



## PATIENT

Clue Lowinski

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

10y

## WEIGHT

3.97 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

13002

## DATE

12/31/25

## PRESENTING CLINICAL SIGNS

History: Presenting for decreased appetite since just after Christmas with owner-noted weight loss. Was seen by their rDVM who performed bloodwork (WNL BW reported on transfer form, elevated pancreatic lipase), radiographs concerned for constipation with a pelvic/sublumbar mass.

Abnormal PE/Chem/CBC/UA Results: NS OU grade II/VI parasternal systolic murmur Tense and very reactive on palpation of abdomen EPOC: iCa 1.2 PCV/TS: 41%/7.2 Radiographs: The stomach is markedly distended with gas. There is generalized mild to moderate gas distention of the small intestines. The descending portion of the colon is markedly distended with a large volume of soft tissue opaque fecal content with multiple mineralized foci. The terminal portion of the descending colon at the level of L6-L7 tapers to a more normal size containing a small volume of soft tissue opaque content/fluid. No overt intrapelvic mass effect or sublumbar mass is detected.

## 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. 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.

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 3.9 cm in length. The right kidney measured 4.2 cm in length.

### Adrenal Glands

The area of the left adrenal gland was free of pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm.

### 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 1.0 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.



## PATIENT

Clue Lowinski

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

10y

## WEIGHT

3.97 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

13002

## DATE

12/31/25

## Gastrointestinal

The stomach presented normal intact wall layering exhibiting mild distention containing retained fluid and lumen gas. No overt obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Small intestine wall measured 0.25 cm width, and ileocolic wall measured 0.38 cm width.

The colon exhibited generalized distended appearance containing formed to strongly shadowing fecal matter extending to the level of the distal descending colon and colorectum. Indistinctly visualized yet subjectively thickened distal descending colon to colorectal wall dorsal to caudal dorsal to the level of the urinary bladder with thickened colorectal wall potentially measuring 1.1 cm width. Loss of colorectal wall layering.

## Pancreas

The pancreas was mildly prominent in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## Free Abdomen

No obvious visualized significant omental lymphadenopathy and scant caudal abdomen effusion noted.

## ULTRASONOGRAPHIC FINDINGS

- Probable distal descending colon/colorectal mass with generalized distended colon containing formed to shadowing fecal matter
- Structurally unremarkable gastrointestinal tract with non-obstructive hypomotile stomach
- Possible chronic pancreatitis
- Scant caudal abdomen effusion

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The probable distal descending colon/colorectal mass is highly suggestive of neoplastic criteria with significant inflammatory or granulomatous etiologies thought less likely. This appears to be resulting in constipation. No obvious evidence of mechanical gastrointestinal obstruction or significant mural pathology. A distal descending colon to colorectal biopsy is required for definitive diagnosis. A spec fPL or full GI panel to include PLI/TLI/Cobalamin/Folate to correlate with pancreas and assess for non-structural intestinal disease may be considered.



**PATIENT**

Clue Lowinski

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

10y

**WEIGHT**

3.97 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lindsay Powell, CVT

**HOSPITAL NAME**

Hershey Animal  
Emergency Center

**REFERRING VET**

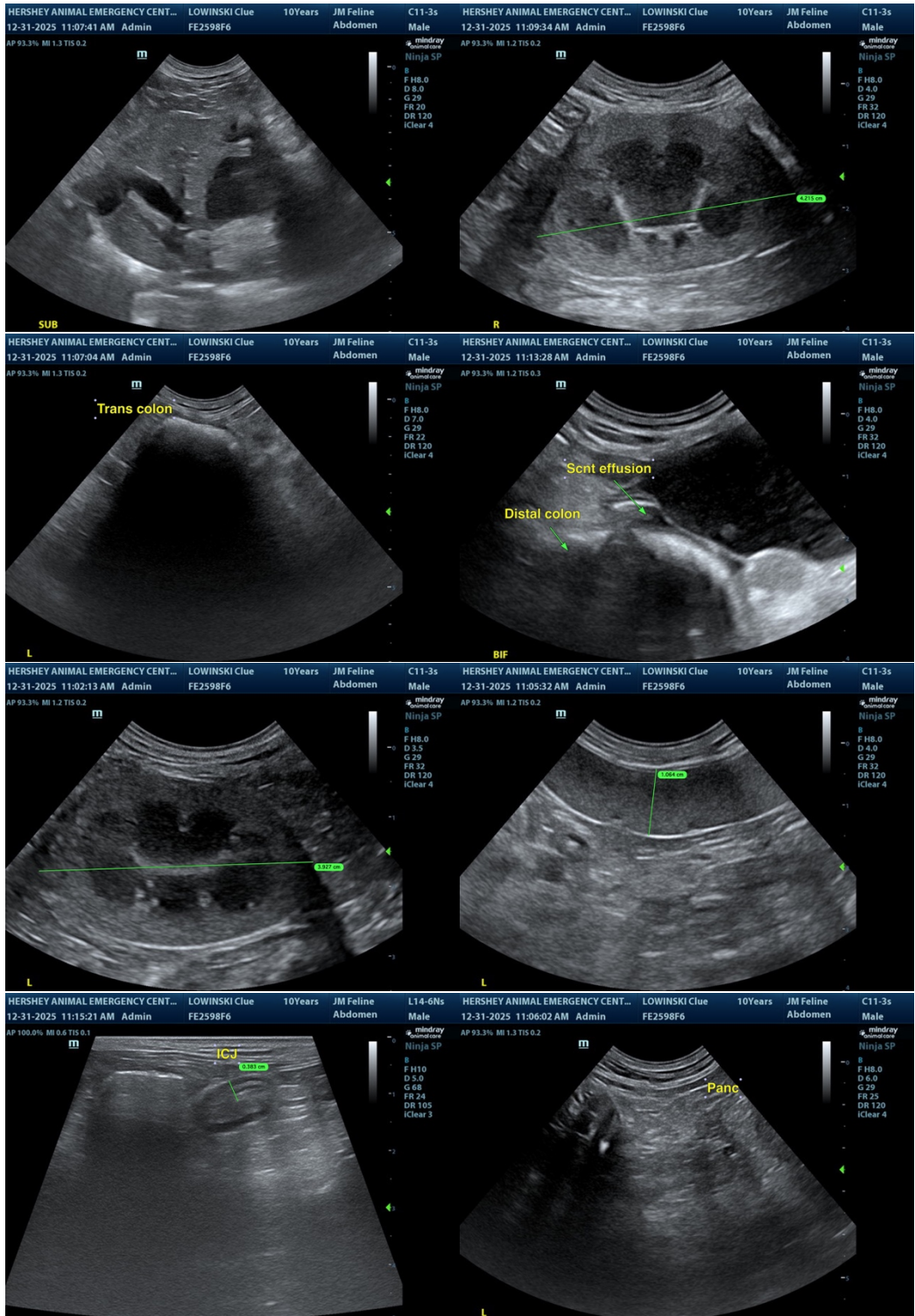
Dr. Brittany Lang

**INVOICE**

13002

**DATE**

12/31/25





**PATIENT**

Clue Lowinski

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

10y

**WEIGHT**

3.97 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lindsay Powell, CVT

**HOSPITAL NAME**

Hershey Animal  
Emergency Center

**REFERRING VET**

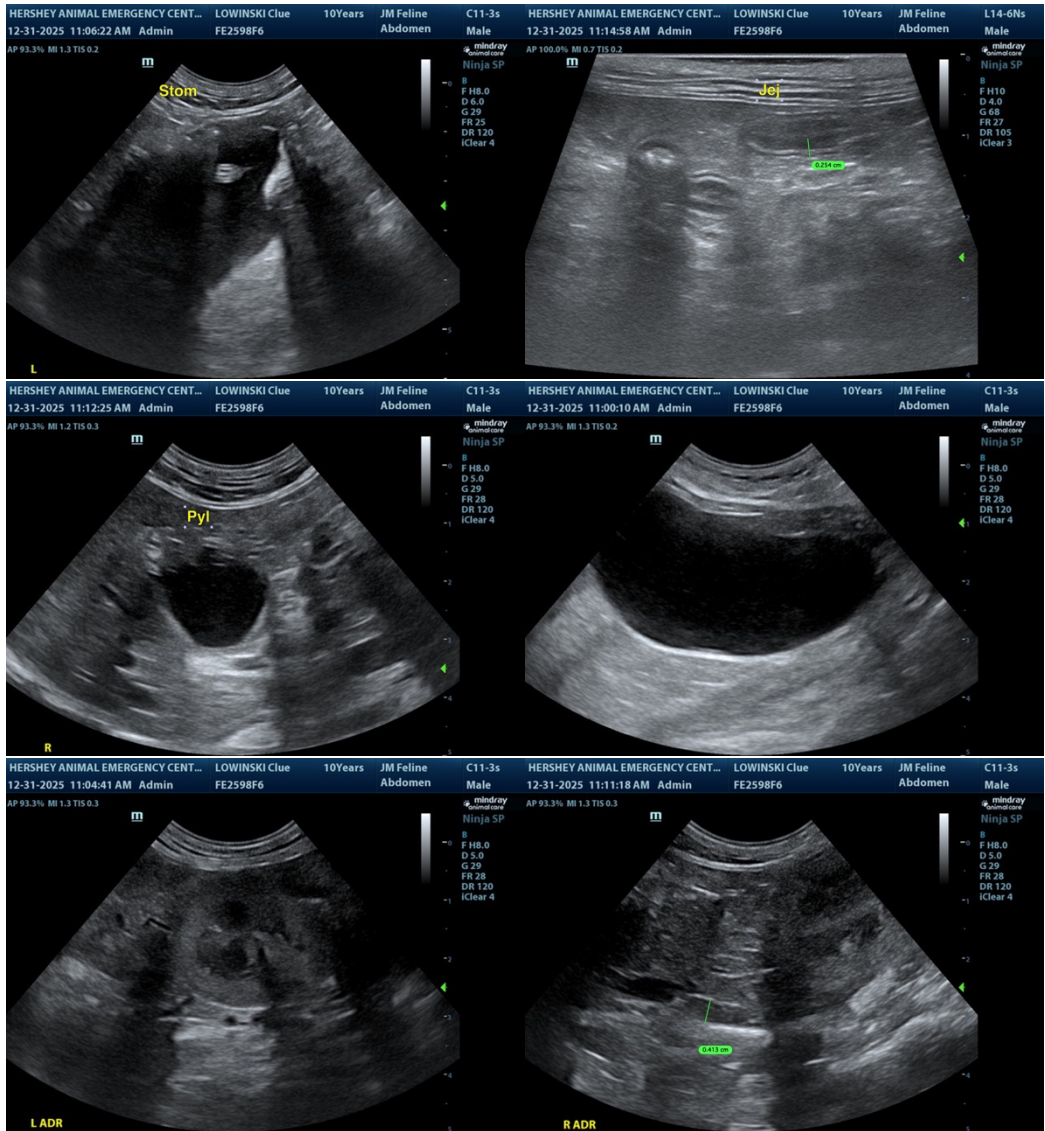
Dr. Brittany Lang

**INVOICE**

13002

**DATE**

12/31/25



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](mailto:info@sonopath.com)