



PATIENT

Olaf Hartman

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10yr

WEIGHT

5.75kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Country Companion
Animal Hospital

REFERRING VET

Amanda Wanner, DVM

INVOICE

24641

DATE

04/27/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate a firm mid- abdominal mass that was appreciated on palpation. Presented w/decreased appetite, occasional vomiting, and lethargy. APOCUS - abdominal effusion, mass noted cadual to the liver. Effusion sampled and was transparent white (r/o lymphatic vs other).

Meds: monthly solensia injections, sq fluids & depo medrol injections, gabapentin for fluids & all appts
Diet: diet urinary so + calm canned

Abnormal PE/Chem/CBC/UA Results: Bloodwork was offered 1/20/26 when first presented for appt, o declined.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was present. Mildly hyperechoic cortex with mildly enhanced corticomedullary border demarcation. No pyelectasia. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

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. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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 mildly enlarged in size. 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 mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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 primarily intact segmental to generalized mild thickened wall. Intact small intestinal wall measured 0.32 cm in width. The ileocolic was discernible with overall intact mildly thickened wall measuring 0.47 cm ileocolic wall width.

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The visualized colon was non-distended containing formed fecal matter.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

A large non-homogenous mass was present in the mid abdomen in the area of the ileocolic junction. The mass measured ~ 10 cm in diameter.

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MN

Surrounding non-homogenous hyperechoic omentum with mild to moderate volume peritoneal effusion exhibiting mild echogenic effusion component.

AGE

10yr

ULTRASONOGRAPHIC FINDINGS

Primary

- Mass area of the ileocolic junction
- Associated regional non-homogenous hyperechoic omentum and peritoneal effusion
- Segmental to generalized mild thickened small intestine
- Mildly enlarged non-congested liver

WEIGHT

5.75kg

Secondary

- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass appears to be involving the ileocolic junction without evidence of mechanical small intestine obstruction. The mass is most consistent with neoplasia, i.e. carcinoma or other with FIP, granuloma or fibroplasia alternative differentials yet felt less likely. Concern for regional omental seeding and potential carcinomatosis or similar indicated. Further assessment may include assuming normal clotting status, mass FNA cytology and correlation with effusion analysis. Potential for diffuse intestinal involvement not excluded.

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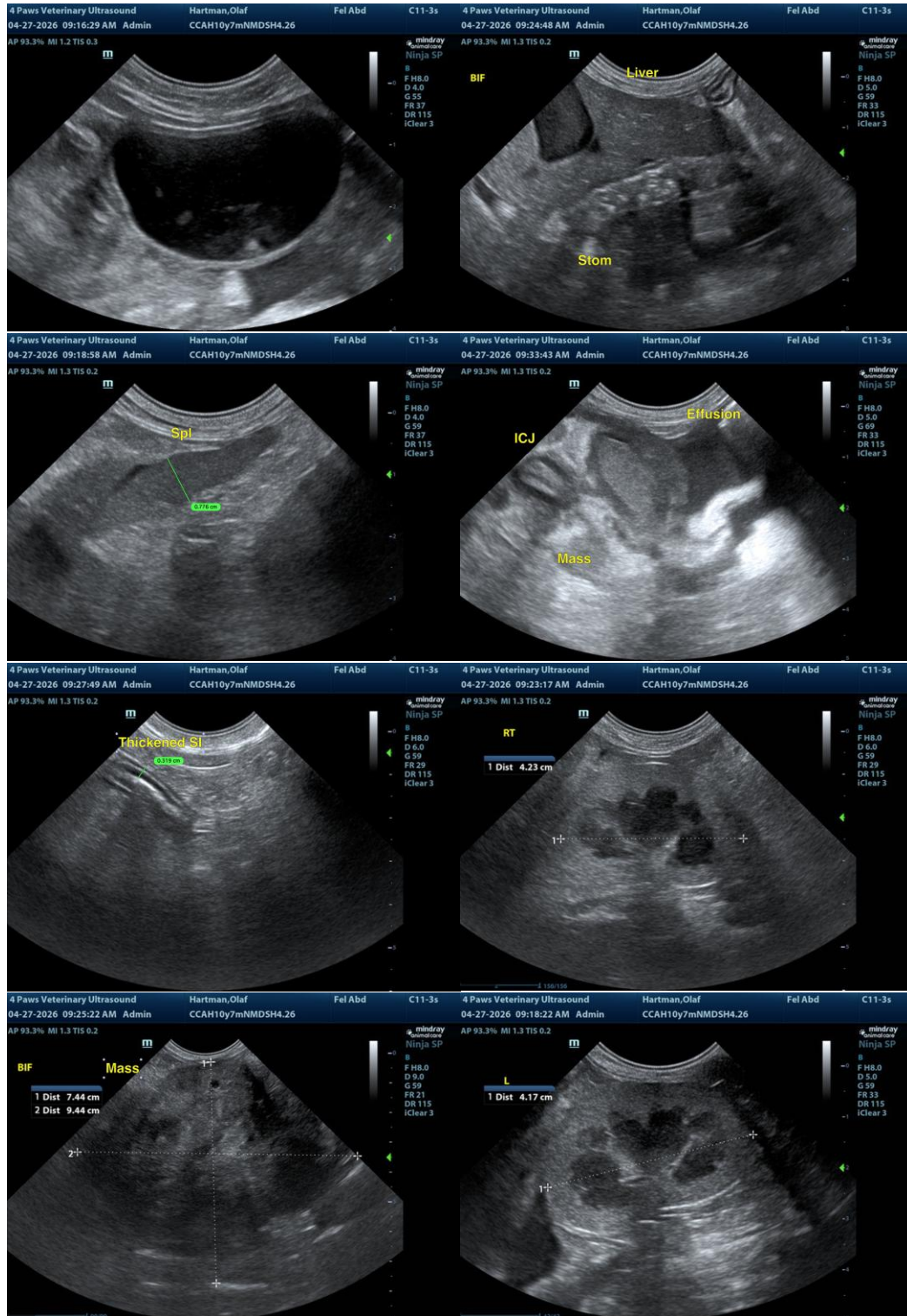
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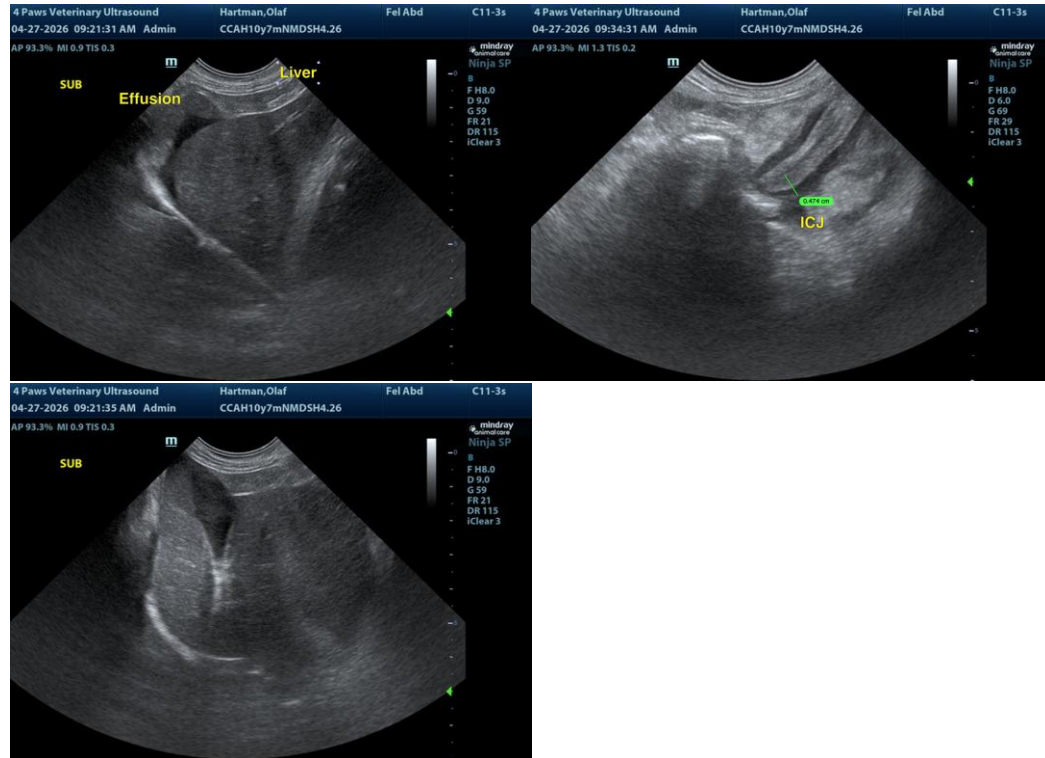
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com