



PATIENT

Mrs. Norris Northcraft

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

9.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Aaron Lucas

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Dr. Melissa Earp

INVOICE

15072

DATE

04/13/26

PRESENTING CLINICAL SIGNS

Mrs. Norris, 17 year old, SF DSH presented as a new patient for evaluation of anorexia, weight loss, increased thirst, vomiting, hard stools, and sneezing. Anorexia began 2-3 days ago, but o noted p seems to be losing weight for a little bit. She has not been to a veterinarian since 2023, at which time PE and senior labs were WNL.

Physical examination revealed grade 2/4 periodontal disease, minimal dehydration, and a firm mid-abdominal mass. Abdominal radiographs confirmed the presence of a soft tissue mass in the mid-abdomen and a non-distinct appearance to the mucosal margins of the stomach.

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. No evidence of pelvic dilation was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.35 cm width. The right adrenal gland measured 0.46 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 mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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The small intestine presented overall intact wall layering with maintained wall layer ratio and empty intestinal lumen. The small intestine wall measured 0.25 cm wall width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The left pancreas presented mildly prominent in size with symmetrical capsule contour and mild nonhomogenous hypoechoic parenchyma. Mildly prominent pancreatic duct was visualized.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

An unspecified asymmetrical nonhomogenous mid to caudal abdomen mass was present mild with surrounding hyperechoic omentum. The mass measured approximately 5.8 cm x 3.4 cm. The mass was noted cranial to the urinary bladder with no evidence of associated intestinal mechanical obstructive pattern.

ULTRASONOGRAPHIC FINDINGS

- Unspecified mid to caudal abdomen mass.
- Overall sonographically unremarkable gastrointestinal tract.
- Probable chronic/chronic active pancreatitis.
- Mild hepatic parenchymal remodeling.
- Mild gallbladder debris (non-mucocele).
- Normal spleen.
- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary consideration for the mass is neoplastic criteria of unspecified origin with considerations including non-obvious intestinal, omental or lymphatic origin favored. Non-neoplastic etiology such as granuloma, consolidated abscess, or potential uterine remnant pathology/mass is thought less likely. Technically, FIP is a potential yet considered unlikely given patient's age.

Assuming normal clotting status and using a 25-gauge needle, mass FNA cytology +/- culture and sensitivity is warranted for further clarification. Assuming no pathology on three view chest radiographs and if surgery is a potential, abdominal CT would be ideal for further clarification to assess for non-obvious metastasis and surgical planning. Correlation with a spec cPL or GI panel to include PLI, TLI, cobalamin and folate given weight loss may be considered.



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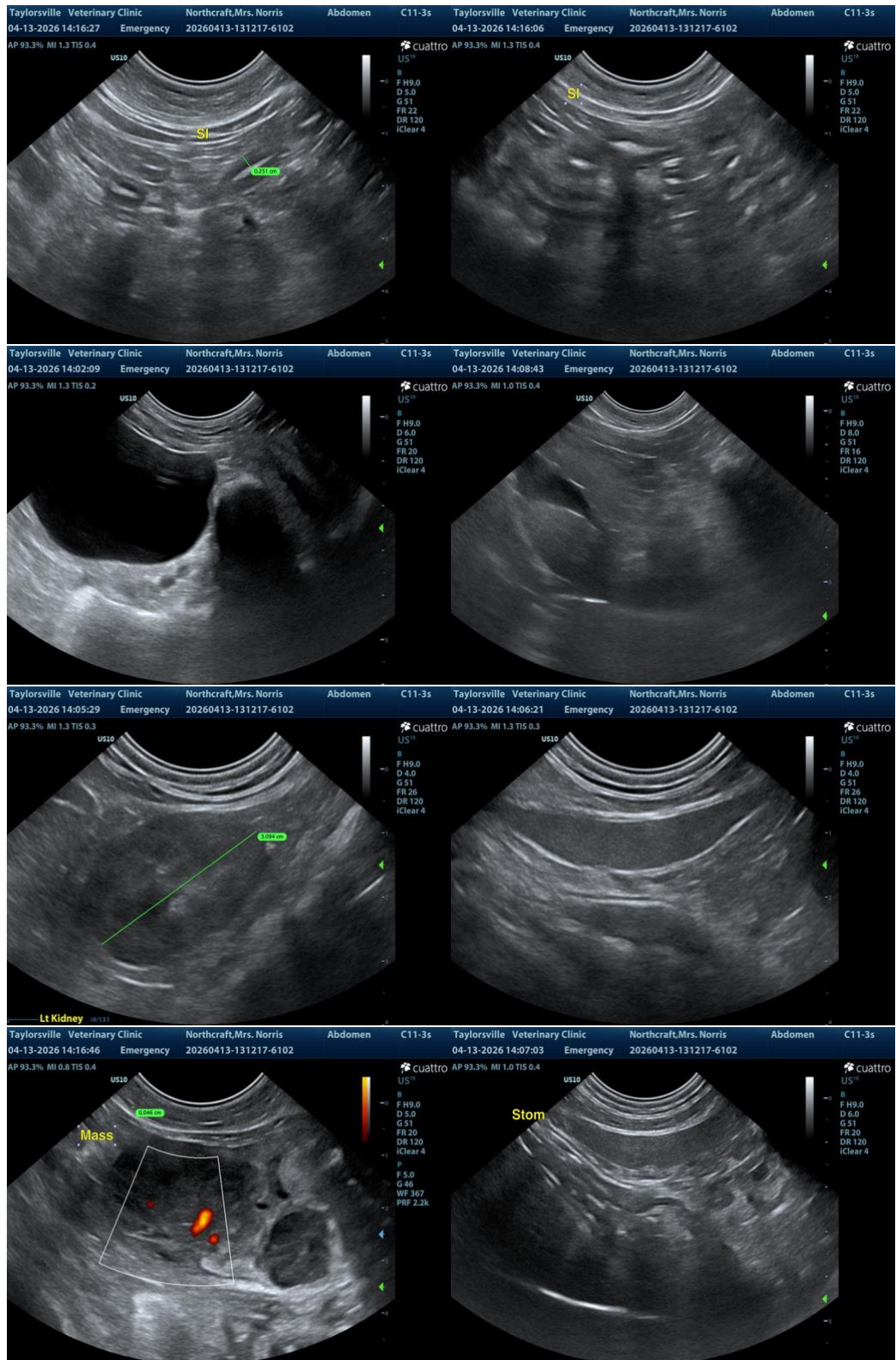
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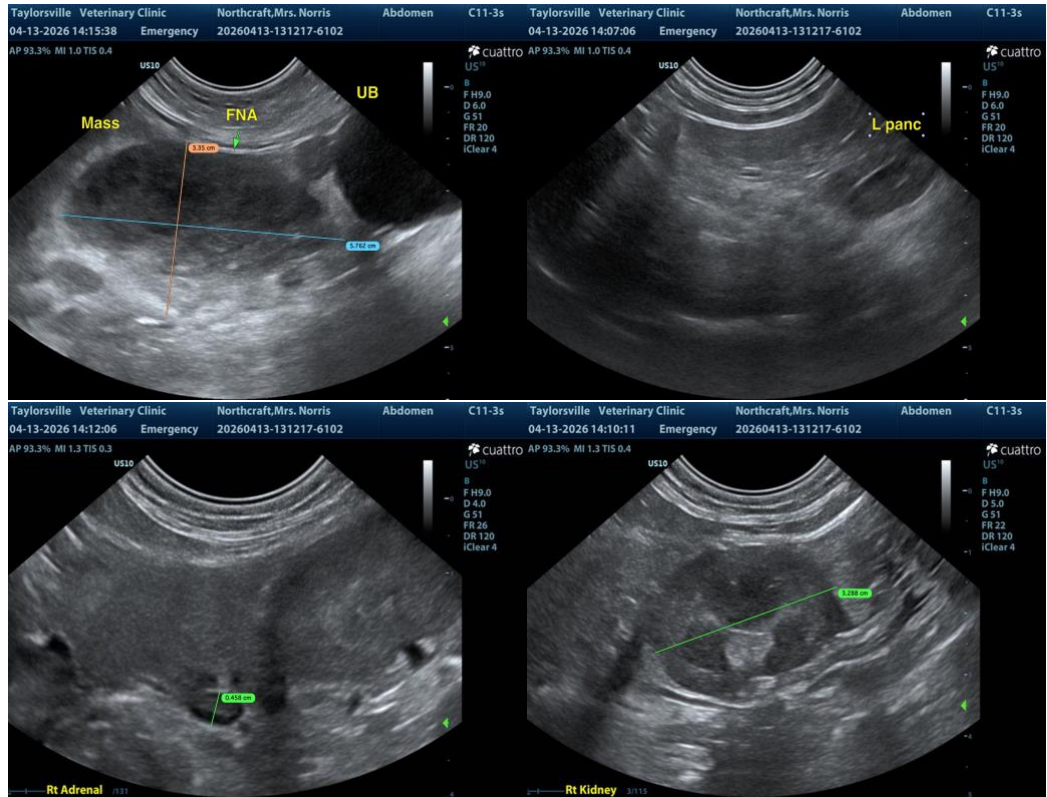
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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