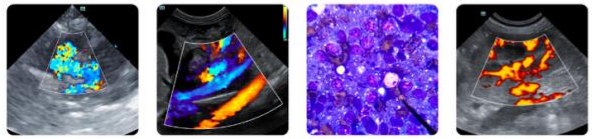


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Aeryn Niederer

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
14 Years

WEIGHT
8.9

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY
Dr. Carter

HOSPITAL NAME
Willamette Veterinary Hospital

REFERRING VET
Dr. Carter

INVOICE
12559

DATE
11/14/25

PRESENTING CLINICAL SIGNS

Anorexia for about 6 weeks, progressively getting worst. Per owner about 30% of body weight loss. Intermittent vomiting. Only eating about 1 teaspoon of kibble per day. Possible cranial abdominal mass, about 1.5"

Abnormal PE/Chem/CBC/UA Results: pending

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. 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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The adrenal glands presented normal to borderline prominent in size, symmetrical contour and homogenous nonmineralized parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland measured 0.51 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.

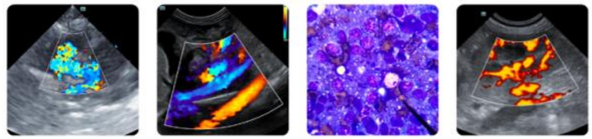
Liver

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 nonorganized biliary sludge. The common bile duct was not visualized.

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 visualized segments of discernable small intestine exhibited intact wall layering, normal wall layer ratio and empty lumen. Small intestine wall measured 0.22 cm wall width. A segmental intestinal mass was visualized in the mid to cranial abdomen exhibiting thickened hypoechoic wall and loss of mural echogenicity associated with the mass. The mass measured up to 0.88 cm. Concurrent retained progressively shadowing intestinal content in the area of the intestinal mass without overt evidence of segmental to generalized gastrointestinal obstructive pattern.

The visualized descending colon at the level of the urinary bladder exhibited normal intact wall and nondistended size containing subjective semi formed to soft fecal matter.

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

No obvious visualized significant lymphadenopathy or peritoneal effusion was present.

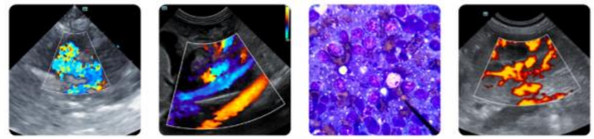
ULTRASONOGRAPHIC FINDINGS

- Intestinal mass exhibiting retained progressively shadowing lumen content.
- Associated mild peri-intestinal nonuniform omentum.
- Generalized empty stomach/small intestine and visualized descending colon.
- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segments involved in the intestinal mural mass were not definitive with both small or large intestinal involvement possible. Considerations for the intestinal mass may include favored neoplasia, infectious, inflammatory or granulomatous disease with potential for fibroplasia. The progressive shadowing content within the intestinal mass lumen may indicate retained or possible impact ingesta, hairball density or similar or progressively shadowing fecal content. No evidence of associated enterocolic obstructive pattern.

Assuming no pathology on three view chest radiographs, laparotomy with gross inspection of the mass, potential for biopsy or resection anastomosis could be considered. Alternatively if available, abdominal CT is likely ideal for further clarification, assessment for nonobvious metastasis and for surgical planning.



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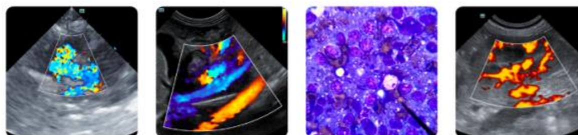

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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