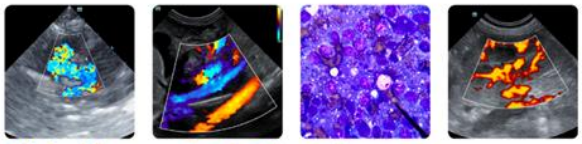


PATIENT

Bear Bear Noel

SPECIES

Feline

BREED

Manx

SEX

FS

AGE

13yr

WEIGHT

3.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr Whale

INVOICE
23784

DATE
02/04/2026

PRESENTING CLINICAL SIGNS

- vomiting
- diarrhea 4 days
- weight loss

Abnormal PE/Chem/CBC/UA Results: Mild creatinine elevation 144

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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. Bilateral areas of mild medullary mineral were present. The left kidney measured 3.0 cm in length. The right kidney measured 4.0 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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

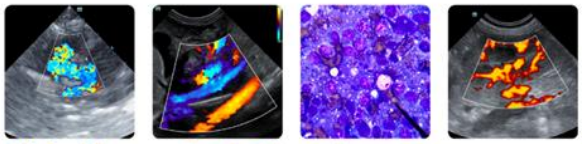
Spleen

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.

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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT

Bear Bear Noel

SPECIES

Feline

BREED

Manx

SEX

FS

AGE

13yr

WEIGHT

3.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr Whale

INVOICE
23784

DATE
02/04/2026

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 primarily intact wall exhibiting mild altered wall layer ratio owing to propensity for mildly prominent intestinal muscularis layer. A segmental jejunal mural mass exhibiting moderate hypoechoic mural hypertrophy and loss of jejunal wall layer detail present in the mid-abdomen, along with a focal area of subjective separate to adjacent thickened jejunum wall exhibiting similar appearance. The jejunal mass measured ~ 5-6 cm in length with wall width measuring 0.84 cm. Adjacent thickened jejunum wall measured 0.62 cm wall width. No evidence of intestinal obstructive pattern.

The colon wall was intact and non-thickened exhibiting prominent to hyperechoic colon submucosal layer with segmental minor non-formed feces in lumen. The descending colon wall measured 0.20 cm in width.

Pancreas

The pancreas was normal in size with mild capsule asymmetry and non-homogenous mildly hypoechoic parenchyma. Mildly prominent pancreatic duct.

Free Abdomen

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 2.7 cm x 0.61 cm.

Minor pockets of primarily peri intestinal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enteropathy with segmental jejunal mural mass/ masses
- Associated mesenteric lymphadenopathy
- Chronic/ chronic active pancreatitis and potential mild chronic colitis
- Normal empty stomach

Secondary

- Age-related renal changes
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The jejunal mass / masses meet neoplastic criteria, i.e. lymphoma or other round cell neoplasia likely and suspect early metastatic lymphadenopathy. Significant to generalized inflammatory /infectious or granulomatous enteropathy and lymphadenopathy felt unlikely.

Further assessment may include assuming normal clotting status, jejunal mass and accessible lymph node FNA cytology. Biopsies may be required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

PATIENT

Bear Bear Noel

SPECIES

Feline

BREED

Manx

SEX

FS

AGE

13yr

WEIGHT

3.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

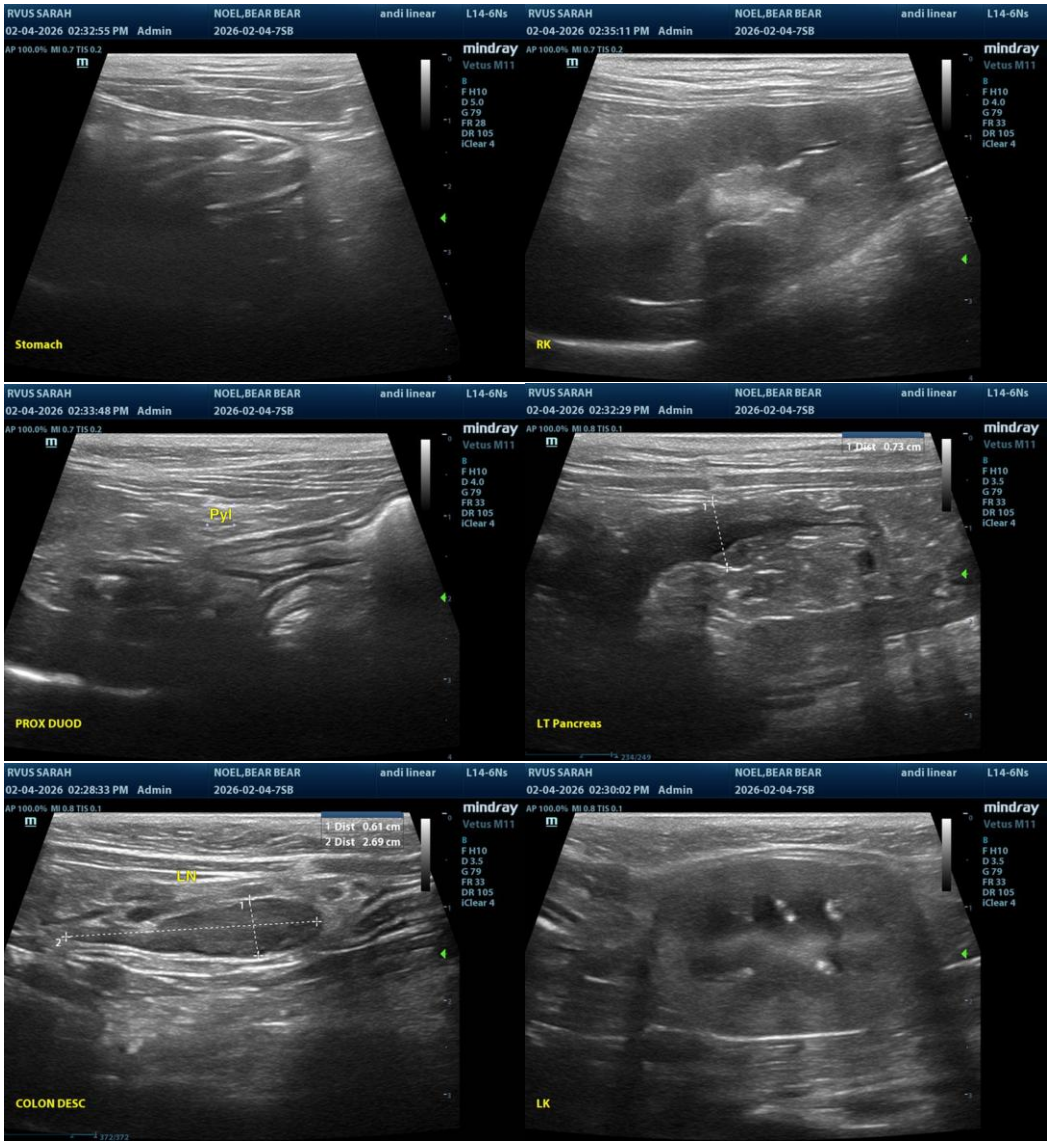
Fish Creek Pet Hospital

REFERRING VET

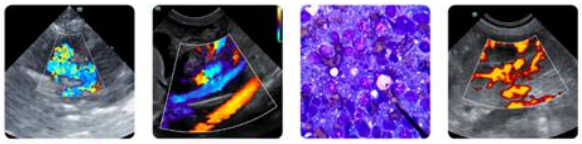
Dr Whale

INVOICE
23784

DATE
02/04/2026



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bear Bear Noel

SPECIES

Feline

BREED

Manx

SEX

FS

AGE

13yr

WEIGHT

3.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

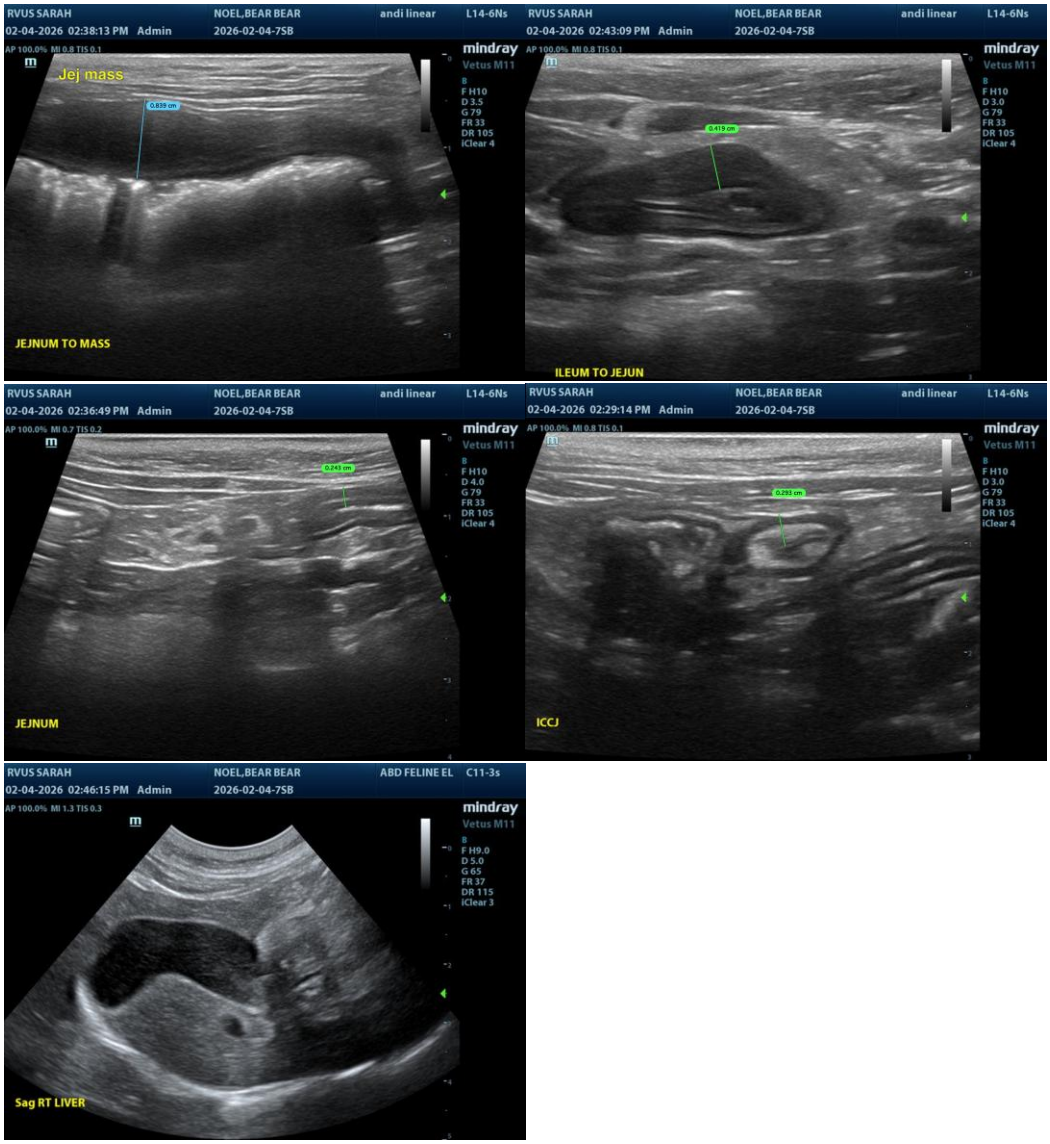
Fish Creek Pet Hospital

REFERRING VET

Dr Whale

INVOICE
23784

DATE
02/04/2026



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