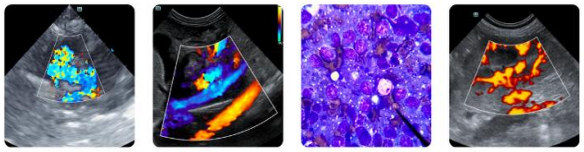


PATIENT

Sam O'Rourke

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9yr

WEIGHT

11.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Animal Health Center

REFERRING VET

Dr. Robert Blease, DVM

INVOICE
23764

DATE
02/02/2026

PRESENTING CLINICAL SIGNS

- Losing weight (lost 2lbs)
- No current meds
- abnormal bw

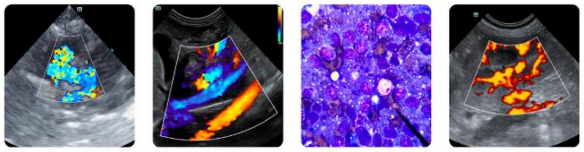
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT**	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	11.8lb	NM	0.55	1.4	0.55	50	84
FELINE CARDIAC PARAMETERS	**LA/AO** M-Mode	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	--	1.1	1.4		1.2	1.0	NM
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt MR present on Doppler. The left ventricle presented normal thicknesses with linear contour and was not dilated nor restricted. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. The contractility of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity was present. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated adequate linear morphology and kinetics. No overt TR present on Doppler. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity was present. No visible pericardial or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial mediastinum and pericardial regions were free of masses in the visible window.

Normal aerated lung with symmetrical serosal contour present in the left and right visualized thorax. No evidence of pleural diffusion or space occupying peripheral pulmonary nodules / masses.



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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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary, non-disruptive non-homogenous intraparenchymal nodule was present caudal to gallbladder measuring 1.0 cm in diameter. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

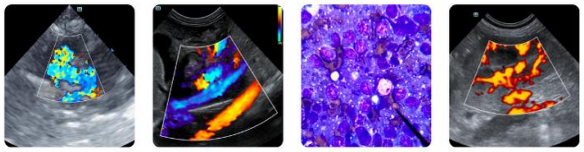
Gastrointestinal

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

The intestinal walls demonstrated primarily intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. An asymmetrical to non-homogenous mass was present at the level of the ileocolic junction measuring ~ 3.7 x 3.7 cm. Possible thickened non-obstructive pyloric or upper duodenal wall exhibiting mural hypoechogenicity and indistinct pyloroduodenal mural detail was present measuring 0.54 cm wall width. Intact descending duodenum measured 0.38 cm wall width. The jejunal wall measured 0.37 cm wall width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas



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The left pancreas was normal in size with capsule asymmetry and mild, non-homogenous to hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Mild volume peritoneal effusion was present.

Enlarged, hypoechoic mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of a lymph node measured 1.8 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal echocardiogram and aerated pericardial lung
- Diffuse enteropathy with ileocolic mass and possible emerging non-obstructive pyloric /upper duodenal mass
- Associated hypoechoic swollen mesenteric lymphadenopathy
- Probable concurrent chronic pancreatitis
- Non-homogenous liver nodule
- Mild gallbladder debris
- Mild volume peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diffuse intestinal neoplasia, i.e. lymphoma, carcinoma or other in conjunction with metastatic lymphadenopathy is probable. Inflammatory or granulomatous (FIP) etiology or potential fibroplasia thought less likely. Concern for focal nodular hepatic metastasis is warranted. Further assessment may include FNA cytology of the ileocolic mass and accessible lymph node +/- C/S, FIP titer / PCR or oncology consult. Three view chest radiographs are recommended if not done to assess for thoracic pathology.

New Jersey Mobile
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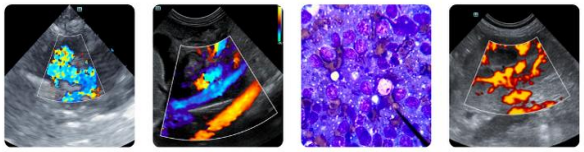

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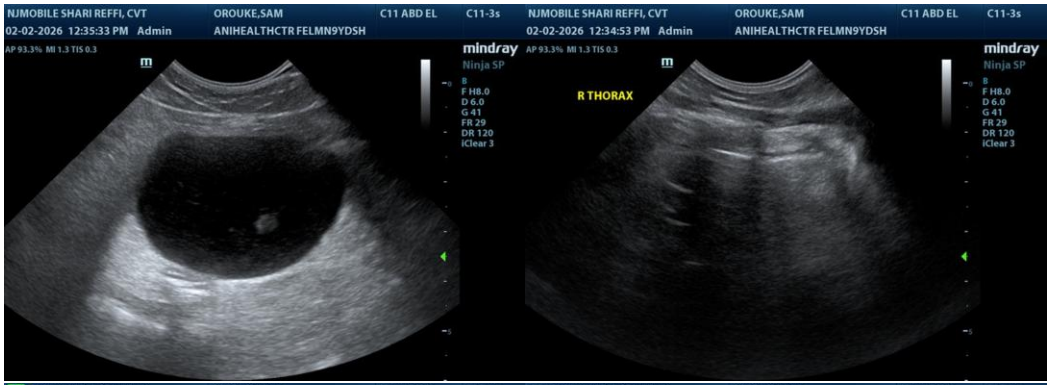

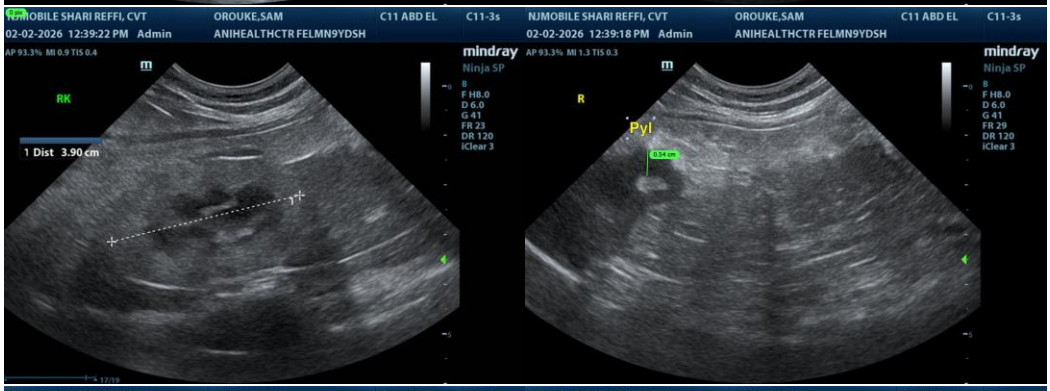

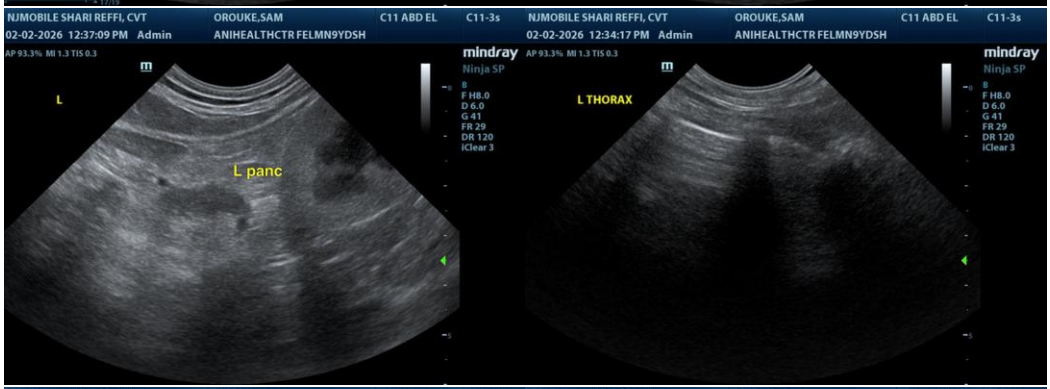

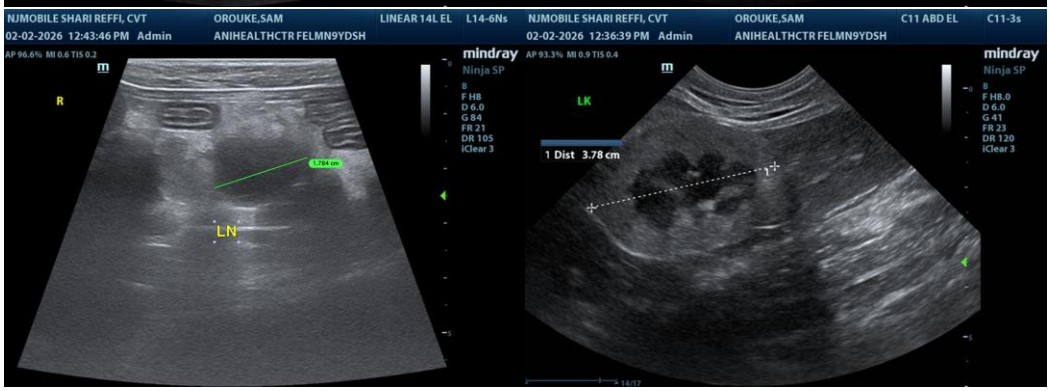

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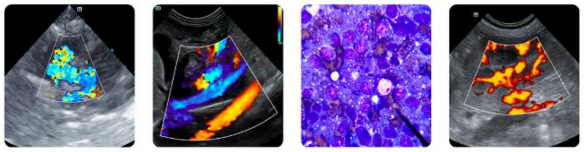

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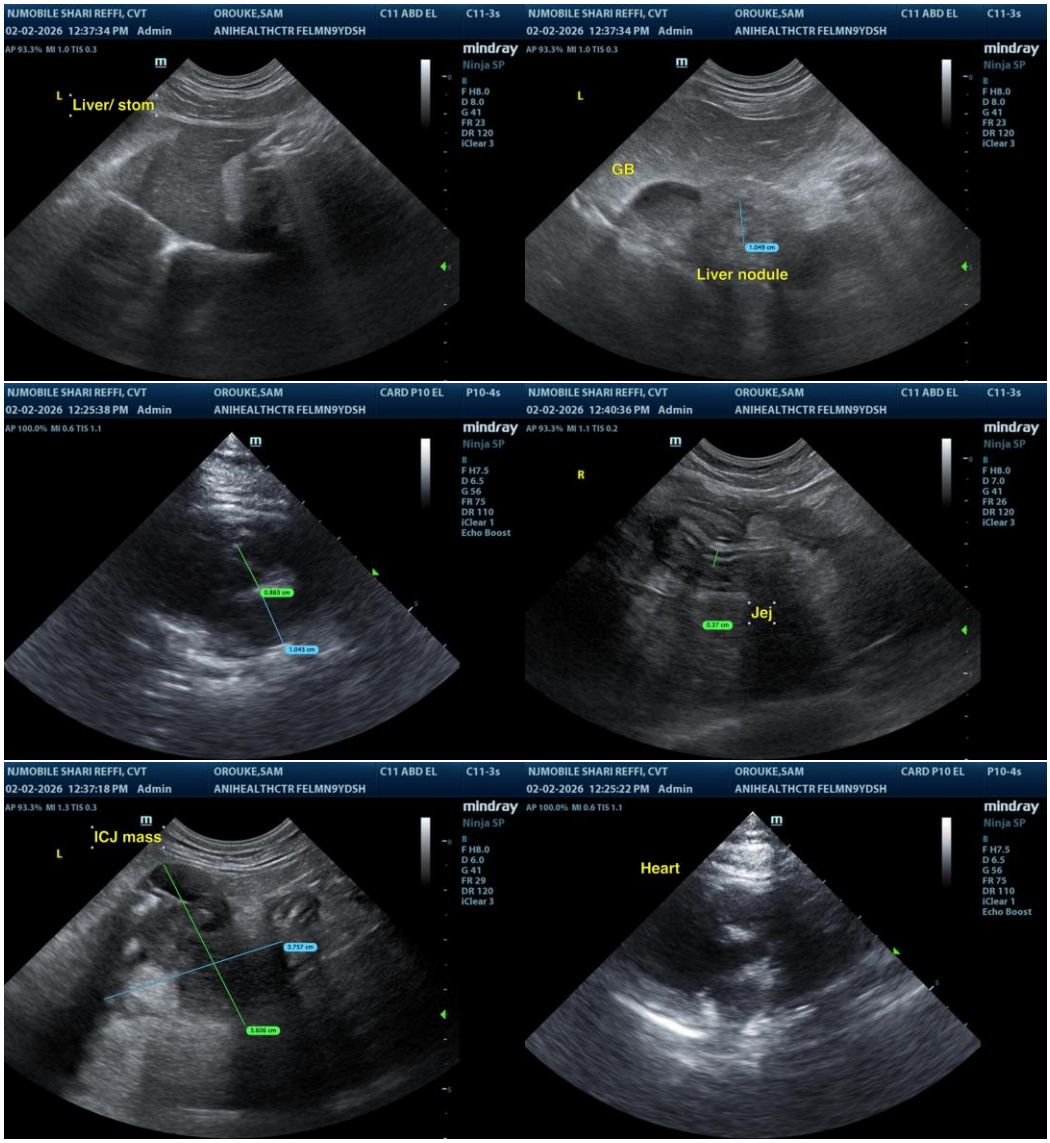

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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