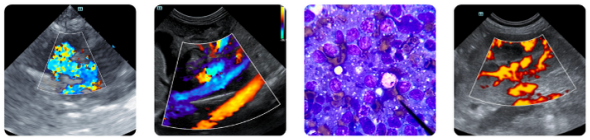


PATIENT

Ginger Aber

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2 yrs 5 months

WEIGHT

9.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Arielle Roldan, CVT

HOSPITAL NAME

Mildford AH

REFERRING VET

Aleksandra Ascione, DVM

INVOICE

12907

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Patient presented yesterday for a second opinion after being diagnosed with a possible obstruction from rDVM on Monday. Patient has not been eating, drinking little, no defecation and very lethargic. Worried about potential neoplasia.

Abnormal PE/Chem/CBC/UA Results: attached bloodwork and radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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 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 4.1 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape measuring 0.35 cm. The right adrenal gland was not definitively visualized.

Spleen

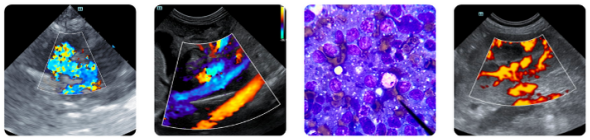
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented normal intact wall and was non-distended in size containing mild, non-shadowing ingesta/chyme as well as lumen gas.



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An intussusception was present in the subjective mid to cranial abdomen and adjacent to caudal medial to the right kidney potentially measuring up to 4-5 cm in length. Associated mildly thickened intestine wall measuring with intussusception wall measuring 0.37 cm. Non-involved intestinal segments exhibiting intact segmental borderline thickened wall with non-associated intestinal wall width measuring 0.27 cm. Segmental, generally mild intestinal ileus and non-shadowing intestinal chyme present.

The visualized descending colon was non-distended in size containing formed to semi-formed fecal matter.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No obvious visualized significant omental lymphadenopathy and mild volume peritoneal effusion was present. Mild peri intestinal hyperechoic omentum noted in the area of the intussusception.

ULTRASONOGRAPHIC FINDINGS

- Intussusception
- Segmental intact mildly thickened small intestinal wall with mild non-associated intestinal wall, intestinal ileus and retained chyme
- Non-distended stomach with mild retained non-shadowing ingesta/chyme
- Mild volume peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal segments involved in the intussusception was not definitively obvious yet given subjective intussusception location in the mid to cranial abdomen and adjacent to the right kidney, distal small intestine or ileocolic intussusception is favored. Associated inflammatory intussusception wall changes with potential for neoplastic or granulomatous (FIP) criteria possible. The intussusception appears to be at least partially obstructive. Exploratory laparotomy with gross inspection of the gastrointestinal tract and resection as well as anastomosis of the intussusception with histopathology and suggested concurrent separate small intestinal biopsies indicated. Pre-surgical fluid analysis cytology and +/- C/S or FIP titer/PCR could be considered. Alternatively, if available, abdominal CT for further clarification and surgical planning may be ideal.

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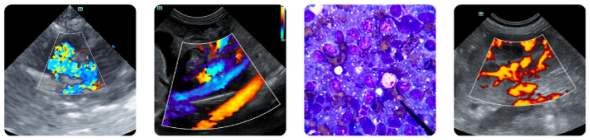

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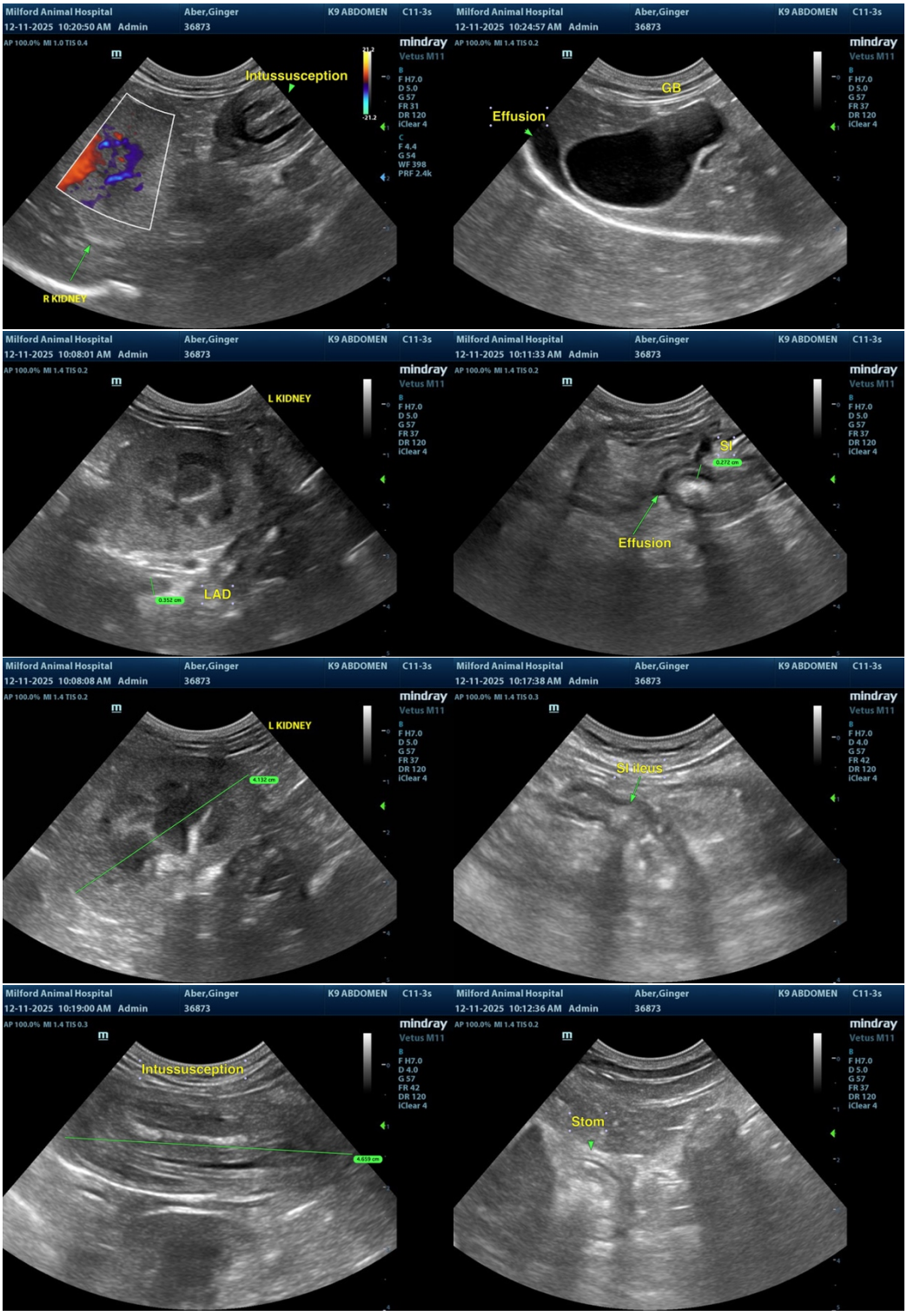

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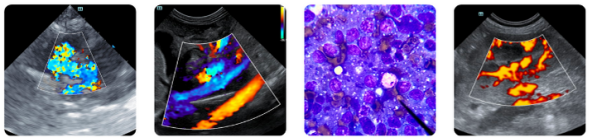

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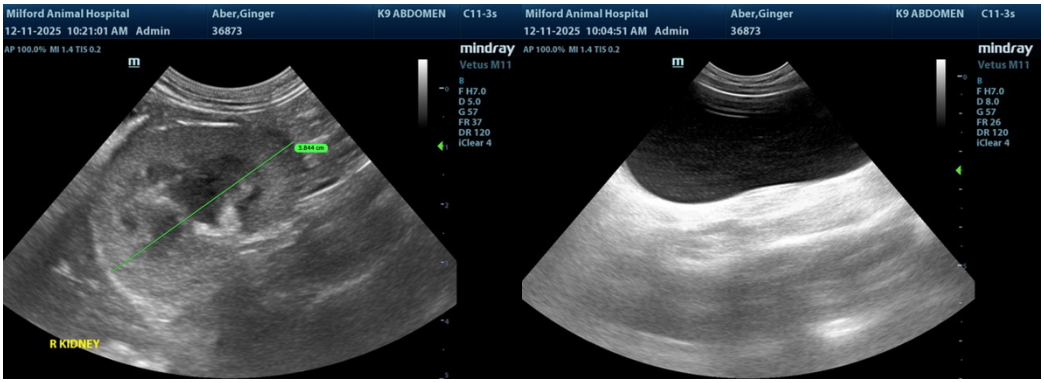

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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