

**PATIENT**

Sugar Kitty Kisses  
Rescue

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

15 Years 6 Months

**WEIGHT**

9.19 pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

VCA Feline Animal  
Hospital

**REFERRING VET**

Dr. Vincent Fleming

**INVOICE**

13986

**DATE**

02/26/26

**PRESENTING CLINICAL SIGNS**

- Jejunal mass removed April 2025. Alimentary lymphoma small to intermediate cell (27-May-2025). Gall bladder calculi (21-Apr-2025)
- History - Patient vomited on Saturday and has been intermittently hyporexic since w/ no further V, does have some soft stool, active and interactive, no significant increase water consumption/urination, defecating normally. Did eat 15 treats this AM, last received Mirataz this AM. Diet: OTC
- Med: pred 2mg q24 Mirataz q24 chlorambucil 0.2 ml q48

\Abnormal PE/Chem/CBC/UA Results: CBC/CHEM 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.

The area of the aortic trifurcation was free of pathology.

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 3.6 cm in length. The right kidney measured 3.5 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.26 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

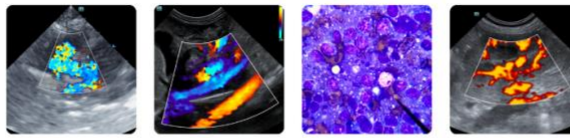
**Spleen**

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 1.0 cm width level of the mid spleen.

**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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild biliary sludge. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.



**PATIENT**

Sugar Kitty Kisses  
Rescue

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

15 Years 6 Months

**WEIGHT**

9.19 pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

VCA Feline Animal  
Hospital

**REFERRING VET**

Dr. Vincent Fleming

**INVOICE**

13986

**DATE**

02/26/26

**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 small intestine presented intact wall layering with segmental mild thickened jejunum exhibiting mild altered jejunal wall layer ratio. No evidence of loss of small intestinal wall layering or recurrent masses to the level of the colon. The duodenum wall measured 0.21 cm wall width. The nonthickened jejunum wall measured 0.20 cm to 0.24 cm wall width. Mild segmentally thickened jejunum wall measured up to 0.34 cm wall width. A focal area of nonobstructive jejunal ileus in the mid abdomen.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

**Pancreas**

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

**Free Abdomen**

Intermittent jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the colic lymph nodes measured 0.97 cm x 0.42 cm. No evidence of peritoneal effusion.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Normal empty stomach.
- Intact small intestine exhibiting segmental mild thickened jejunum and focal nonobstructive jejunal ileus.
- Semi formed fecal matter in colon.
- Pancreatic remodeling- benign remodeling owing to age or previous inflammation versus mild chronic pancreatitis.
- Intermittent mild jejunocolic lymphadenopathy- suggestive of benign criteria i.e. mild hyperplasia.

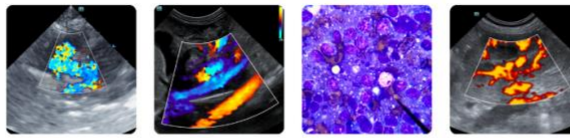
**Secondary Findings**

- Mild chronic renal changes.
- Mild gallbladder debris with nonobstructive proximal common bile duct dilation- possible low-grade cholangitis.
- Normal urinary bladder.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of recurrent intestinal tumors although the segmental mildly thickened jejunum may suggest persistent or recurrent enteropathy with consideration including IBD or other inflammatory disease with potential for early to recurrent and jejunal neoplastic criteria is not definitively excluded with some degree of suppression of intestinal mural changes owing to prednisone are possible.

A spec fPL or full GI panel to include PLI, TLI, cobalamin and folate may be considered. Gastrointestinal support and empirical therapy for chronic pancreatitis is recommended at this stage



### PATIENT

Sugar Kitty Kisses  
Rescue

### SPECIES

Feline

### BREED

DSH

### SEX

Spayed Female

### AGE

15 Years 6 Months

### WEIGHT

9.19 pounds

### INTERPRETED BY

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

### IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

### HOSPITAL NAME

VCA Feline Animal  
Hospital

### REFERRING VET

Dr. Vincent Fleming

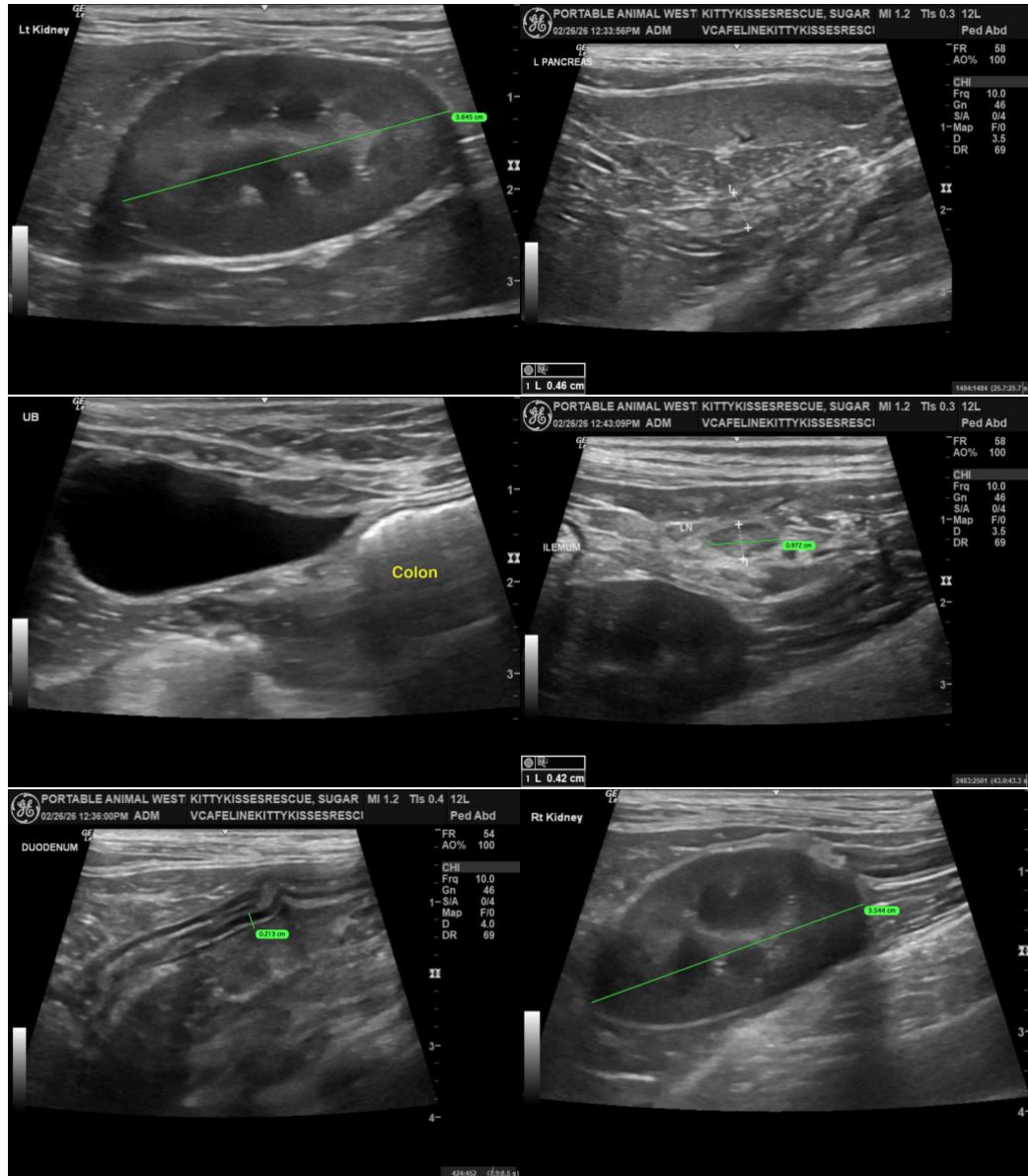
### INVOICE

13986

### DATE

02/26/26

with clinical and sonographic monitoring. Initial sonographic reassessment is recommended in four to six weeks, sooner if progressive gastrointestinal signs or weight loss.





**PATIENT**

Sugar Kitty Kisses  
Rescue

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

15 Years 6 Months

**WEIGHT**

9.19 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

VCA Feline Animal  
Hospital

**REFERRING VET**

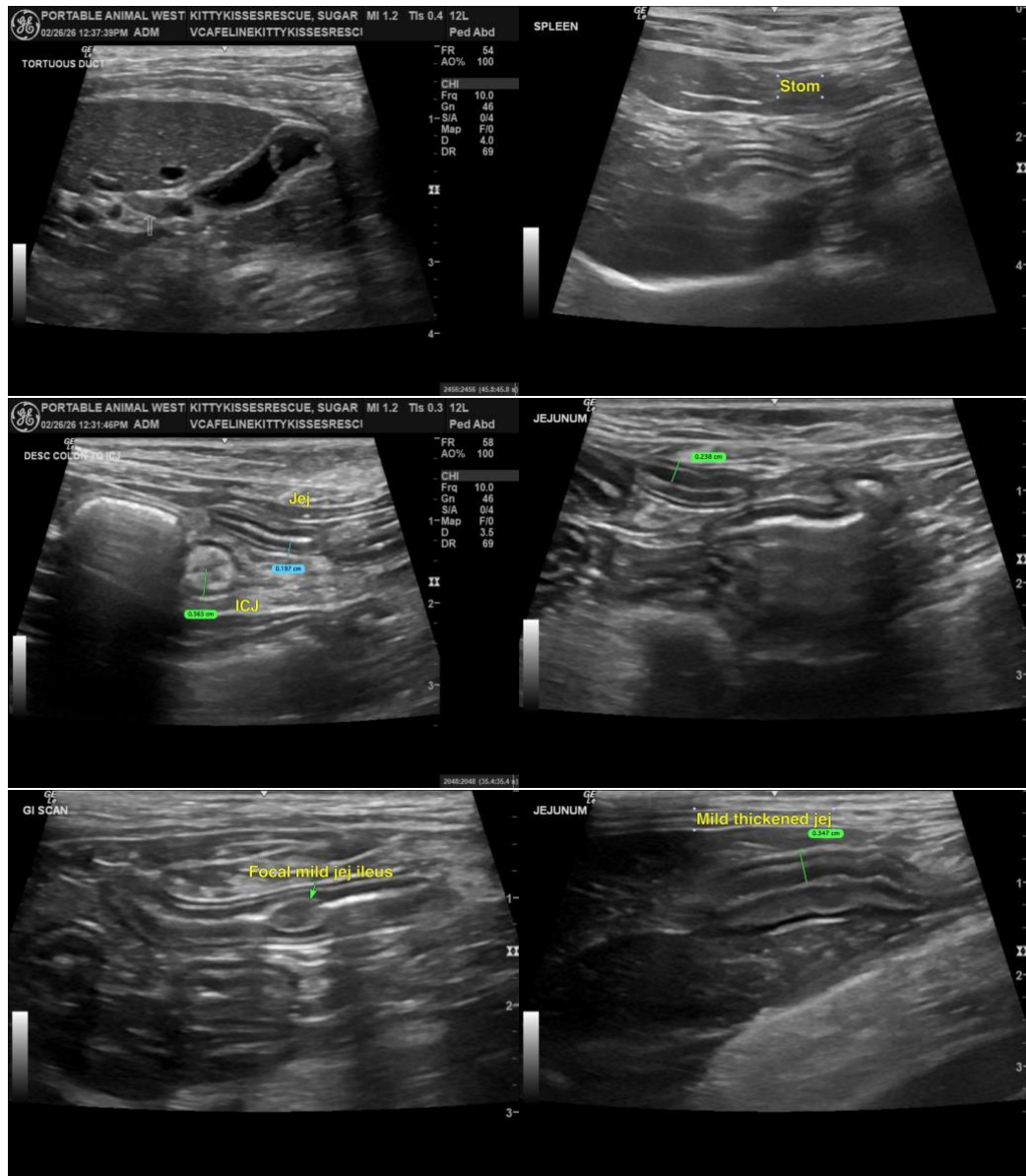
Dr. Vincent Fleming

**INVOICE**

13986

**DATE**

02/26/26



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)