



PATIENT

Titus White

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13

WEIGHT

3.60kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Laura Bennett

INVOICE

24324

DATE

03/29/2026

PRESENTING CLINICAL SIGNS

- Lethargic, not eating and drinking. Have not seen him drink in awhile. O has tried giving treats and different food and has not been interested. Litter box use problems off and on over the past couple months. The RDVM has not been able to find any problems. In October, rescued a feral kitten and P has not been happy about that. Lost eye in December 2025 from a scratched cornea and ruptured ulcer. O feels he has slowly been declining.
- Symptoms: Not eating and drinking at all, lethargic, inappropriate
- Duration (Date & Time): Primary issue today has been several days at least. Litter several months.
- E/D/U/D: NO, Urination issues (urinating outside litter box, on bed, etc). Decreased frequency of BMs. Inappropriate BM on chair 3-4 days (soft consistency).
- V/D/C/S: Did vomit the other day but does vomit normally, runny defecation wet. none
- Indoor/Outdoor/both: Indoor only.
- Previous Medical Conditions: Lost eye, early stage kidney disease. Has had enemas in the past, does get constipated.
- Current Medications: (dosage, how often, last time/dose given, why is the pt on this medication?): None, has an RX for gabapentin but has not taken it.
- Diet Type: Hills Kidney care, has not been eating it, does not like it. O offering variety since not eating (wet and dry), P not interested in anything.
- Frequency: Usually free fed dry food, wet food once a day half a can. Currently offering variety but not eating.
- Allergies: None
- Abnormal PE/Chem/CBC/UA Results: General Appearance: Quiet, alert and responsive Hydration: Hydration appears normal Eyes: Corneas clear, pupils normal size, symmetrical, sclera white, no ocular discharge. Prior enucleation OD. Ears: did not examine Oral Cavity: Tartar moderate Nasal Cavity: No obvious abnormalities observed Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Abnormal: thickened bowel loops palpable (while sedated) Rectal: Did not perform rectal exam Musculoskeletal: Thin BCS Integument: Flea dirt Lymph Nodes: Lymph nodes are all normal in size Urogenital: External genitalia appears normal; bladder palpates normally Neurologic: No apparent abnormalities

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 mild non-dependent particulate sediment. 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 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma,



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and FIP. However, it is a nonspecific finding. The left kidney measured 3.9 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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Spleen

The spleen exhibited borderline enlargement with 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 in width at the level of the mid spleen.

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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 proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

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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 generalized thickened wall with mild altered wall layer ratio, propensity for mildly thickened mucosa and muscularis layers. The small intestinal wall measured 0.32 cm in width. The ileocolic wall measured 0.51 cm in width.

Segmental proximal to transverse colon mural mass, exhibiting thickened colon wall, mural hypoechoogenicity and loss of colon wall layer detail was present. Thickened colon wall measured 0.52 cm wall width. The colon was overall non-distended containing semi-formed to soft fecal matter and lumen gas.

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Pancreas

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

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Free Abdomen

Intermittent, mildly enlarged non-homogenous jejunocolic lymph nodes were present, an example measured 1.1 cm in diameter.

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Generalized mild increased omental echogenicity with scant pockets of effusion.

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ULTRASONOGRAPHIC FINDINGS

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PATIENT Primary

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- Intact diffusely thickened small intestine wall with segmental colon mural mass
- Enlarged non-homogenous jejunocolic lymph nodes
- Possible chronic / chronic active pancreatitis
- Borderline splenomegaly
- Non-obstructive common bile duct dilation
- Bilateral nonspecific renal medullary rim sign
- Urine sediment

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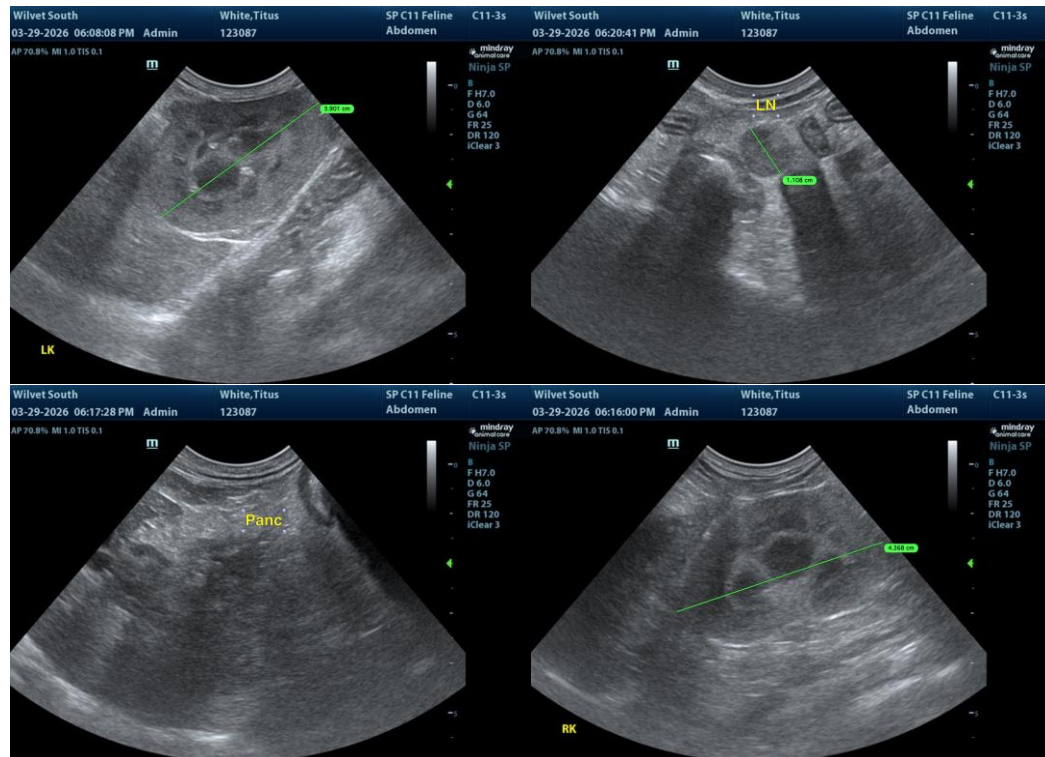
Wilvet South

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened small intestine, colon mass and lymphadenopathy is most consistent with neoplastic criteria with significant inflammatory disease, infectious disease or FIP thought less likely. Assuming normal clotting status, FNA cytology of thickened colon wall and accessible lymph node could be considered for further clarification and potential for oncology consultation. Biopsies may be required for a definitive diagnosis.



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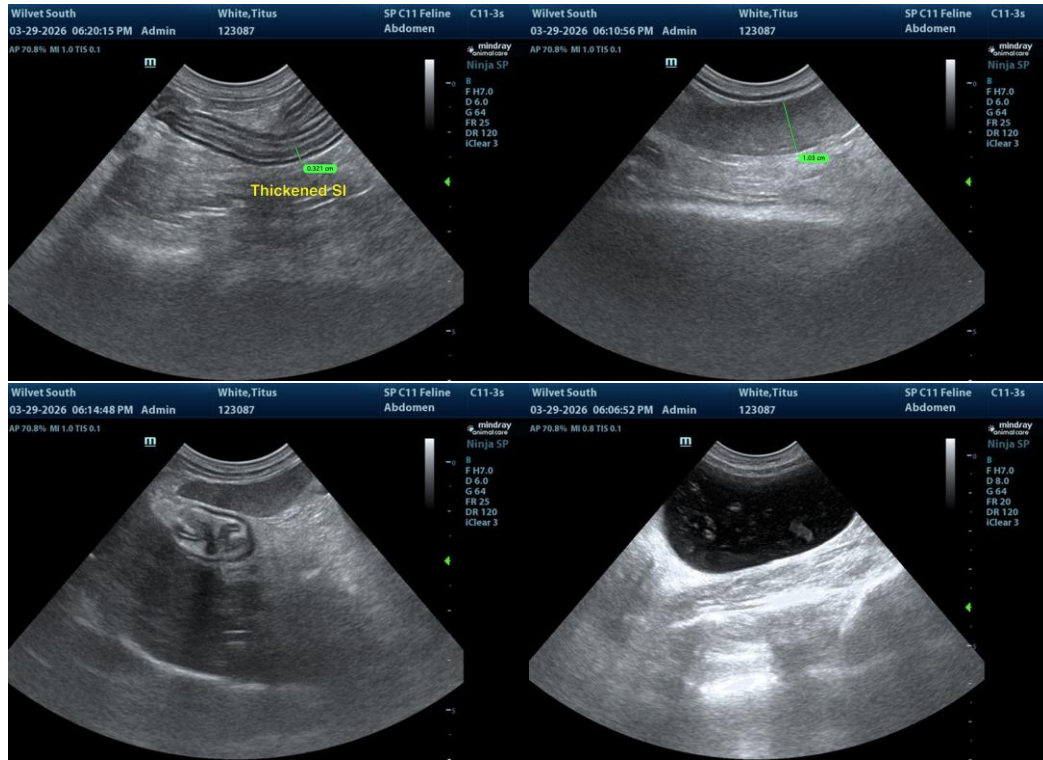
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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