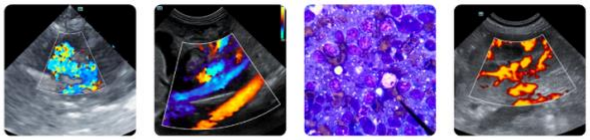


PATIENT

Mighty Mouse Wright

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

2.8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

Dr. Orisha Yacyshyn

INVOICE

12470

DATE

11/25/25

PRESENTING CLINICAL SIGNS

Presented for vomiting episode followed by drooling/nausea. History of Constipation and weight loss. Abdominal mass found on palpation. Significant nausea/drooling during AUS ever after Maropitant injection.

Abnormal PE/Chem/CBC/UA Results: FNA of mass pending. Bloodwork sent to reference lab.

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. Mild medullary mineral was visualized. The left kidney measured 3.7 cm in length. The right kidney measured 3.1 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 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material.

PATIENT

Mighty Mouse Wright

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

2.8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

Dr. Orisha Yacyshyn

INVOICE

12470

DATE

11/25/25

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with nonthickened wall. Empty intestine lumen. Small intestine wall measured 0.20 cm width. Intact nonthickened ileocolic wall measuring 0.35 cm width.

The descending colon extending into the colorectum exhibited intact mildly thickened wall layering with distal descending colon wall measuring 0.26 cm width. Irregular nonhomogenous hypoechoic intestinal mass was visualized involving the proximal colon just distal to the ileocolic junction and suspected to be extending into the transverse colon measuring approximately 3.0 cm in diameter.

Pancreas

The left and right pancreas exhibited prominent size, mild capsule asymmetry and nonhomogenous hypoechoic parenchyma with mildly prominent pancreatic duct.

Free Abdomen

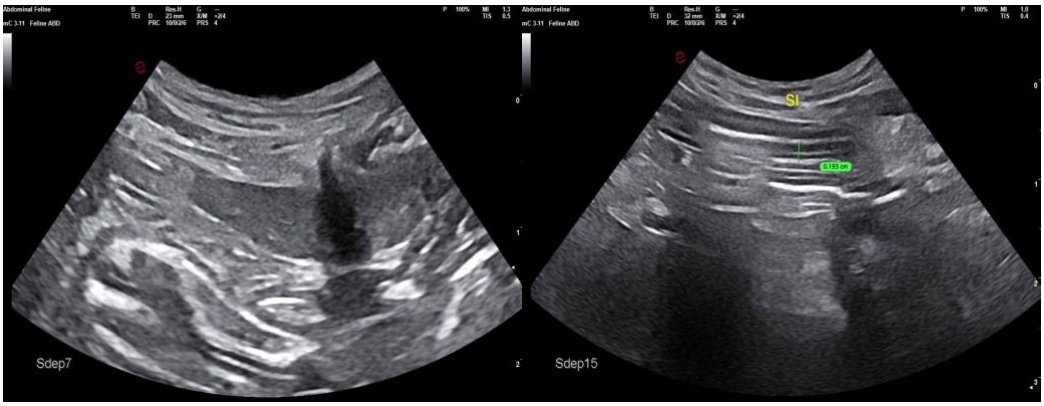
Mild swollen nonhomogenous hypoechoic colic lymphadenopathy was visualized. Pericolic to ileocolic mild hyperechoic omentum with no evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

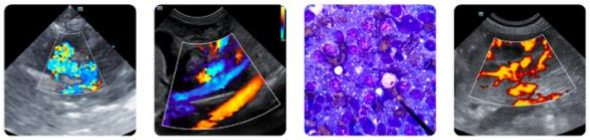
- Intestinal mass appearing to involve the proximal to transverse colon.
- Mild colic to peri-ileocolic hyperechoic omentum and mild colic lymphadenopathy.
- Sonographically unremarkable gastrointestinal tract with mild retained gastric fluid.
- Probable chronic pancreatitis.
- Age-related renal changes with mild medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the intestinal mass most consistent with proximal to transverse colon origin include favored neoplasia, significant inflammatory disease, granulomatous/FIP, fibroplasia or other with possible mixed pathologies. Correlation with pending FNA cytology is recommended. If neoplastic process is confirmed, concern for early colic lymphatic metastasis is indicated. Assuming no pathology on three view chest radiographs, abdominal CT could be considered for further clarification if surgery is a potential.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mighty Mouse Wright

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

2.8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

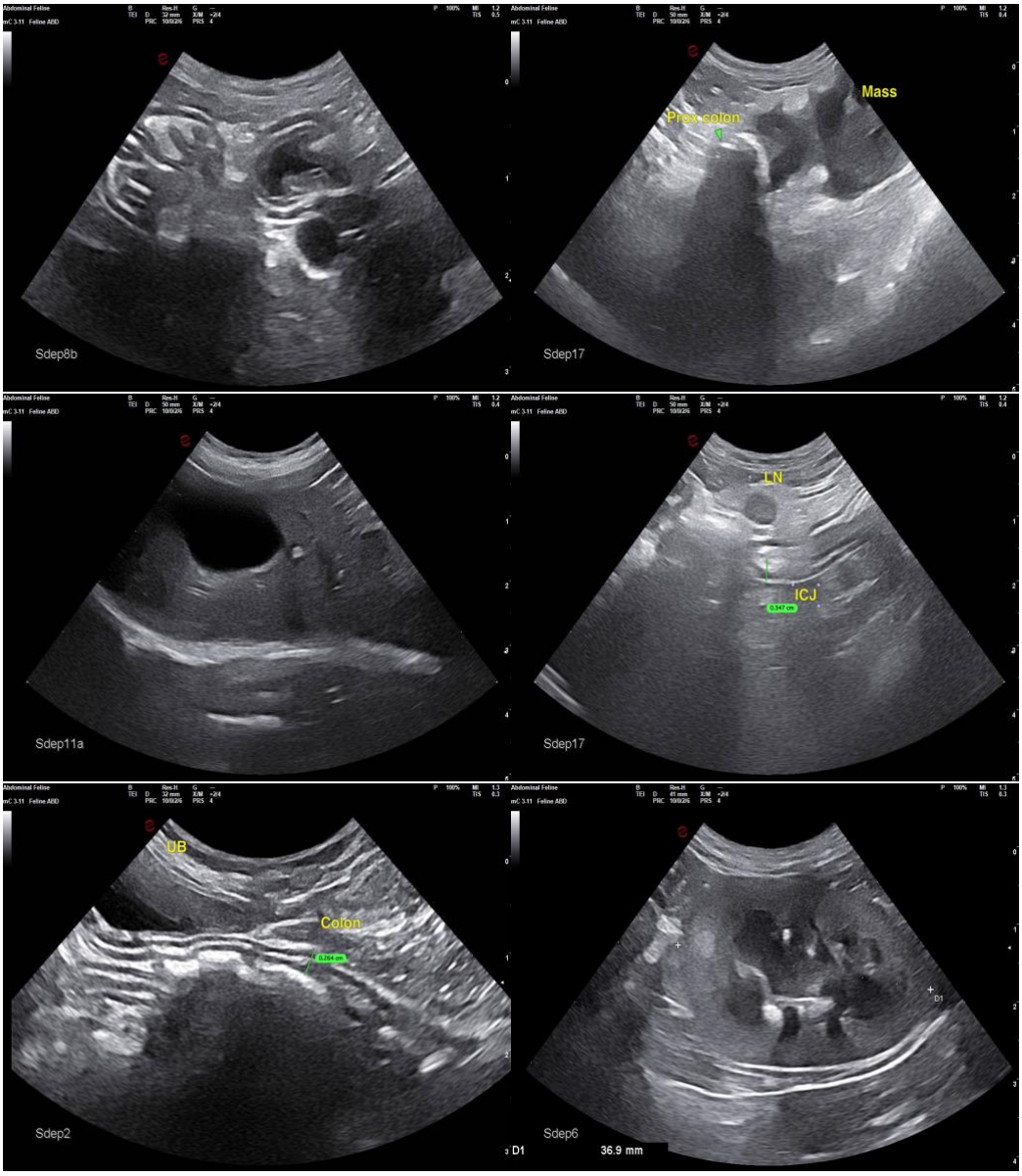
Dr. Orisha Yacyshyn

INVOICE

12470

DATE

11/25/25



PATIENT

Mighty Mouse Wright

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

2.8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

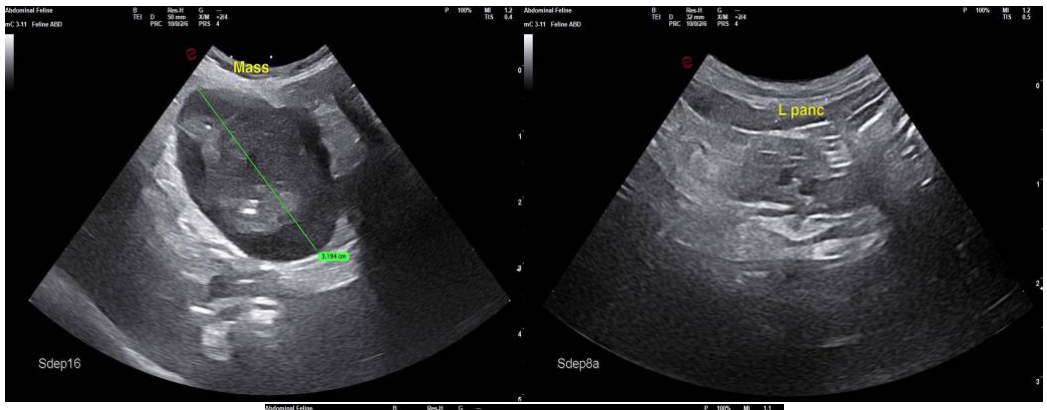
Dr. Orisha Yacyshyn

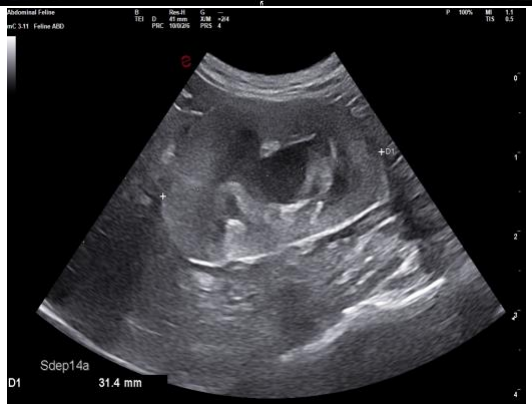
INVOICE

12470

DATE

11/25/25





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