



## PATIENT

Momo Frias

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

8 Years 8 Months

## WEIGHT

10.7

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr. Lara Cabugawan

## INVOICE

12319

## DATE

11/18/25

## PRESENTING CLINICAL SIGNS

Presented for chronic vomiting, acute onset on melena over the weekends, lethargy and decrease appetite.

Abnormal PE/Chem/CBC/UA Results: PE: 5-7 % dehydration, HM grade 3-4 /6 dental ds, dorsal muscle wasting, large irregular abdominal palpation, uncomfortable on 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. 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. The left kidney exhibited an indistinct medial to cranial isoechoic to mildly hyperechoic corticomedullary band. 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. The left kidney measured 3.9 cm in length. The right kidney measured 3.5 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### 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 0.72 cm width level of the mid spleen.

### Liver

The liver was mildly enlarged in size. 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 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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Intact thickened small intestine segments with concurrent mid to caudal abdomen intestinal mural mass exhibiting thickened hypoechoic segmental intestine wall and loss of mural detail. Thickened intact small intestine wall measured 0.45 cm wall width. Intestine mural mass wall measured 0.95 cm.

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

**Pancreas**

The area of the pancreas was sonographically normal.

**Free Abdomen**

Irregular nonhomogenous mid abdomen mass was visualized directly effacing mid abdomen intestinal segments measuring approximately 5.7 cm x 4.9 cm. The mass appeared to be potentially in the area of the ileocolic junction. Mild surrounding to peri-intestinal hyperechoic omentum. No obvious visualized significant peritoneal effusion.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

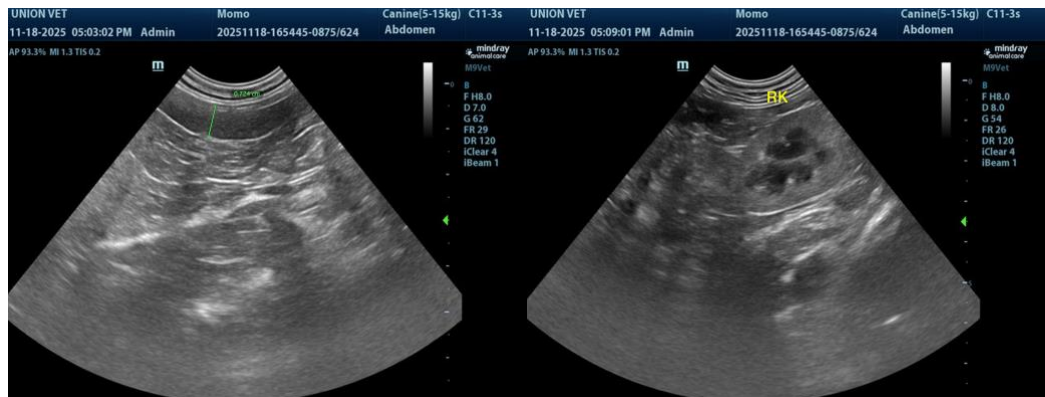
- Thickened intact intestine wall with segmental intestinal mural mass.
- Unspecified mid abdomen mass, potentially in the area of the ileocolic junction- separate intestinal to potential ileocolic mass versus significant lymphadenopathy.
- Subjective hepatomegaly.
- Sonographically normal empty stomach.

**Secondary Findings**

- Left kidney subtle nonspecific medullary rim sign.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, multicentric intestinal and potential lymphatic neoplastic criteria is met. Concurrent inflammatory disease i.e. IBD or other, granulomatous disease such as FIP or fibroplasia are all potentials. Assuming normal clotting status, mass and screening hepatic FNA cytology (using a 25-gauge needle) are recommended for further clarification and potential for oncology consult. Curative surgical options are suspected to be precluded.





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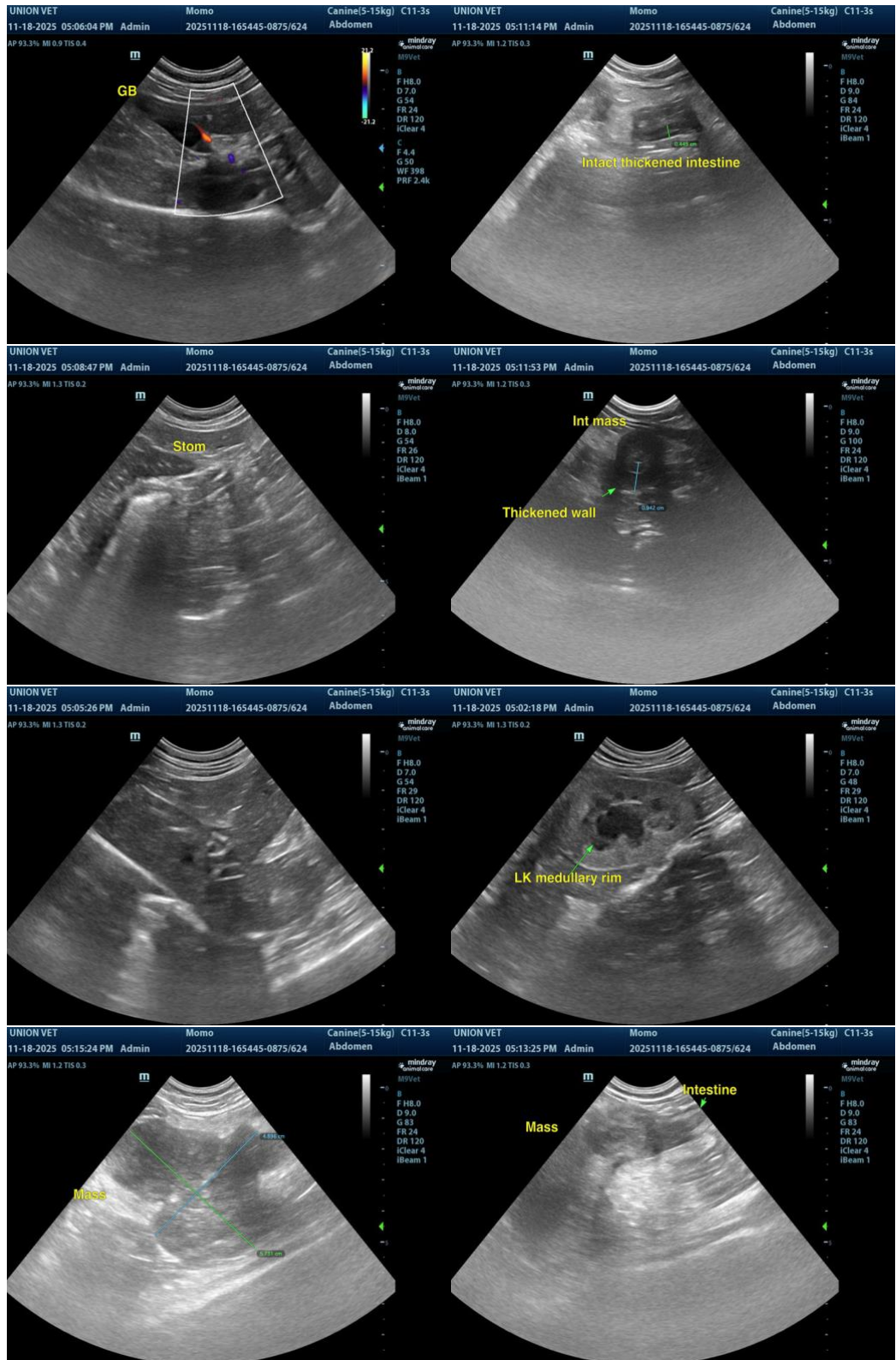
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)