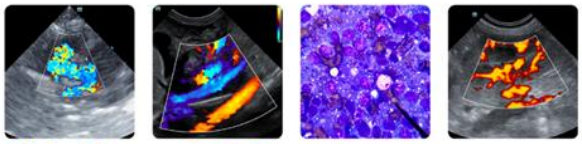


PATIENT
Max Conner

SPECIES
Feline

BREED
Himalayan

SEX
MN

AGE
13

WEIGHT
14.6lb

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

IMAGING PERFORMED BY
Leslie Buggi, DVM

HOSPITAL NAME
Akin Hills Pet Hospital

REFERRING VET
Leslie Buggi, DVM

INVOICE
24038

DATE
02/28/2026

PRESENTING CLINICAL SIGNS

- Vomiting for several days, last night vomited fetid material. Wt loss (mild)
- No known FB ingestion

Abnormal PE/Chem/CBC/UA Results: Performed on 2/25/26 CBC - NSF Chem - mild hypoproteinemia (5.8), albumin 2.7, globulin 3.1 T4: 1.8 Rad consult on 2.28.26:

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 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 size and margination were 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 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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.

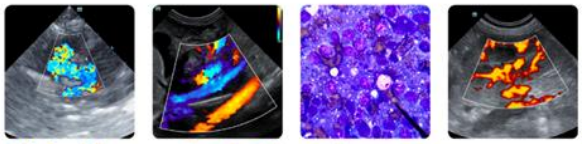
Liver/Gallbladder

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. 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 contained mild non-shadowing ingesta.

The small intestine exhibited non-thickened with mild altered wall layer ratio owing to propensity for prominent intestinal muscularis layer. Intact small intestinal wall measured 0.25 cm wall width. Within



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the mid to cranial abdomen, a segment of intestine exhibited indistinct thickened wall with indistinct wall layer detail measuring ~ 2-2.5 cm in diameter. Suspect probable segmental intestinal distention with content exhibiting mild near field hyperechogenicity and progressive to strong distal acoustic shadowing suspected to be proximal to the intestinal lesion.

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

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

No overt visualized significant or swollen mesenteric lymphadenopathy.

Mild peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intestinal mass lesion, possibly in area of ileocolic junction
- Probable associated segmental distended intestine with retained shadowing content - suspect proximal to intestinal mass lesion
- Diffuse enteropathy pattern exhibiting mild thickened muscularis layer
- Mild nonshadowing gastric ingesta
- Mild peritoneal effusion

Secondary

- Mild age related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The colon appeared to be distinct from the probable distended intestine segments correlating with the radiographic interpretation and suggestive of possible partial intestinal obstruction or impacted ingesta, foreign material or combination. Indistinct intussusception possible associated with the mass lesion. Diffuse IBD or other inflammatory enteropathy, neoplasia such as lymphoma or other possible. Exploratory laparotomy is required for further assessment with potential for intestinal evacuation, biopsies, or R/A of mass lesion with histopathology.

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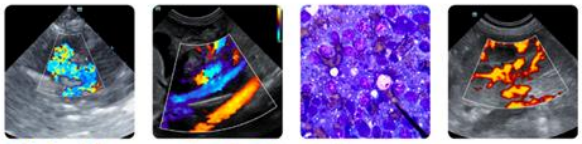

Clinical Sonography & Telecytology
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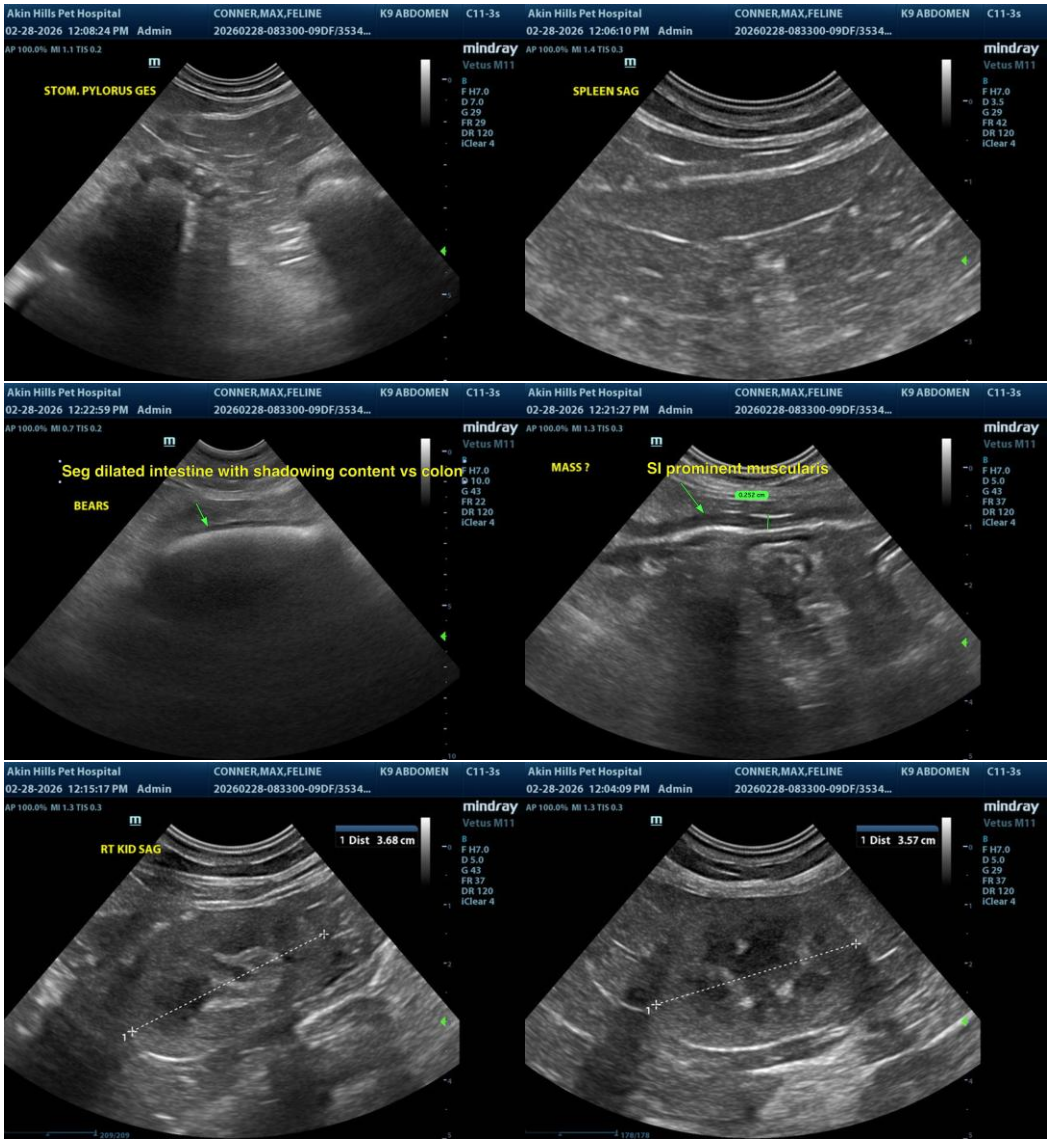

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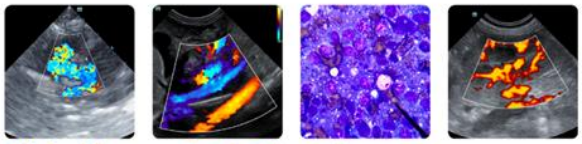

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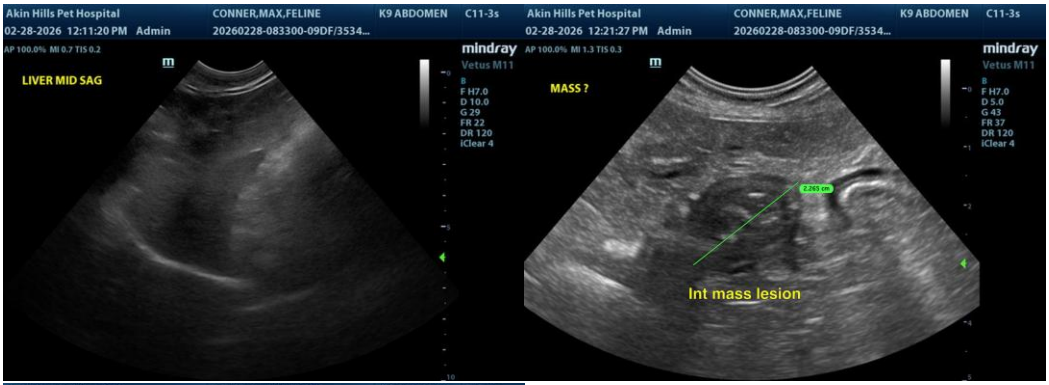

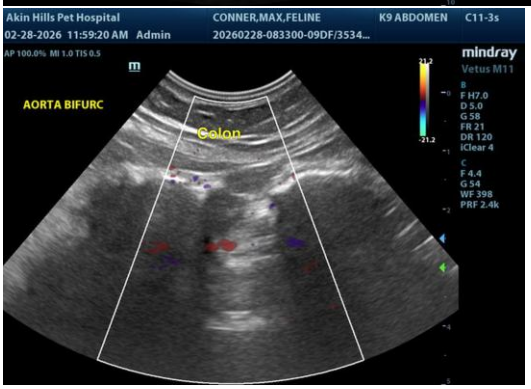

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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