



PATIENT

Chase Duvall

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8

WEIGHT

8

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. C

INVOICE

12897

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Chronic vomiting and weight loss

Abnormal PE/Chem/CBC/UA Results: Thyroid normal, bordering low; WBC and glob are low which may indicate infection; Eosinophils are high which may be due to parasites or inflammation in the gut. Recc fecal (as part of package) +/- GI panel to Texa A&M (requires 12 hour fast, morning appt on Mon, Tues, or Wed only) and abdominal U/S.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 3.3 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were 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. The spleen measured 0.92 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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The visualized discernible small intestine exhibited intact, mild to variably thickened wall and altered wall layer ratio owing to propensity for mild to variably thickened muscularis layer. Example of thickened intact small intestine wall measured 0.34 cm. A segment of the colon vs the small intestine



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exhibited marked, thickened wall, loss of mural detail and asymmetrical luminal surface with retained fluid potentially measuring 6-7 cm in length with wall width measuring 1.1 cm.

The visualized discernible descending colon exhibited intact wall and contained soft 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

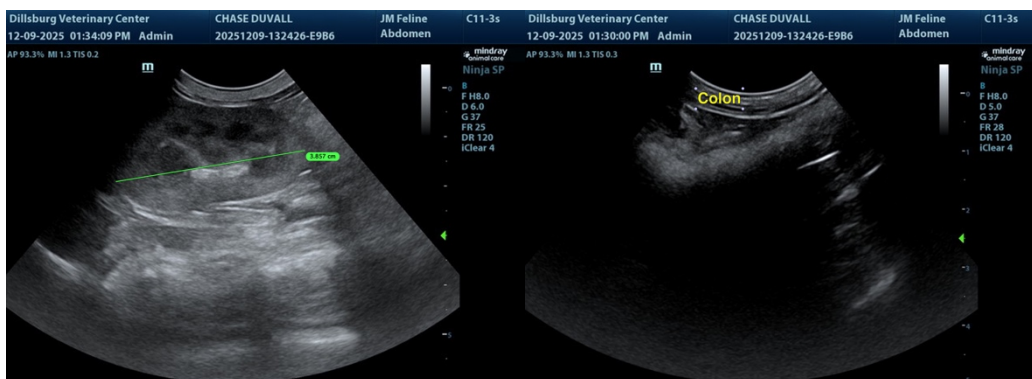
Intermittent, variably enlarged to swollen, non-homogeneous mesenteric lymph nodes were present with an example measuring 1.4 cm in diameter. Scant pockets of peritoneal effusion present.

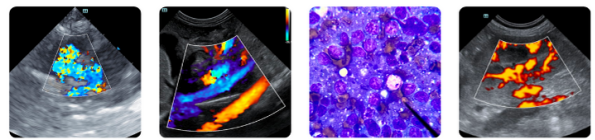
ULTRASONOGRAPHIC FINDINGS

- Small intestine vs colon mural mass with associated ileus vs non-formed fecal matter
- Diffuse mild to variably thickened small intestine
- Mild hypomotile stomach
- Soft fecal matter in descending colon
- Variable non-homogeneous swollen mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The colon vs small intestine mass and associated lymphadenopathy is highly suggestive of neoplastic criteria with significant multicentric inflammatory, infectious, or granulomatous disease thought less likely. Further assessment may include FNA cytology of colon vs small intestine mass wall and accessible lymph node +/- C/S. Biopsies may be required for definitive diagnosis.





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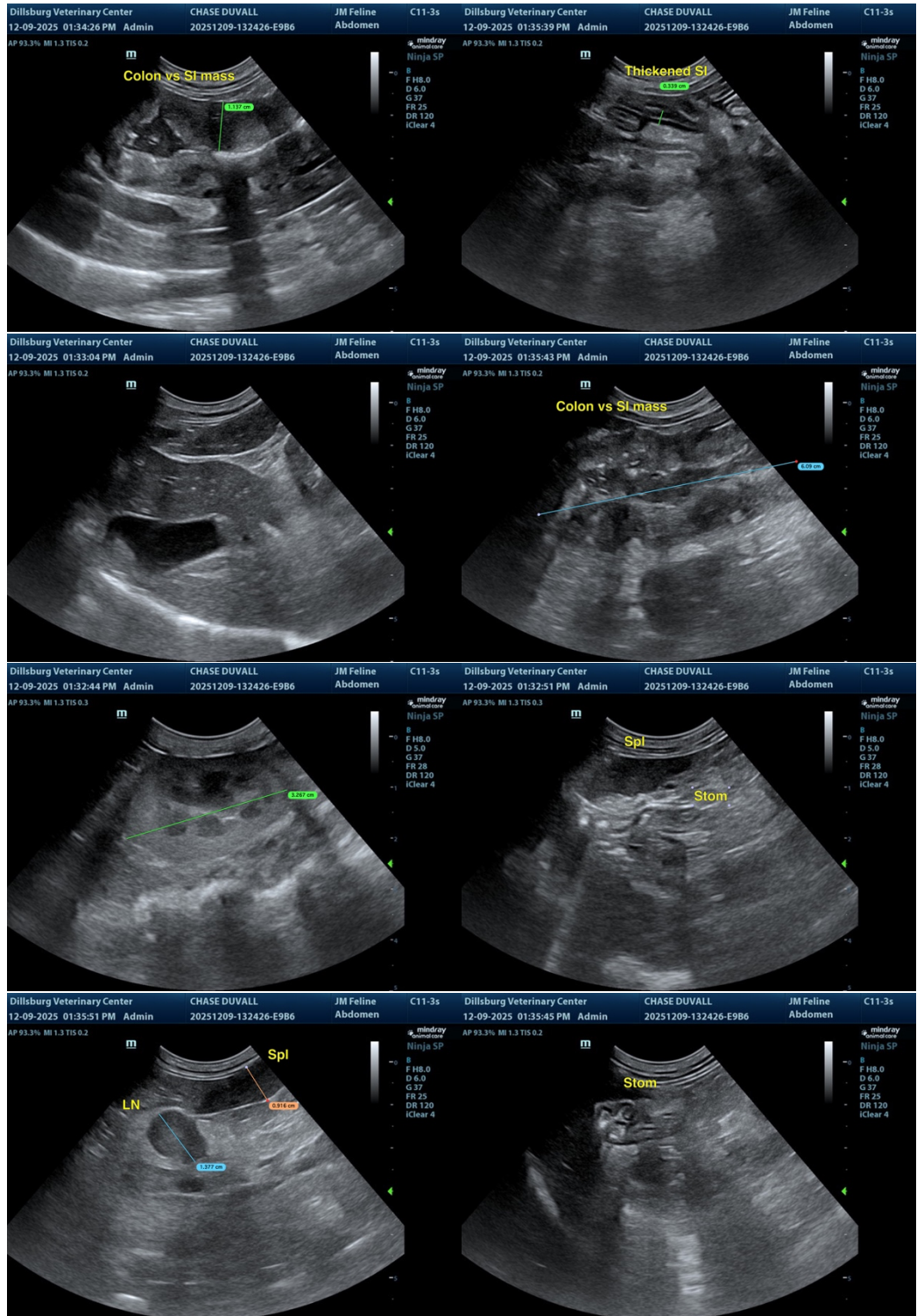
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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