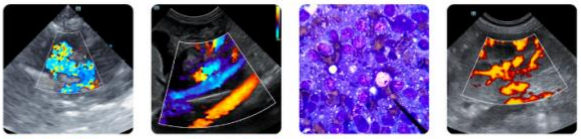


PATIENT

Taylor Cat Rangers

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

6.68 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Hannah Fearing

INVOICE

14651

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- Foster is worried about Taylor having flair ups from injuries from getting hit by a car about 1.5 years ago. She goes through cycles of being good (eating well, not vomiting, defecating and urinating normally, moving well) and being worse (vomiting, hiding in closet, lethargic, not eating). Has been not feeling well/lethargic/not eating great/hiding/occasionally vomiting since January. Has been on Zeniquin and Cerenia with occasional B12 and subq fluids. Stopped Zeniquin for a week and Taylor got worse. Taylor had a UTI recently which was resolved after two rounds of meds and got bloodwork done in the last couple of months. Interested in getting xrays and maybe an ultrasound.

Abnormal PE/Chem/CBC/UA Results: BW from 3/19/26: CBC: WBC (37.4) Neutrophils- (28499) Monocytes- (524) Eosinophils- (1646) Basophils- (112) Platelets- (827) CHEM: ALT- (12) ALP- (8) Creatine Kinase- (63) Radiographs from 3/26/26: Moderate segmental small intestinal distention. There is heterogeneous soft tissue opaque content with an area of peripheral mineral in this segment. Rule out mechanical obstruction, which could be partial.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

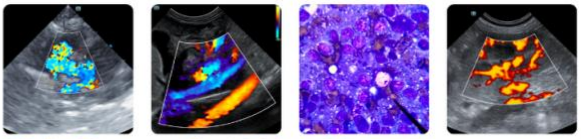
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.28 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



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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 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 variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. No evidence of obstruction to pyloric outflow or obstructive pyloric mural pathology.

The small intestine presented primarily intact mildly thickened wall layering and altered wall layer ratio owing to propensity for mildly thickened mucosa and muscularis layer. The small intestine wall measured 0.31 cm to 0.33 cm wall width. A segment of mid-abdomen intestine consistent with jejunal location exhibited thickened hypoechoic wall and loss of mural echogenicity measuring 0.45 cm wall width. Variable distended intestinal segments with non-shadowing ingesta/chyme, suspected to be primarily cranial to the segmentally thickened jejunum.

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

Intermittent mildly 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). Mild perilymphatic hyperechoic omentum. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Generalized thickened intestine with emerging jejunal mural mass.
- Mild to variable retained gastrointestinal ingesta likely proximal to emerging jejunal mass with primarily empty small intestine distal.
- Intermittent mild mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The emerging jejunal mural mass did not overtly appear to be completely obstructive yet some degree of partial obstruction is probable given degree of retained gastrointestinal ingesta subjectively proximal. Inflammatory, infectious, granulomatous or neoplastic etiologies for the small intestine and lymph nodes are possible. Exploratory laparotomy with gross inspection of the gastrointestinal tract with resection anastomosis of the emerging jejunal mural mass and with intestinal biopsies is considered essential for further diagnosis is recommended.

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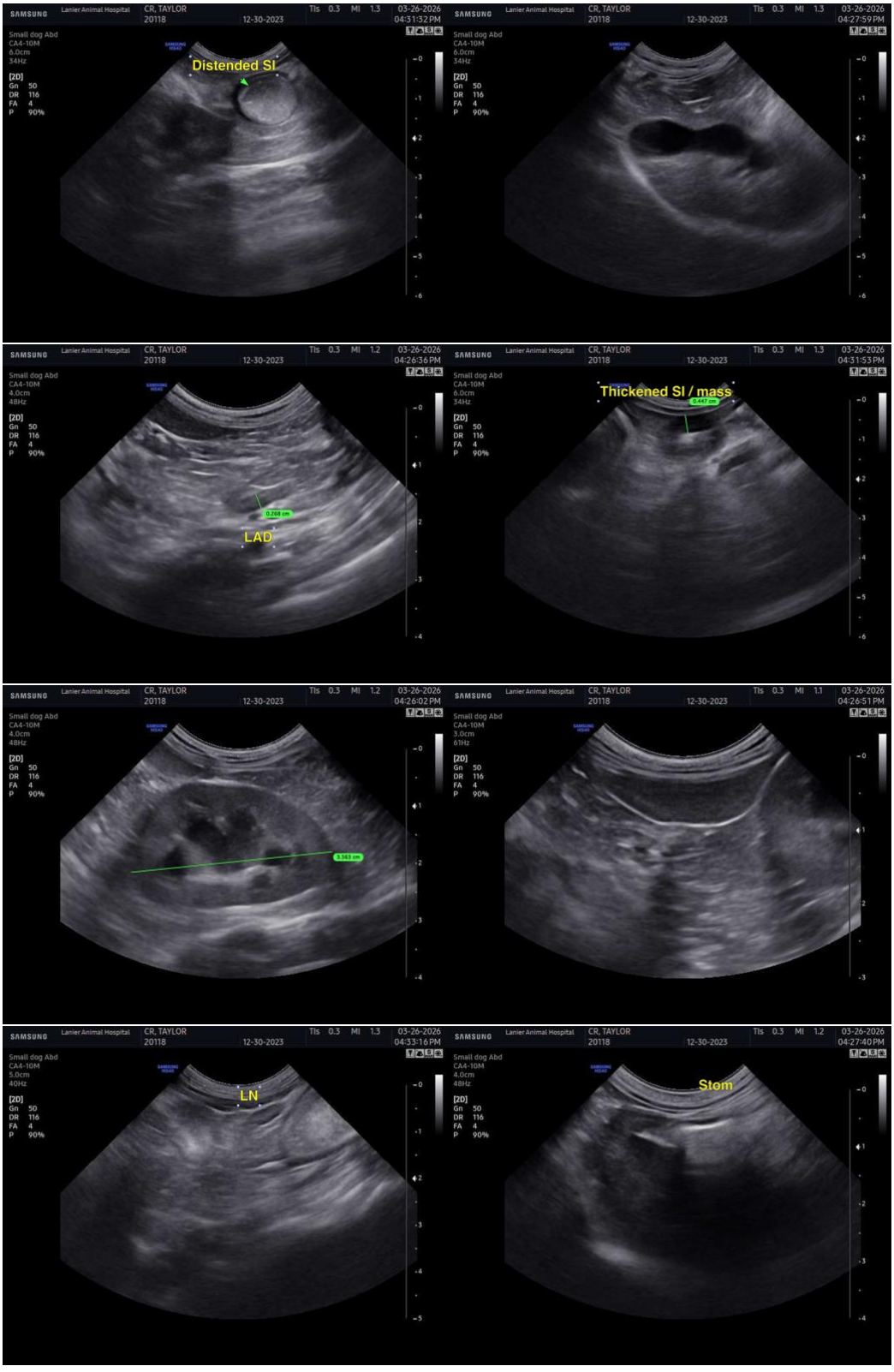

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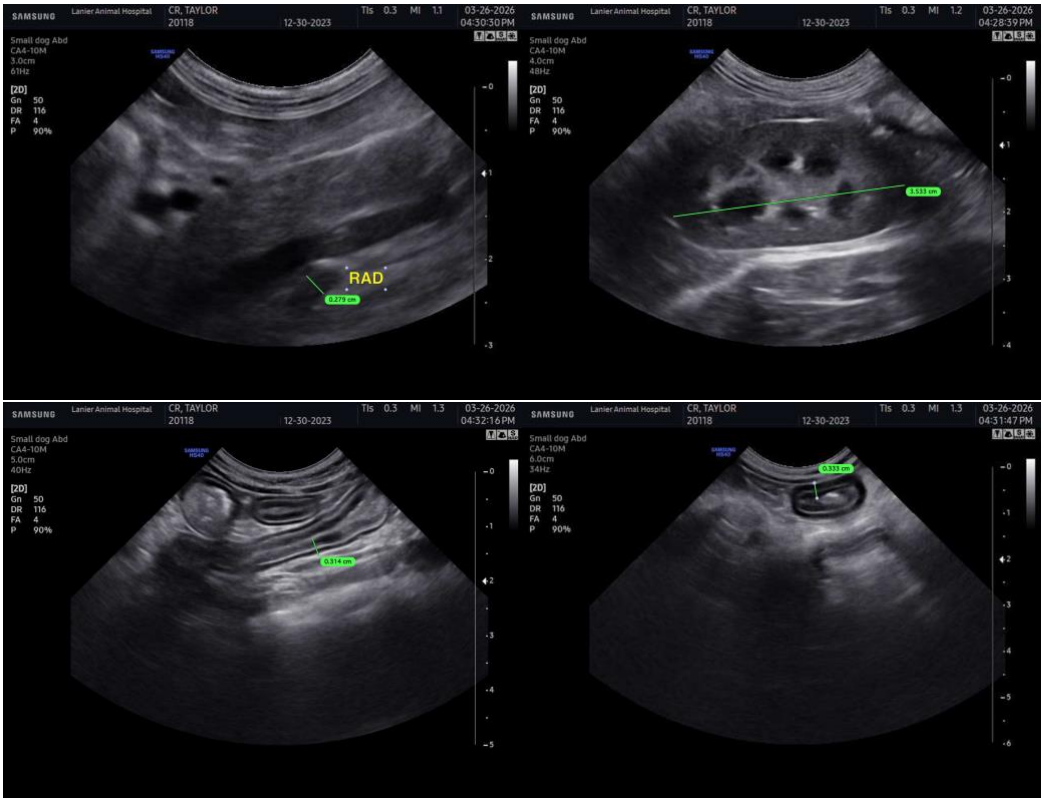

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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