



PATIENT

Mia Knap

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

5.27 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

East Bradford
Veterinary Hospital

REFERRING VET

Dr. Meghan McGrath
DVM

INVOICE

12806

DATE

12/22/25

PRESENTING CLINICAL SIGNS

AUS to further evaluate decreased appetite and now anorexia, vomiting and weight loss (~ 6 lbs in past year with 2lbs being in last 9 mos and 1 lbs in the past week). Has not eaten since Thursday. Suspected acute-on-chronic presentation.

Meds: Transdermal mirtazapine

Abnormal PE/Chem/CBC/UA Results: Bloodwork was WNL

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.

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 3.7 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.26 cm width. The right adrenal gland measured 0.36 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. The spleen measured 0.64 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 with regional thickened hypoechoic ventral gastric body wall measuring 1.0 cm wall width. Associated indistinct gastric mural detail and hypoechoic mural echogenicity. The stomach contained mild retained anechoic fluid with concurrent variably thickened echogenic gastric wall without overt evidence of obstruction to pyloric outflow.



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The intestinal walls demonstrated overall thickened intact wall layers with altered to inverted 1:3 muscularis / mucosa ratio. Generalized thickened muscularis layer. Example of small intestine wall measured 0.42 cm wall width. Ileocolic wall measured 0.44 cm wall width.

Significantly thickened distal descending colon to colorectal wall exhibiting indistinct colon to colorectal mural detail with distal descending colon to colorectal wall measuring 1.15 cm.

Pancreas

The parenchyma of the left pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia. Minor prominent left limb pancreatic duct.

Free Abdomen

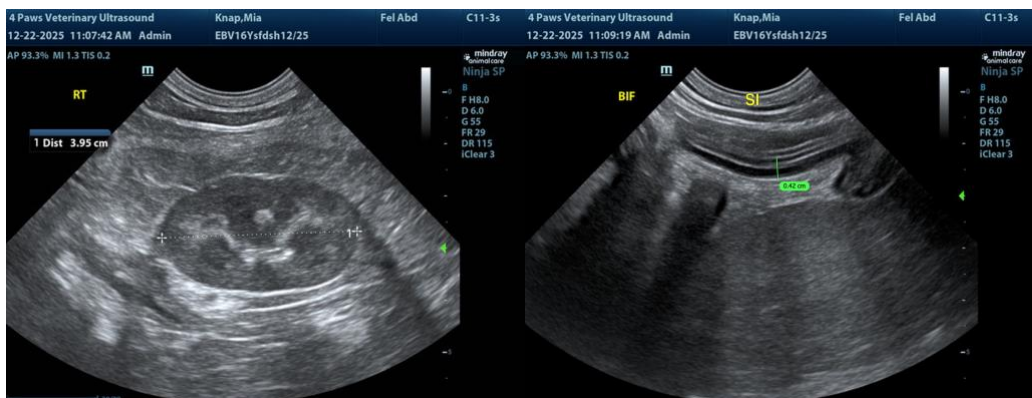
Intermittent mildly swollen hypoechoic mesenteric lymph nodes were visualized. Intermittent scant pockets of primarily peri-intestinal free fluid were noted. Peri-gastrointestinal to perilymphatic hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened small intestine.
- Gastric and descending colon/colorectal mural masses.
- Associated mild hypoechoic swollen mesenteric lymphadenopathy.
- Suspect left limb chronic pancreatitis/fibrosis.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given evidence of gastric and descending colon to colorectal mural masses, the gastroenterocolic presentation is consistent with neoplastic criteria i.e. lymphoma, mast cell neoplasia or other. Significant inflammatory or granulomatous disease is also possible yet thought less likely. Assuming normal clotting status, FNA cytology of the thickened colic wall could be considered for further clarification. Curative surgical options are precluded.





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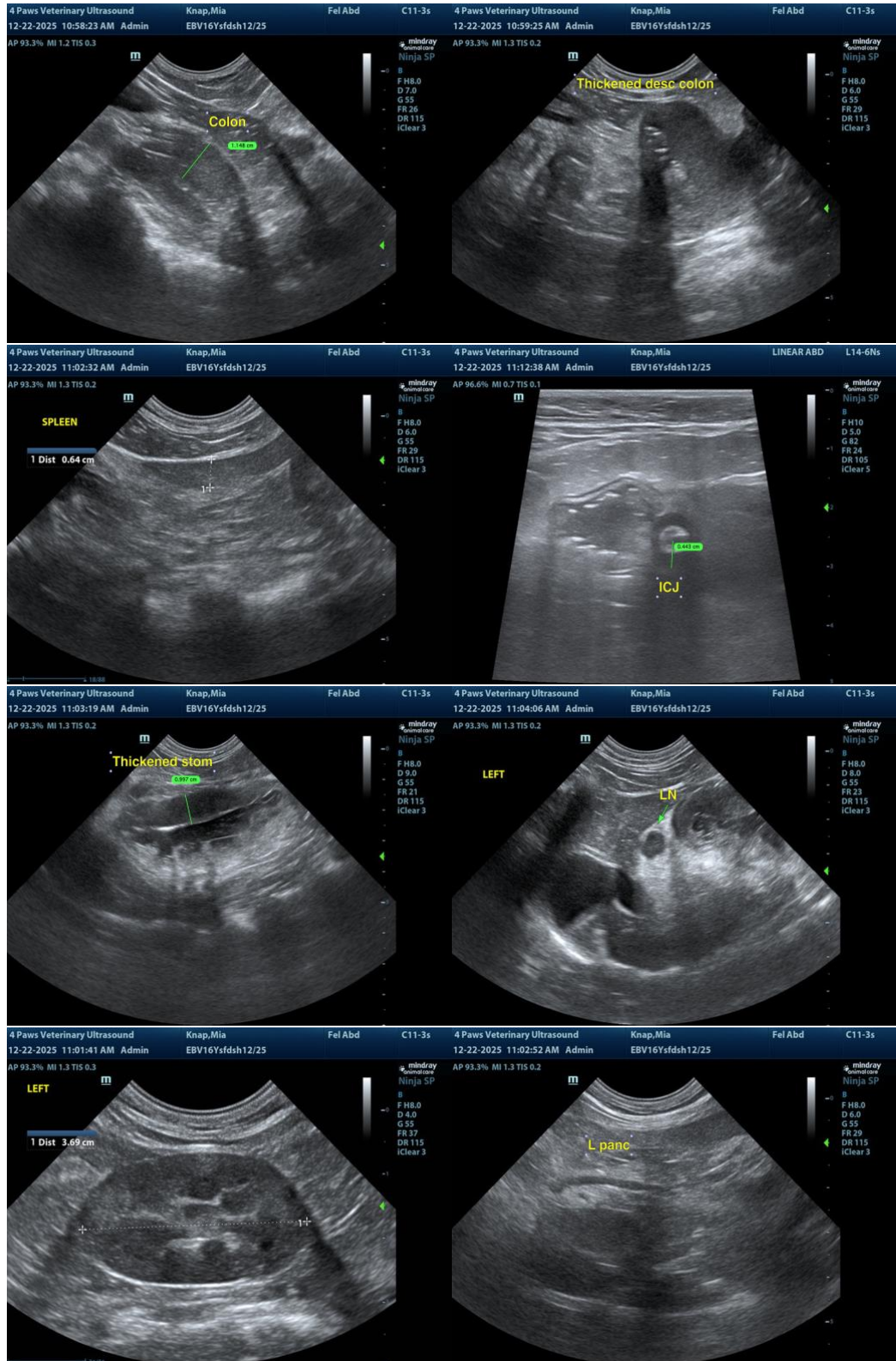
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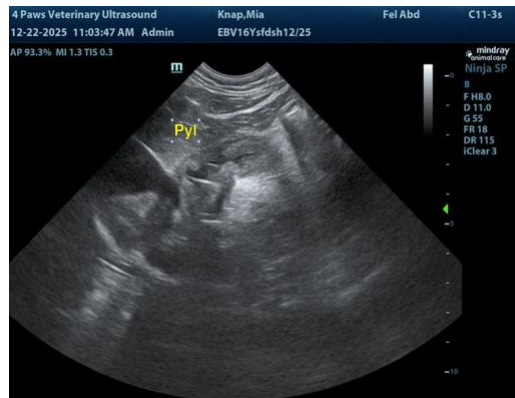
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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