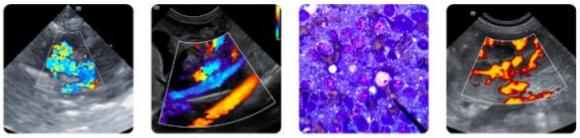


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Freckles Krieger

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

6.34 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cottage Grove Veterinary Clinic

REFERRING VET

Dr. Damewood

INVOICE

15274

DATE

04/21/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented 3/5 for vomiting and weight loss. Hyperthyroid.
Started on Methimazole but has not been eating well. Discontinued meds with no change in appetite.
ABNORMAL Labwork Values CBC: mild dehydration (PCV 54%), neutropenia, rest WNL
Chem: Unremarkable UA: SG 1.055 pH 6.5 protein 3+ blood 2+ ammonium phosphate crystals 2+ T4: 5.2 Current Medications Cyproheptadine 2mg 1/2bid Radiographic Findings None.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Sediment may be consistent with cellular crystalline debris or mucus.

The area of the aortic trifurcation was free of pathology.

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 3.3 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.41 cm width. The right adrenal gland subjectively measured 0.32 cm width.

Spleen

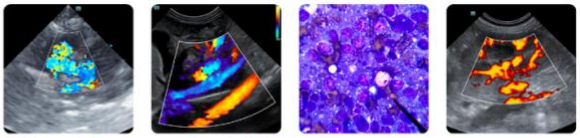
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained echogenic ingesta/chyme with no signs of ileus, obstruction or foreign material. No evidence of obstruction to pyloric outflow.

The small intestine exhibited primarily intact visible wall with potential for borderline thickened intestinal wall width and primarily generalized nonshadowing to variable intestinal ingesta to the level of the ileum. An ileal mass was present exhibiting variably thickened ileum wall and loss of wall layer detail with hypoechoic mural echogenicity extending to an approximate level of the ileocolic junction measuring 4.0 cm x 2.5 cm. Moderate to significant distended intestine with gas and ingesta proximal to the ileal mass.

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

Pancreas

The pancreas was indistinctly visualized owing to increased peripancreatic omental artifact.

Free Abdomen

No definitive significant or swollen mesenteric lymphadenopathy was present. Mild volume of peritoneal effusion and peri-intestinal to generalized mild hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Ileum/ileocolic junction mass with variably distended gastrointestinal tract with ingesta/gas proximal.
- Mild volume of peritoneal effusion.

Secondary Findings

- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ileal/ileocolic mass appears at least partially obstructive given variable distended intestine proximal with potential for distal intestine impaction with ingesta and gas immediately proximal to the ileal/ileocolic mass. Neoplasia i.e. lymphoma or carcinoma, fibroplasia, less likely FIP given patient's age are primary potentials. Initial mass FNA cytology (assuming normal clotting status) and effusion analysis with cytospin cytology could be considered. If surgery is a potential in this patient and no pathology on three view chest radiographs, abdominal CT would be ideal for further clarification and assessment for non-obvious metastasis and surgical planning.

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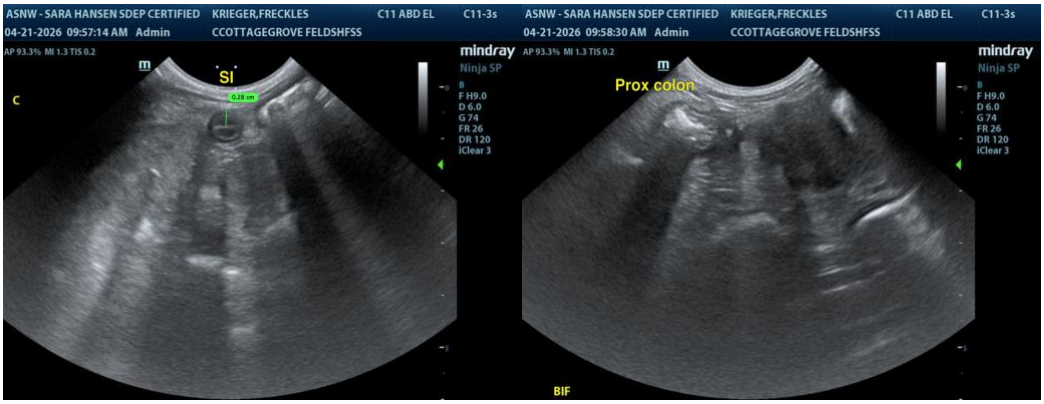

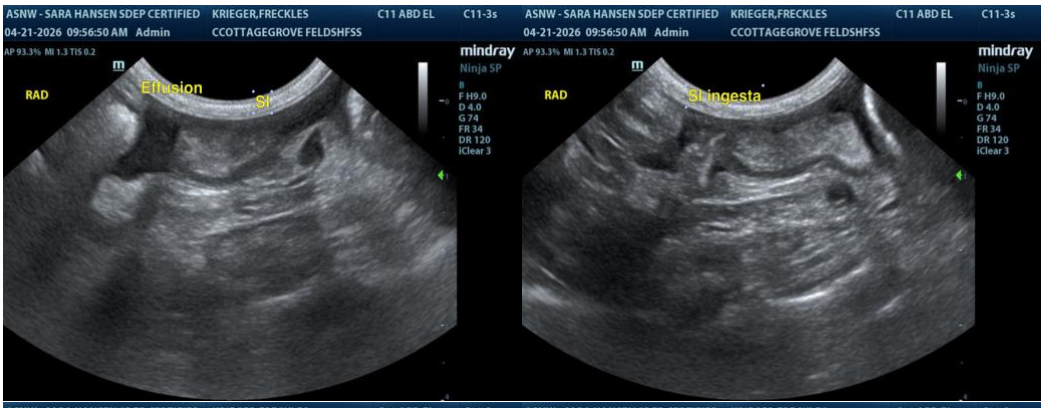

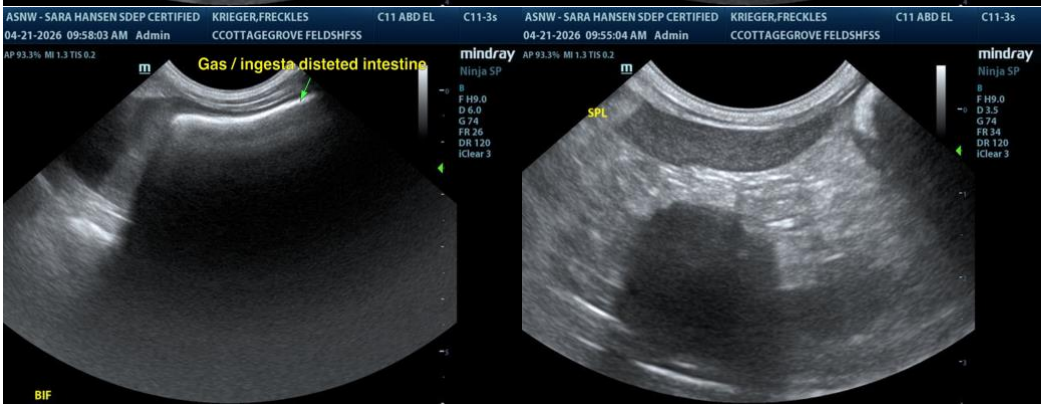

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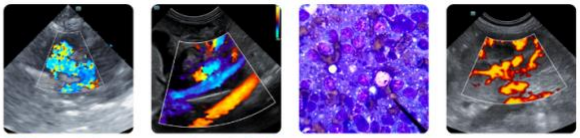

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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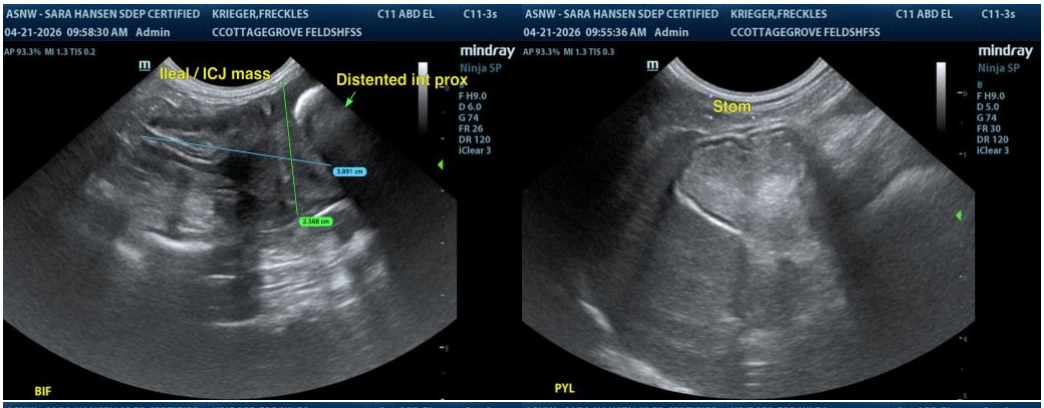

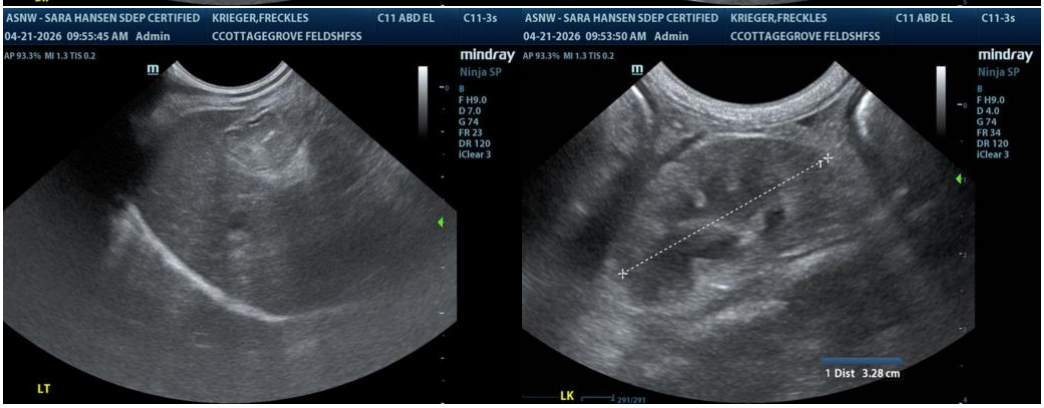

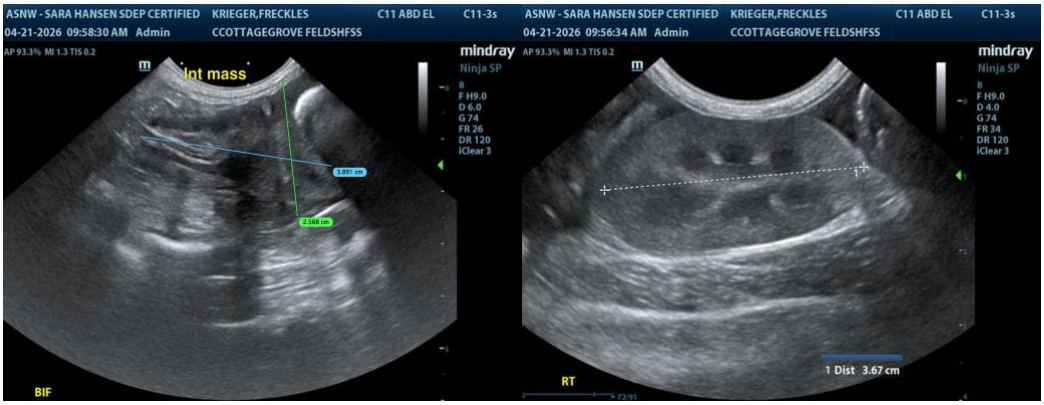

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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