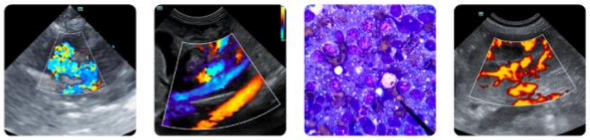


PATIENT

Tucker Witwer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 2 Months

WEIGHT

5.0 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Conestoga Animal Hospital

INVOICE

12328

DATE

11/19/25

PRESENTING CLINICAL SIGNS

AUS to further evaluate weight loss (~3 lbs in 2-3 mos), vomiting and suspected abdominal/intestinal mass (palpated on exam). Presented to rDVM on 11/6, for vomiting and itching. Licks concrete in the basement. BW showed monocytosis and eosinophilia. August 2025 was seen at rDVM and then at PETS ER for a fever, itching, vomiting, decreased appetite. Suspected Bartonella infection but no fleas seen or reported to have been found. Exam on 11/6/25 showed no fleas or flea dirt. Today, O notes is still vomiting, eating some treats but will vomit after treats. O notes further weight loss.

Abnormal PE/Chem/CBC/UA Results: AXR 1 -view: Chest- reported WNL; AXR - some loss of detail in mid-abdomen. Bladder visible. Some stool in colon. - CBC: Hct 36%, Plts 589 H (200-500), monocytes 1170 H (0-600), eosinophils 1040 H (0-1000) - Chem: Alb 3.4, normal LES, Cr 1.7, BUN 25- n , SDMA 12.2- n, PercisionPSL 28 H (8-26) - T4: 2.1 -n - UA: USG 1.038, pH 6.5, Pro 1+, inactive sediment

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 renal size and margination was present in both kidneys. Mild thickened nonuniform echogenic cortex with mild indistinct loss corticomedullary demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.28 cm width. The right adrenal gland measured 0.42 cm width.

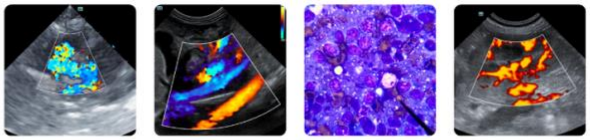
Spleen

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

Segmental to generalized intact thickened small intestine wall with altered wall layer ratio owing to propensity for mild variably thickened muscularis layer. Intact thickened small intestine wall measured 0.28 cm wall width.

An extensive intestinal mass appearing to extend from the mid abdomen intestinal segments caudally to the level of the urinary bladder with a subjective turn back towards to the mid to cranial abdomen was present. The intestinal mass exhibited markedly thickened hypoechoic wall with loss of mural detail, potentially measured 8.0 cm to 10.0 cm in length x 2.4 cm in diameter.

The ileocolic junction was free of pathology with intact wall layering measuring 0.31 cm wall width.

The visualized segments of proximal descending and distal colon exhibited intact wall layering and contained formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Focal to intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. Example of lymph nodes measured 2.3 cm x 1.0 cm. Mild peri-intestinal hyperechoic omentum. No visualized peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Extensive intestinal mural mass.
- Intact thickened adjacent to generalized small intestine- no evidence of obstructive pattern.
- Formed fecal matter in visualized colon.
- Mild mesenteric lmyphadenopathy.

Secondary Findings

- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestine mass appears to be small intestine in origin and subjectively involving the jejunum. No obvious indication for colon origin given sonographically unremarkable visualized colon and no reported diarrhea. The intestinal mass is consistent with neoplastic criteria with severe inflammatory disease, granulomatous (FIP) disease or fibroplasia thought less likely. Assuming normal clotting status, further assessment may include FNA cytology of the thickened intestine wall with potential for oncology or surgical consult. Biopsies may be required for a definitive diagnosis.

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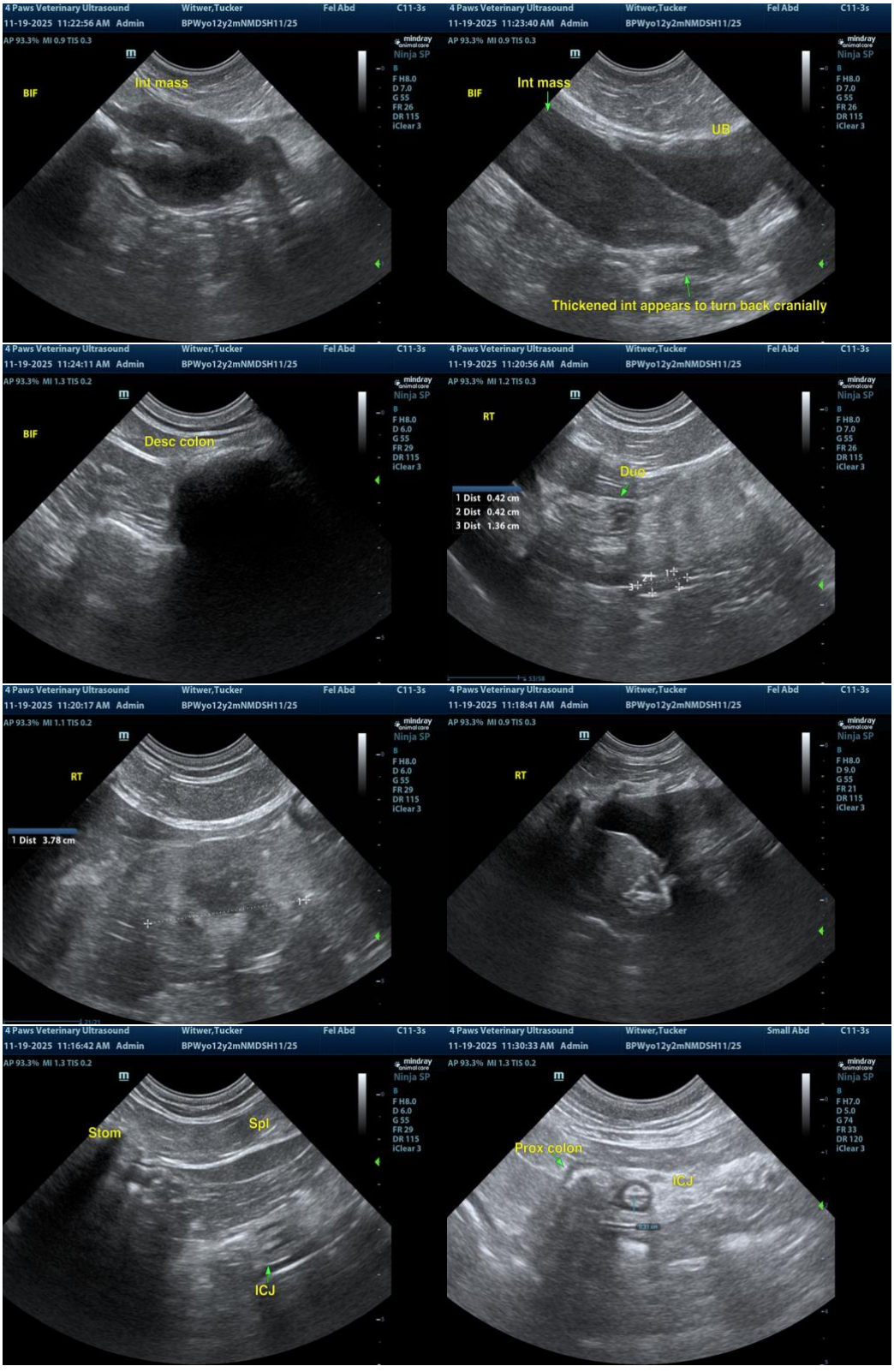

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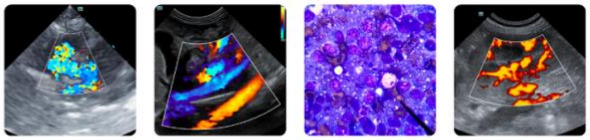

Clinical Sonography & Telecytology
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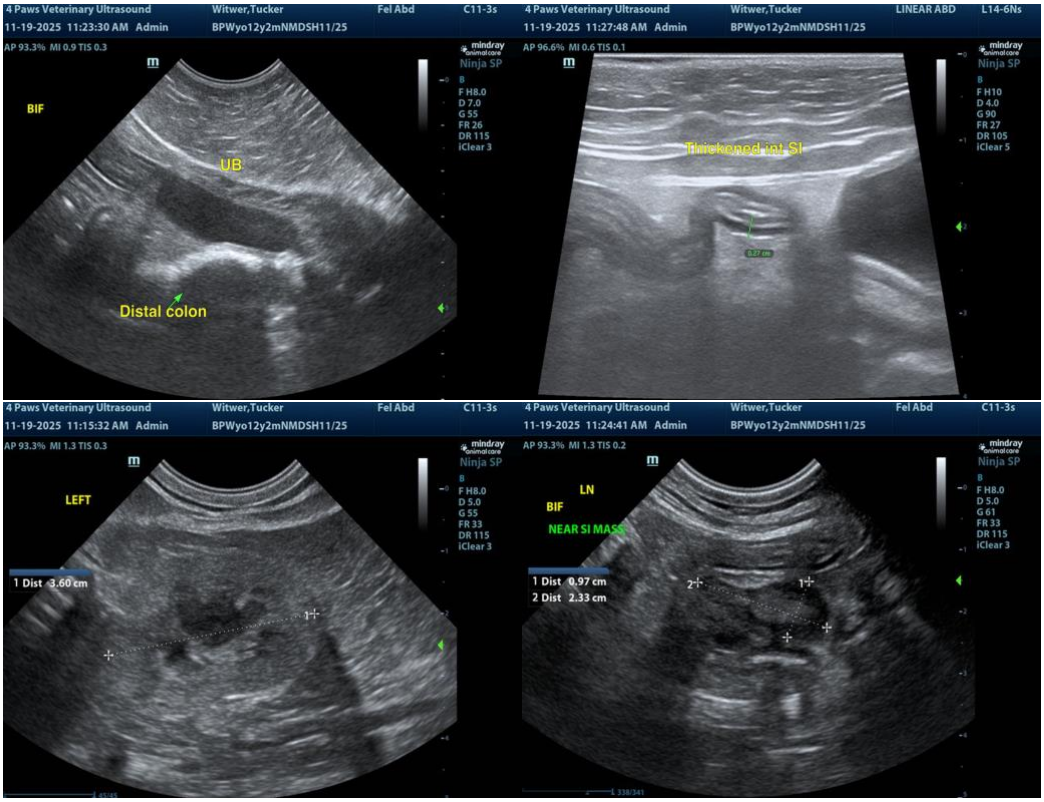

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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