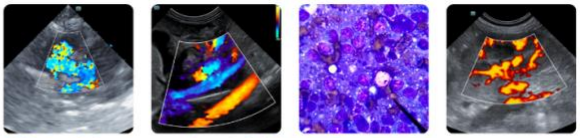


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Gino Rothgery

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

6.8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street Animal Hospital

REFERRING VET

Dr. Hoerauf

INVOICE

12855

DATE

12/29/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Recently (October) diagnosed with hyperthyroidism and is on methimazole 2.5mg BID. Patient is not eating well, vomiting off and on and is acting lethargic. On exam, he is thin and has generalized loss of muscle mass. Firm object palpable mid-cranial abdomen. ABNORMAL Labwork Values Lab results will be emailed - these results were obtained prior to starting treatment with methimazole. Planning on follow up labs within the next 1-2 weeks.

Current Medications Methimazole 2.5mg BID, Mirataz PRN, Cerenia 4mg SID PRN Radiographic Findings None

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 left kidney with the right kidney being subnormal in size compared to the left kidney. Mildly thickened cortex exhibiting normal cortex echogenicity. Mild indistinct corticomedullary border demarcation expected for the age of the patient. Minor areas of medullary mineral were present. The left kidney measured 4.0 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The area of the left and right adrenal glands was free of pathology.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small subtle nondisruptive hyperechoic nodules were present with an example measuring 0.2 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

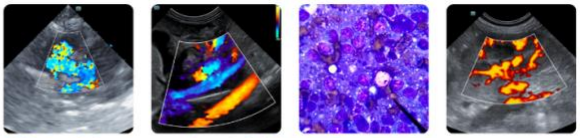
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. 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 mild lumen gas and no signs of ileus, obstruction or foreign material.



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The small intestine presented primarily intact small intestine wall exhibiting borderline to mild thickened wall width with overall maintained wall layer ratio. Small intestine wall measured 0.26 cm to 0.27 cm. Within the mid abdomen, a segmental intestinal mural mass was visualized exhibiting irregular thickened wall, nonhomogenous mural echogenicity and loss or mural detail subjectively measuring 4.0 cm to 5.0 cm length by approximately 2.0 cm in diameter. Definitive small intestinal segments adjacent to and involving the intestinal mass with concurrent fluid dilated small intestine versus colon either proximal or distal with mild surrounding peri-intestinal hyperechoic omentum.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

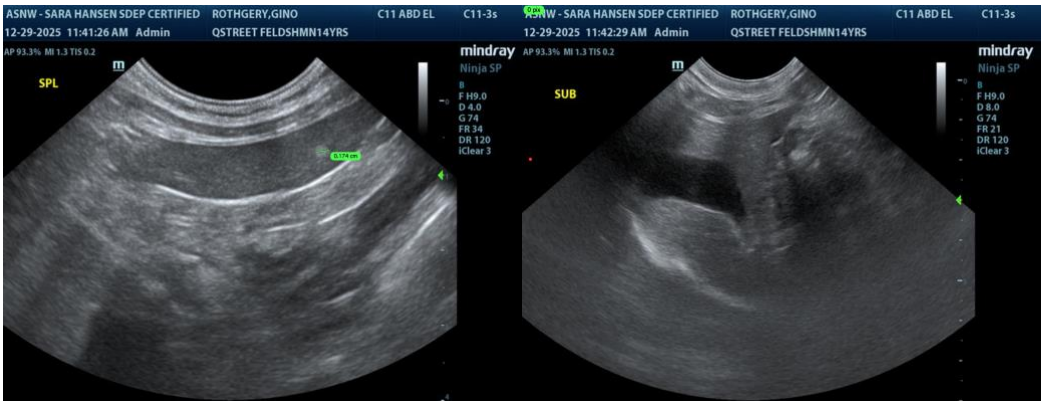
No obvious visualized significant omental lymphadenopathy although mild nonobvious lymphadenopathy is possible. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Intestinal mass with generalized thickened small intestinal wall.
- Bilateral chronic renal changes.
- Small hyperechoic splenic nodules- suggestive of benign criteria i.e. splenic myelolipomas.
- Sonographically normal empty stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass is most consistent with neoplastic criteria, definitively involving segments of the small intestine with potential for ileocolic or proximal colon involvement. Assuming normal clotting status, intestinal mass wall FNA cytology could be considered for initial clarification. Assuming no pathology of three view chest radiographs and if surgery is a potential, abdominal CT would be ideal for further clarification, assessment for nonobvious metastasis and surgical planning.



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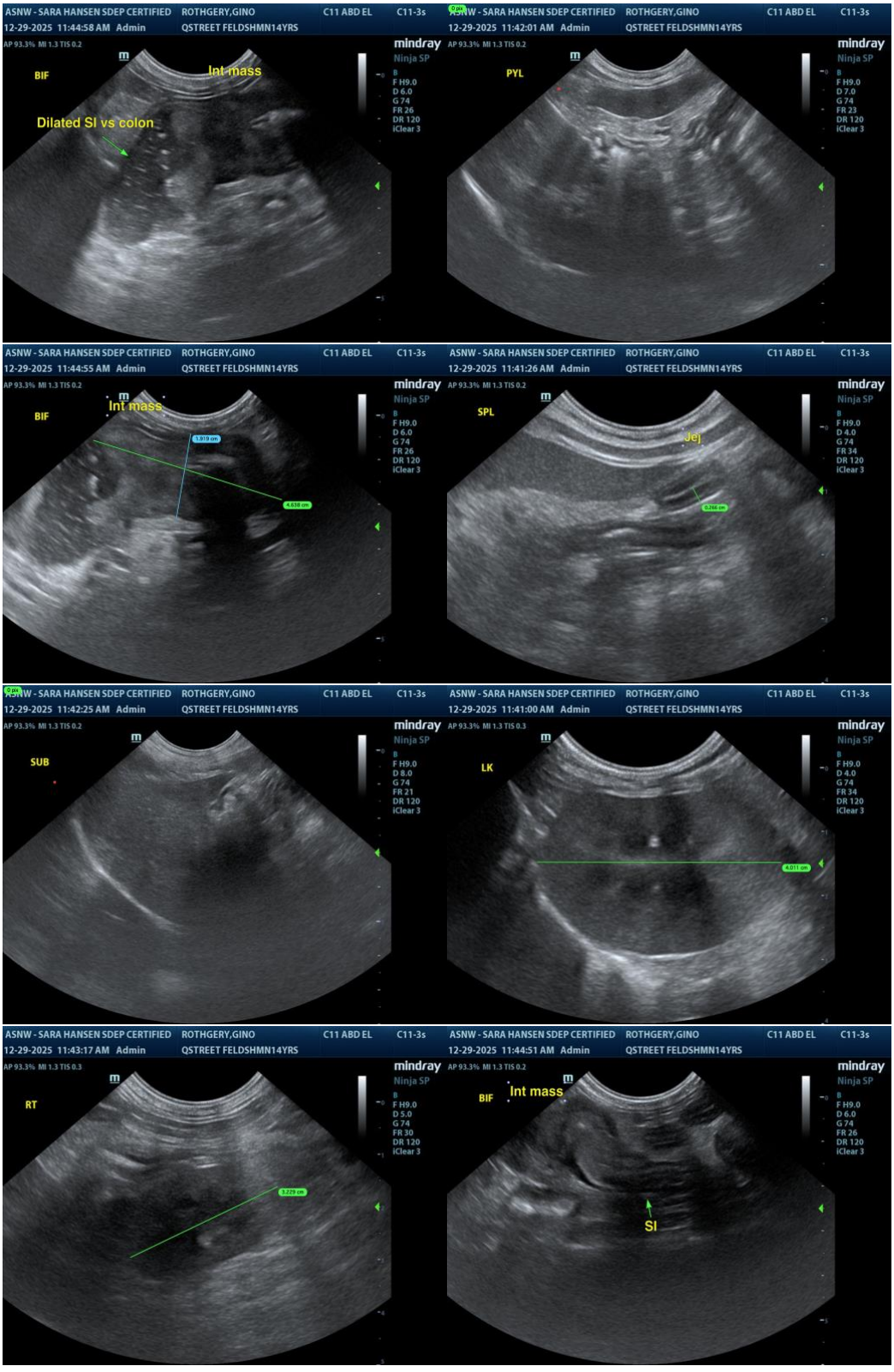

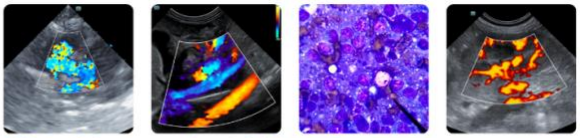

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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