



PATIENT

Shadow Blaszak

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12 yrs

WEIGHT

14.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Lind-Wilson

INVOICE

12845

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: Unintentional weight loss since June, (2 pounds) Eating, but less. Otherwise just ADR Current

Meds: None

Abnormal PE/Chem/CBC/UA Results: SDMA = 16.5, Renal Index (+), Eosino = 1308 (0-1000), Mono = 654 (0-600) Abnormal UA findings: 1+ Blood - gotten via Cysto Urine Specific Gravity: 1.043

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 changes 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 3.8 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 0.33 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm.

Spleen

The spleen was mildly with mildly symmetrical medial capsule contour and maintained homogeneous parenchyma. The spleen measured 1.3 cm width level of the mid spleen.

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

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.

Extensive intestinal mass exhibiting thickened hypoechoic wall and loss of mural detail potentially measuring 6-7 cm in length x 2.0 cm in diameter. Adjacent small intestinal segments exhibited intact to thickened wall with altered wall layer ratio. Intact thickened small intestine measured 0.33 cm width.



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The visualized colon exhibited intact visible wall, was non-distended in size and foreign fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Peri intestinal mild hypoechoic omentum. Intermittent, variable enlarged non-homogeneous mesenteric lymph nodes were present with an example measuring 2.1 cm x 0.79 cm. No evidence of significant peritoneal effusion was present.

PRIMARY FINDINGS

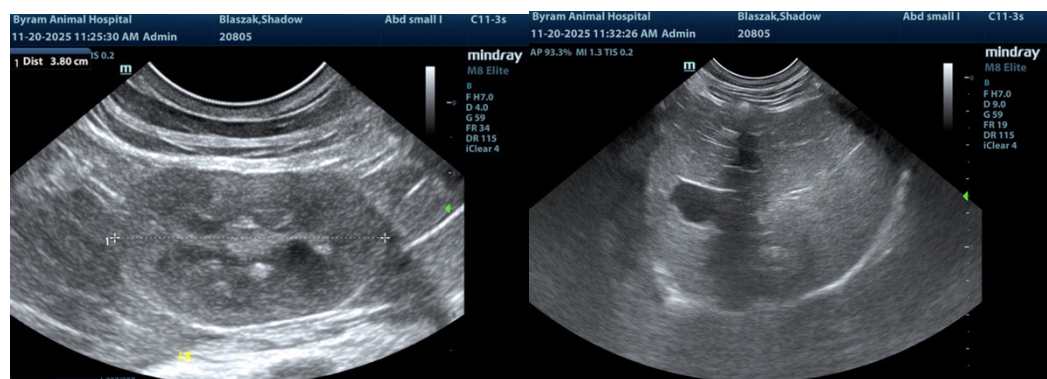
- Extensive intestinal mass with adjacent intact thickened small intestinal segments
- Associated peri intestinal hypoechoic omentum and variable non-homogeneous mesenteric lymphadenopathy
- Sonographically normal stomach and visible colon

SECONDARY FINDINGS

- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass most likely involving the small intestine consistent with neoplastic criteria, i.e. round cell neoplasia, carcinoma or other severe inflammatory disease or granulomatous (FIP) disease, all potentials yet thought less likely. FNA cytology of the intestinal mass wall could be considered for further clarification and potential for oncology consult. Biopsies may be required for definitive diagnosis. Assuming no pathology on 3-view chest radiographs and abdominal CT would be ideal if further assessment is indicated or if surgery/oncology intervention is a potential.





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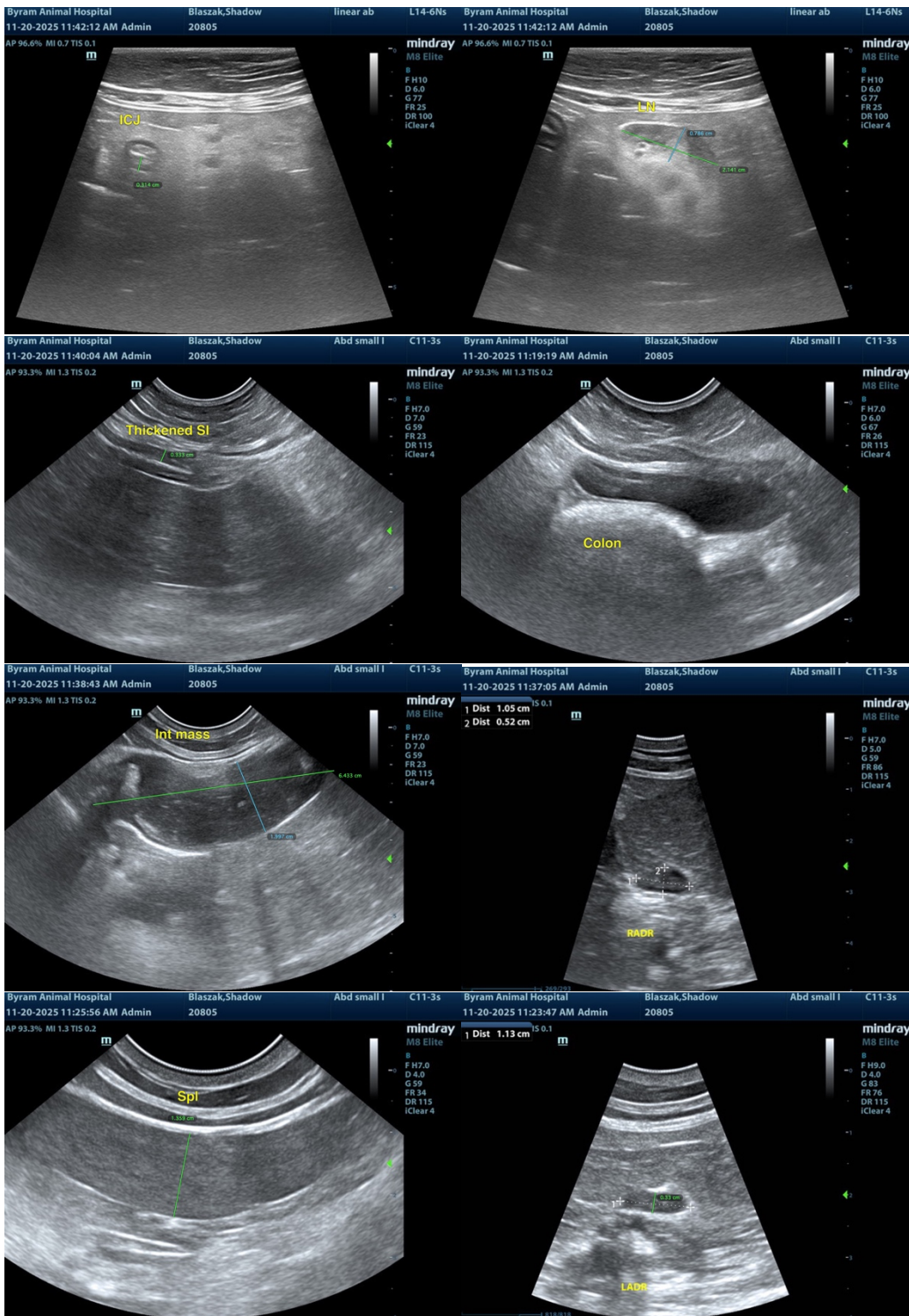
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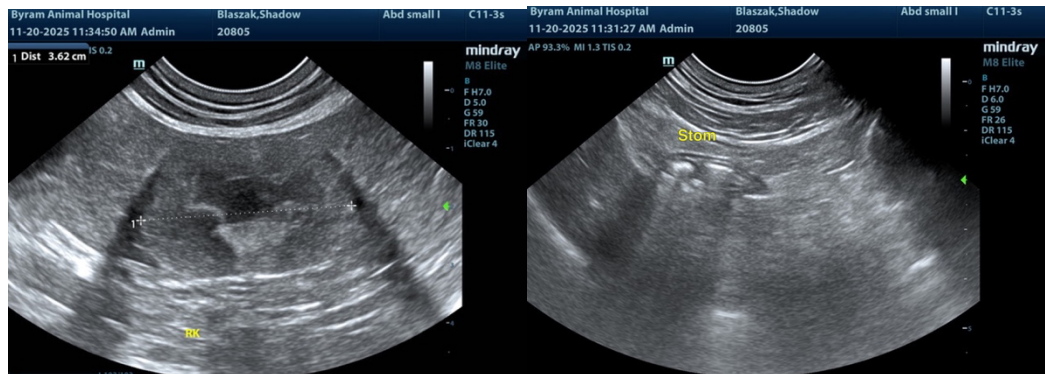
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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