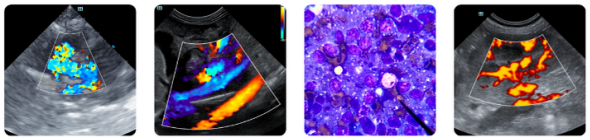

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Kukuri Liluashvili

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10 yrs 10 mos

WEIGHT

6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

12816

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: Presented for abdominal ultrasound, rdvm diagnosed abdominal mass. Owner stated inappetence for more than 1 week, lethargy, weight loss. Blood test was done a week ago. Fecal test – negative

Abnormal PE/Chem/CBC/UA Results: PE: 7 % dehydration, mild dental calculus, underweight, mid - abdominal mass on abdominal palpation.

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. Mild, non-dependent, echogenic to particulate 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.

No obvious medial iliac or sublumbar lymphadenopathy or masses.

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. Indistinct loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was normal in size exhibiting non-homogeneous, hypoechoic parenchyma measuring 0.79 cm width level of the mid spleen.

Liver

The liver was subjective mildly enlarged in size with normal vascular volume. Symmetrical to lobar asymmetrical hepatic capsule contour and heterogeneous, mildly hypoechoic parenchyma. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

Mid cranial abdomen intestinal mass was present exhibiting variable to marked mural hypertrophy with evidence of mural expansion, decreased mural echogenicity and loss of mural detail. Thickened intestinal wall measured 0.48 cm width and intestinal mass measured ~5.1 cm x 3.2 cm. Visualized intact normal small intestine wall measured 0.22 cm width.

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

Pancreas

The pancreas was not definitively visualized.

Free Abdomen

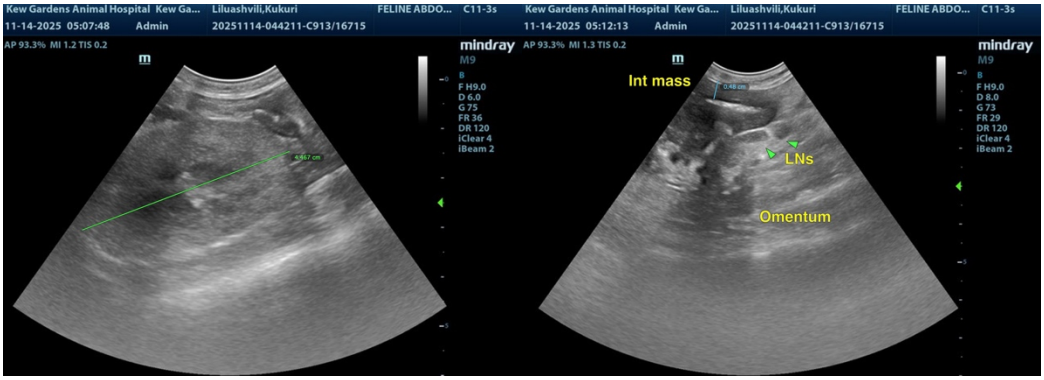
Intermittent, peri intestinal to generalized hyperechoic omentum, intermittent mild mesenteric lymphadenopathy and peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Mid cranial abdomen intestinal mass
- Peri intestinal to generalized hyperechoic omentum, mild mesenteric lymphadenopathy and peritoneal effusion
- Mildly enlarged non-homogeneous hypoechoic liver
- Non-enlarged mildly hypoechoic non-homogeneous spleen
- Nonspecific chronic renal changes
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the intestinal mass is consistent with neoplastic criteria with sonographic evidence of suspected carcinomatosis, lymphomatosis or similar. Multicentric neoplastic criteria, severe inflammation/infectious disease or granulomatous (FIP) etiology is considered unlikely. FNA cytology of the intestinal mass as well as effusion analysis could be considered for further clarification and oncology consult. Suspect precluded curative surgical options.



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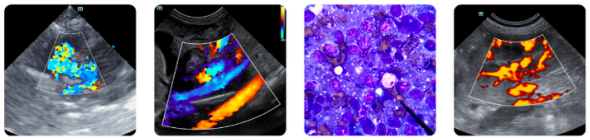

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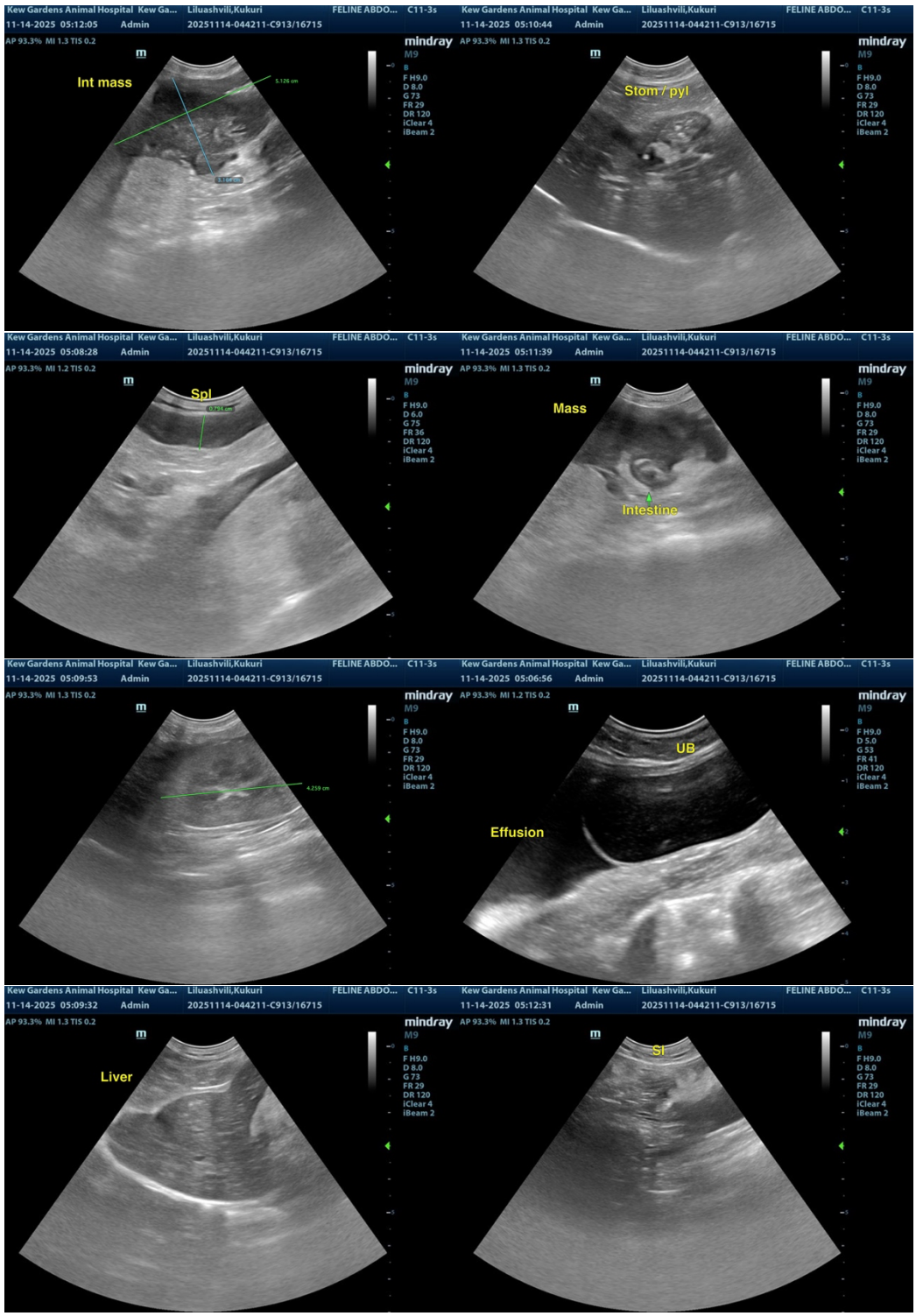

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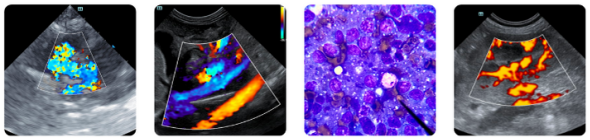

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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