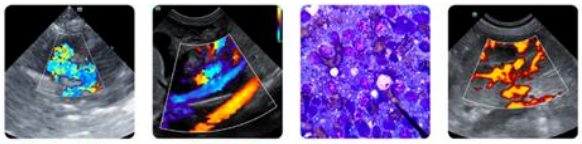


PATIENT

Link Persch

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10yr

WEIGHT

5.32kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Brandywine Valley Veterinary Hospital

REFERRING VET

Robert Cafaro, VMD

INVOICE
24271

DATE
03/23/2026

PRESENTING CLINICAL SIGNS

- AUS to further evaluate a golf ball sized abdominal mass palpated in the mid to ventral region, decreased appetite, losing weight, and hypoalbuminemia.
- Meds: Cerenia
- Abnormal PE/Chem/CBC/UA Results: - AXR: small amt of food in stomach; suspect possible mass within central abdomen involving transverse colon - CBC: Hct 31.5 %, HGB 8.8 L (9.8 - 16.2), MCHC 27.9 L (28.1 - 35.8), normocytic, plts 438-n - Chem - Alb 2.0 L, BUN 15 L (16-36), normal LES, normal Cr & SDMA. - T4 - wnl at 1.4 - U/A - wnl USG 1.080 - Brief Ultrasound - large fluid filled structure in mid abdomen with hyperechoic central region (r/o fluid filled intestines)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 mild increased echogenicity and mildly enhanced corticomedullary demarcation. No evidence of pelvic dilation was present. The left kidney measured 4.0 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 bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.24 cm width The right adrenal gland measured 0.30 cm width.

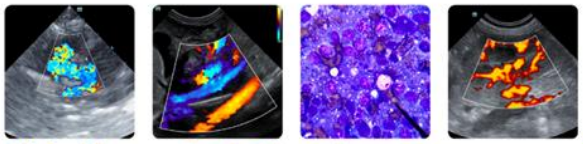
Spleen

The spleen was normal in size and contour measuring 0.63 cm width at the mid spleen. Mild parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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-dependent particulate sediment. The cystic and common bile ducts were normal.

Gastrointestinal



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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 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material to the level of the ileocolic junction. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.21 cm width.

Variably thickened to irregular hypoechoic proximal and transverse colon wall. Proximal colon wall measured 0.62 cm wall width. An example of transverse colon wall measured 1.1 cm wall width. Concurrent segmentally thickened similar appearing descending colon wall with loss of proximal to transverse and segmental descending colon mural detail. Thickened descending colon wall measured ~ 4 cm in length with wall width measuring 0.7 cm. Segments of concurrent intact non-thickened colon wall were visualized without evidence of distended colon with retained 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

No evidence of peritoneal effusion was present.

Intermittent, variably enlarged non-homogenous jejunocolic lymph nodes were present. An example measured 2.3 cm x 1.1 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Descending and proximal to transverse colon mural masses
- Sonographically unremarkable stomach and small intestine
- Enlarged non-homogenous colic to jejunocolic lymphadenopathy

Secondary

- Mild chronic renal changes
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Two separate colon masses are present in this study. No obvious evidence of concurrent gastrointestinal mural pathology. The colon masses are highly suggestive of neoplastic criteria with inflammatory, infectious, or granulomatous (FIP) etiologies thought less likely. Associated metastatic lymphadenopathy is suspected.

Further assessment may include assuming normal clotting status, FNA cytology of thickened colon wall and accessible lymph node with potential for oncology consult. Biopsies may be required for definitive diagnosis.

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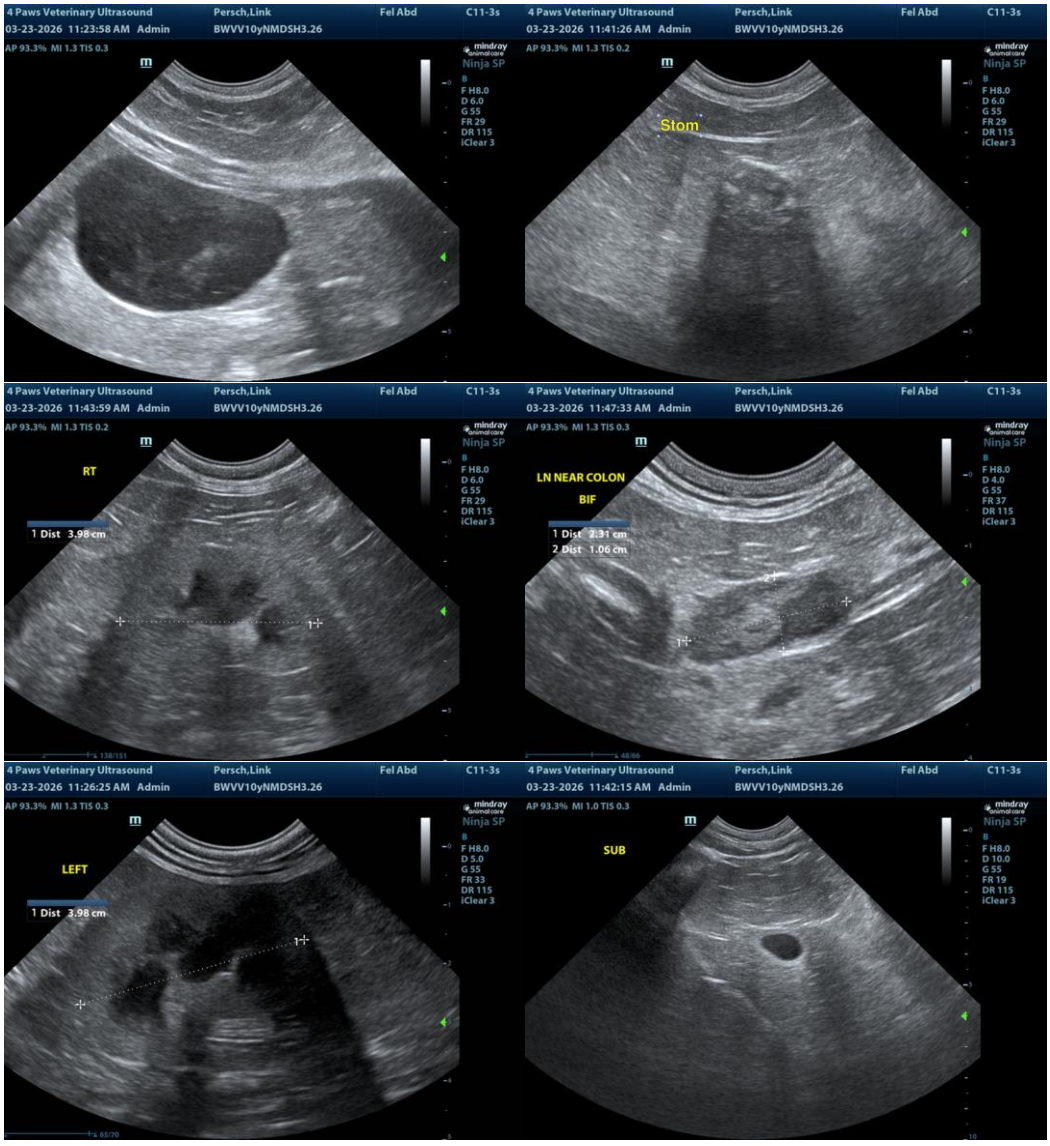

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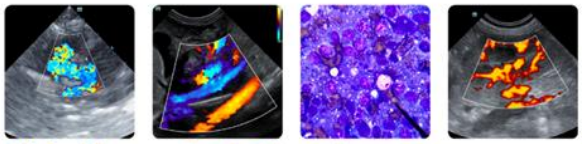

Clinical Sonography & Telecytology
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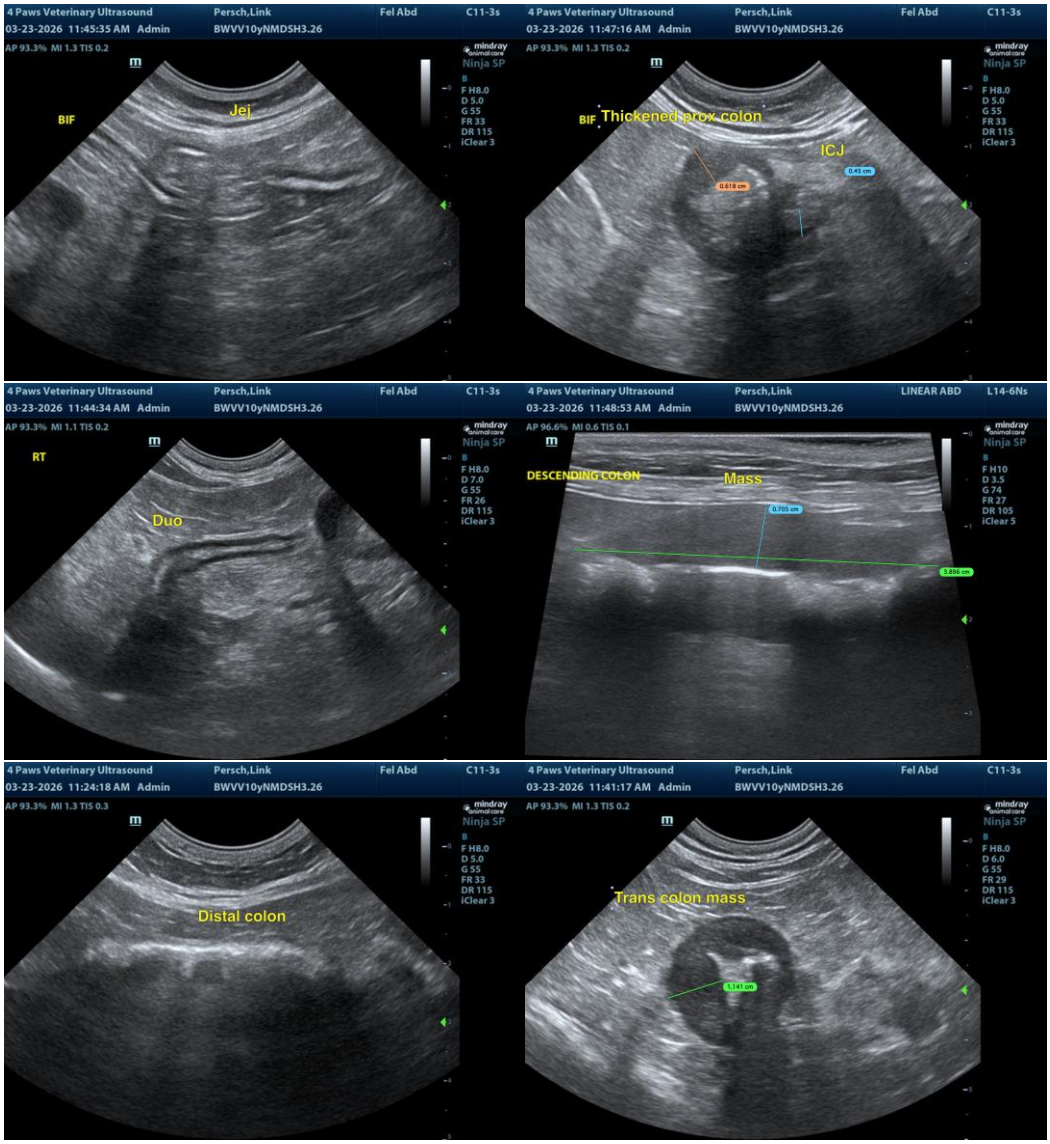

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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