



PATIENT

Jackson Levesque

PRESENTING CLINICAL SIGNS

Anorexia/hyporexia, weight loss. Dehydration, intestinal loops palpate a little ropey (thickened). Maropitant 16 mg 1/2 tab Sid, fortiflora 1 packet Sid.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: WBC 23.22, neut 19.10, monos 1.55 K+ 3.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DLH

Urinary System

The urinary bladder was non-distended. The 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 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.

SEX

MN

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 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 4.3 cm in length. The right kidney measured 4.0 cm in length.

AGE

12yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

8.09lb

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.32 cm width. The right adrenal gland subjectively measured 0.25 cm width

INTERPRETED BY

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

Spleen

The spleen exhibited mildly subnormal size, symmetrical contour and mild non-homogenous hypoechoic parenchyma. The spleen measured 0.61 cm in width at the level of the mid spleen.

IMAGING PERFORMED BY

Chloe Lowe CVT

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Long Valley Animal Hospital

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.

REFERRING VET

Dr Earl

The small intestine presented generalized, primarily intact thickened wall with altered wall layer ratio, and propensity for mildly thickened intestinal mucosa layer. A segment of nonspecific intestine exhibited thickened hypoechoic wall with indistinct to loss of intestinal wall layer detail and mild associated non-obstructive intestinal ileus. The ileocolic wall measured 0.37 cm in width; thickened

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intestine measured 0.34 cm in width. Segmental intestine with indistinct to loss of intestinal wall layering measured 0.44 cm in width.

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

SPECIES

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Pancreas

The left / right pancreas was normal in size with mild capsule asymmetry and mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

BREED

DLH

Free Abdomen

Generalized mild omental hyperechogenicity and mild volume effusion.

SEX

MN

Intermittent mild swollen hypoechoic mesenteric lymph nodes were present; an example measured 2.7 cm x 1.8 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

12yr

- Diffusely thickened intestine exhibiting segmental loss of wall layering / emerging intestinal mural mass
- Associated mildly hypoechoic to swollen mesenteric lymphadenopathy
- Omental hyperechogenicity and mild peritoneal effusion
- Non-congested hepatomegaly
- Suspect concurrent mild chronic / chronic active pancreatitis

WEIGHT

8.09lb

Secondary

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

- Age-related renal changes
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Chloe Lowe CVT

Although sampling is required for further clarification, the thickened intestine with segmental loss of intestinal wall layering to emerging intestinal mural masses combined with hypoechoic to swollen mesenteric lymphadenopathy and effusion is most consistent with neoplastic criteria such as lymphoma or other. Significant inflammatory disease or technically FIP is felt less likely.

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Further assessment may include effusion analysis including cytospin cytology, +/- C/S if clinically indicated as well as accessible lymph node FNA cytology. Biopsies likely required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Gastrointestinal support and consideration for empirical IBD protocol may be considered.

REFERRING VET

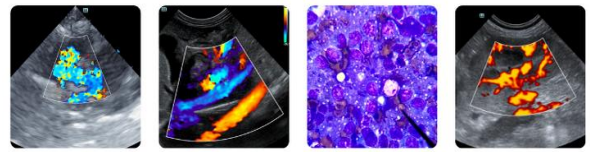
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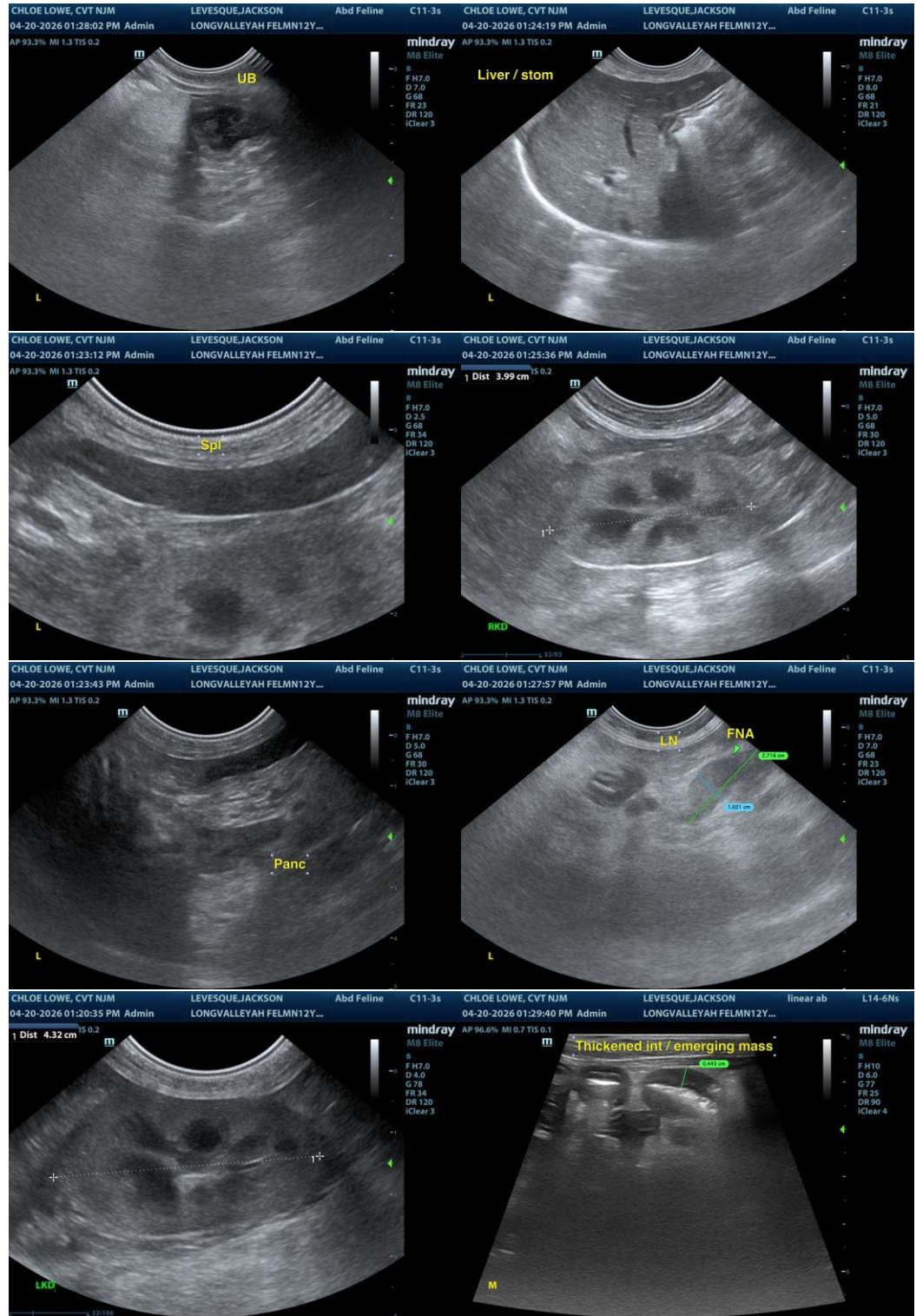
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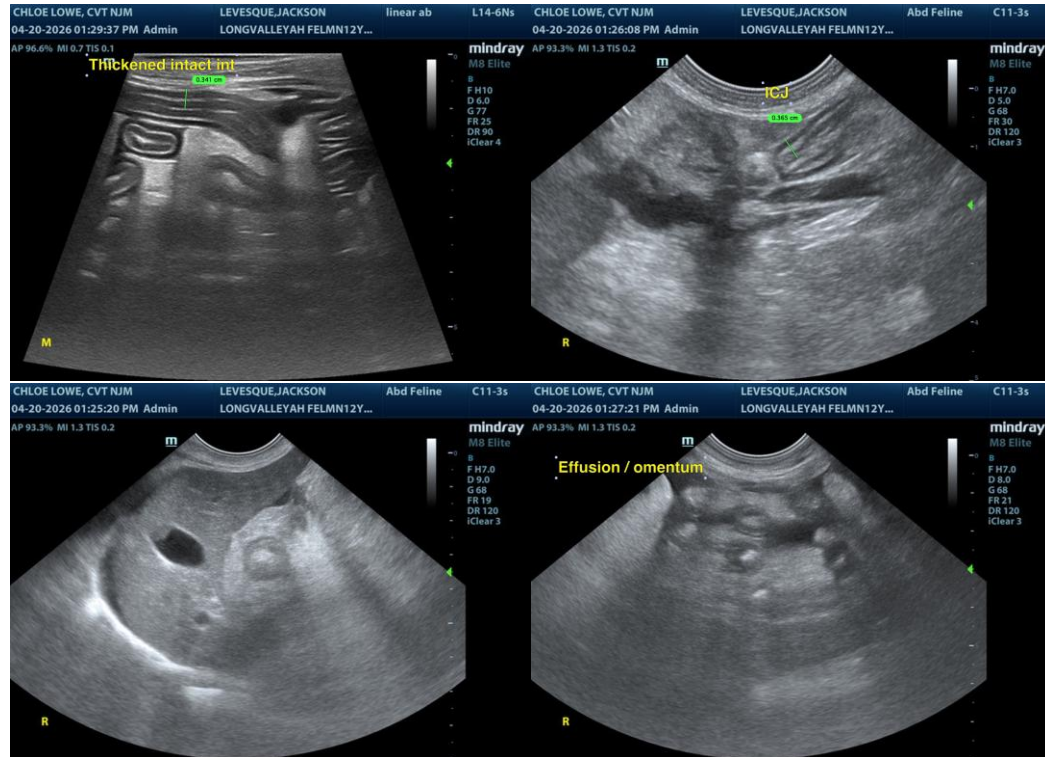
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AGE

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WEIGHT

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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.

IMAGING PERFORMED BY

Chloe Lowe CVT

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