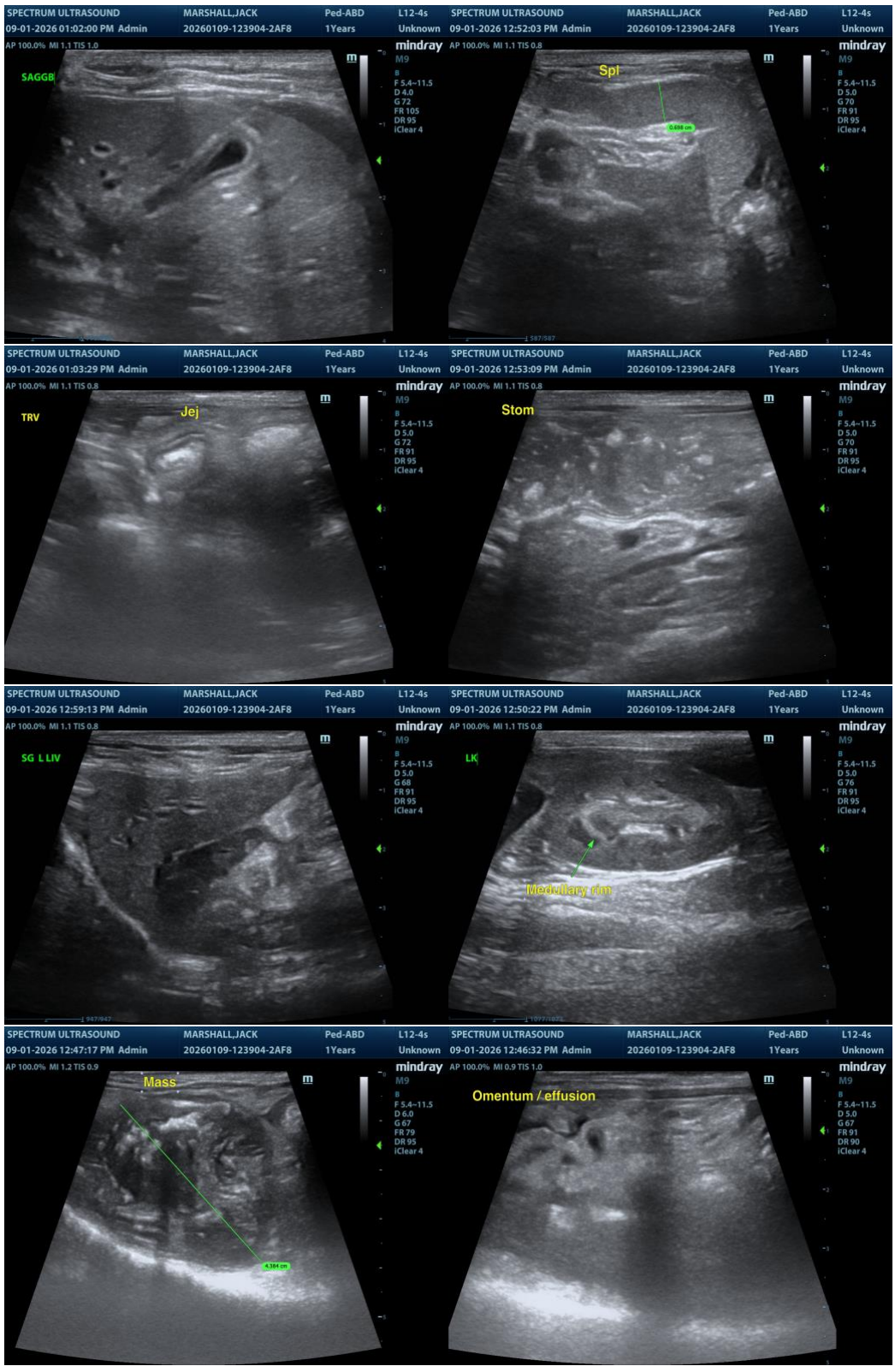

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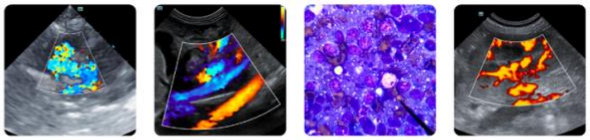

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Educational Teleconsultation Services™

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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