



PATIENT

Bluestar Degroff

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

4.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Dr. Elizabeth
Hawkesworth-Heft

INVOICE

14994

DATE

04/10/26

PRESENTING CLINICAL SIGNS

Patient has lost almost 4 pounds since 8/15/2025. Weight in 8/2025 was 8.16 pounds and now down to 4.3 pounds. Has been experiencing occasional vomiting and lack of appetite that has gotten progressively worse over the last 2 weeks. Crunching hard food but not eating much, no interest in treats/ wet food despite numerous brands and flavors tried.

Abnormal PE/Chem/CBC/UA Results: Underweight, lethargic, pale pink MM, temperature during hospitalization for the day yesterday 4/9/2026 ranged from 95.5 to 97.9 degrees F, mildly low heart rate ranging during hospitalization from 90 bpm to 160 bpm. All other PE parameters normal- No pain palpated on abdominal palpation, oral cavity normal CBC/ Chem: WBC: 26.26 Neutrophils: 23.65 Glucose: 214 (stress response) Creatinine: 2.2 BUN: 94 SodiumL 136 Chloride: 95 Amylase: 1,567 Urine SG: 1.022 Normal T4 Radiographs showed increased gas in small intestinal loops and descending colon with small amount of fecal material

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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. Focal areas of medullary mineral were present. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

No obvious visualized pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole.

Spleen

The spleen was mildly subnormal in size (suggestive of volume contraction) and 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal to mid common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

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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.

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The small intestine presented primarily intact wall layering with maintained wall layer ratio and segmental borderline to mild thickened wall. Intact small intestine wall measured up to 0.28 cm wall width. A segmental intestinal mural mass was present in the mid abdomen exhibiting thickened hypoechoic wall and loss of mural detail measuring approximately 4.0 cm length x 2.0 cm diameter. Associated mural proliferation with no evidence of intestinal obstructive pattern,

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Normal visible colon wall layers were present. The colon was nondistended containing soft fecal matter and lumen gas.

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Pancreas

The pancreas presented normal in size with mild capsule asymmetry exhibiting mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

Intermittent mild jejunocolic 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.

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ULTRASONOGRAPHIC FINDINGS

- Overall chronic enteropathy pattern.
- Segmental intestinal mural mass- nonobstructive.
- Probable concurrent mild chronic to chronic active pancreatitis.
- Nonobstructive common bile duct dilation- age variant, possible low-grade cholangitis.
- Bilateral chronic renal changes.
- Intermittent mild jejunocolic lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass is highly suggestive of neoplastic criteria i.e. lymphoma, carcinoma or other with overall generalized probable chronic enteropathy in conjunction with chronic weight loss. Technically FIP as a consideration for the intestinal mass is possible yet thought unlikely given patient's age. FNA cytology of the intestinal mass could be considered for further clarification.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Screening three view chest radiographs is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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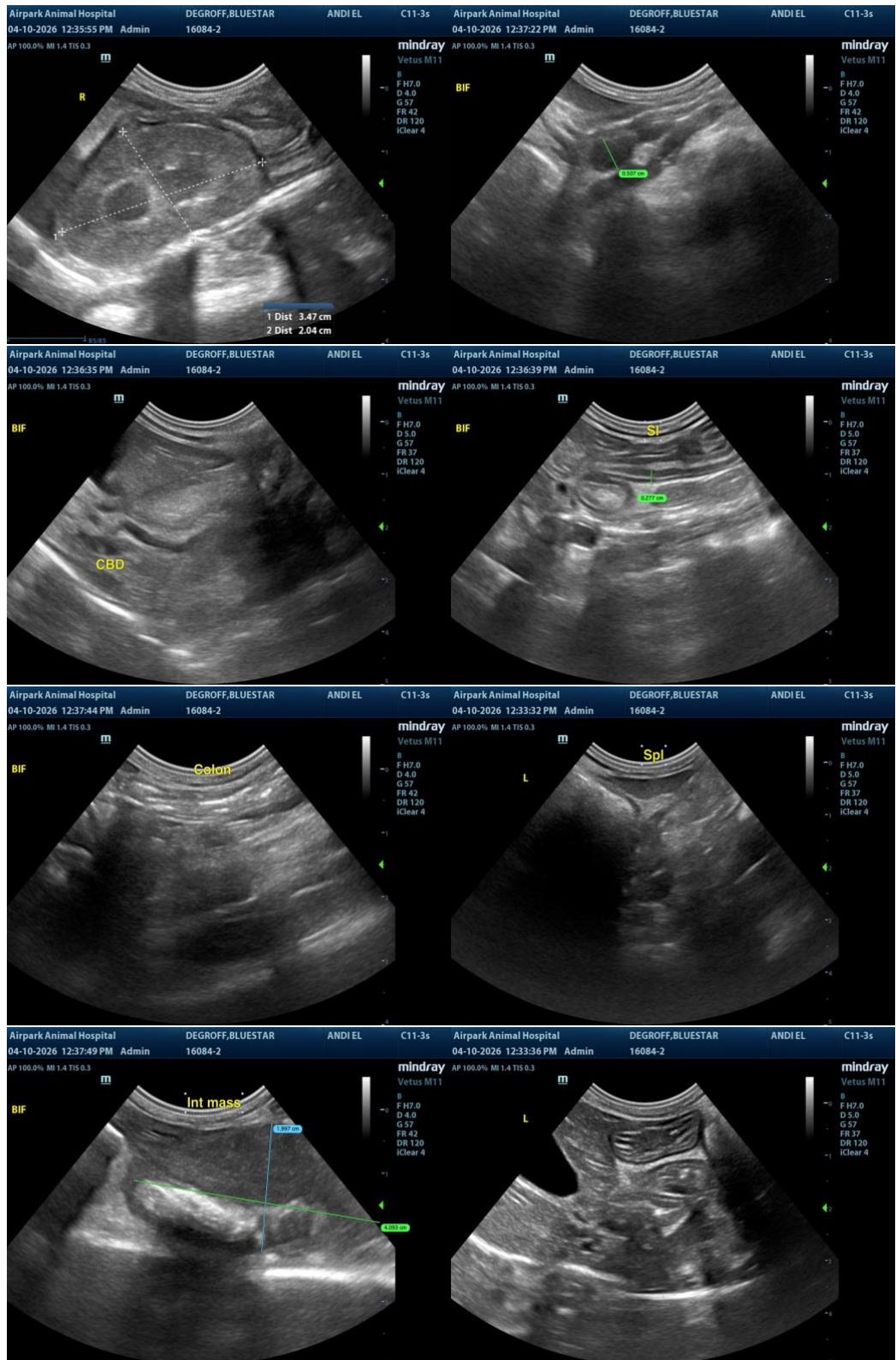
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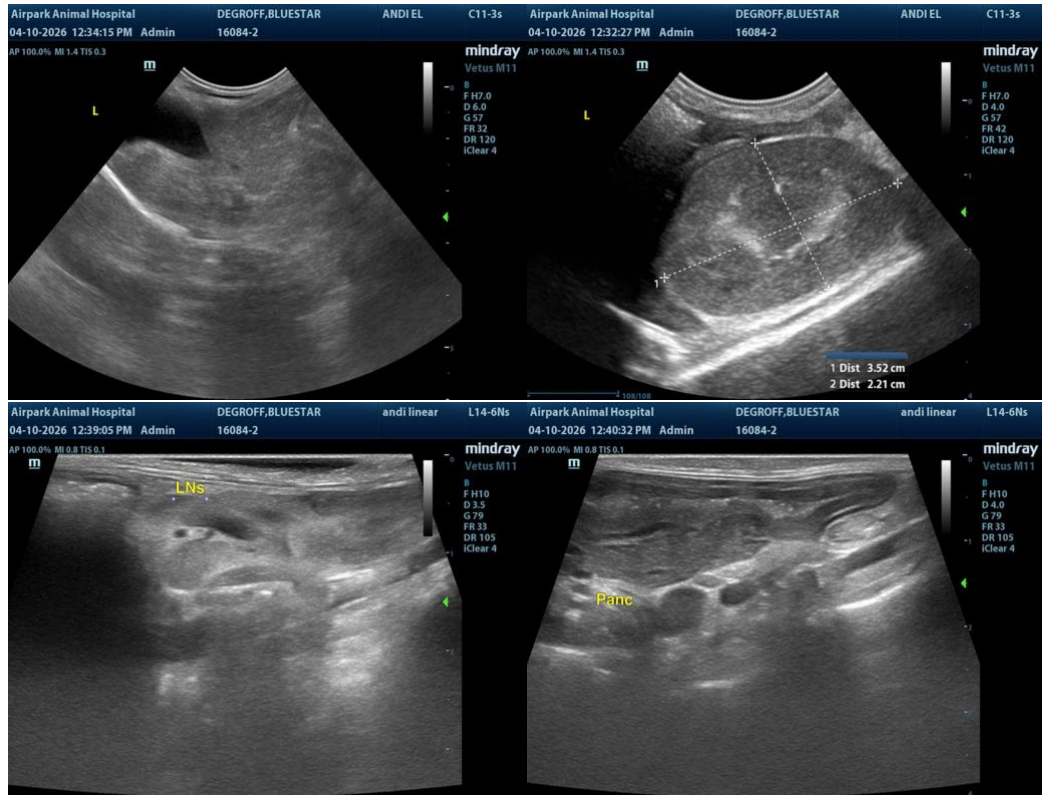
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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