



PATIENT

Misty Rich

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

4.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

15537

DATE

04/28/26

PRESENTING CLINICAL SIGNS

Presents today for ongoing concern of inappetence and not acting self-according to o. p has been being treated for ongoing diagnosis 7 days, in which she was prescribed an appetite stimulant (per o does not appear to be helping - but also is not giving consistently o stated). p has lost 0.46kg (1.03lbs) in the past few days since the initial start of concern in which she weighed 5.22kg (11.5lbs) E/D. per o none notated today, no water intake either. p usually eats wet and dry but has not been wanting to eat wet canned, so o has three options out to try to pursue. p was NPO 24hr for U/S today but appt was not scheduled at primary (Carlisle small animal) U/Bm. no output today per o (NPO 24hrs). little output past week as p has not been eating or drinking much

Abnormal PE/Chem/CBC/UA Results: Bloodwork: WBC 19.96; NEU 18.26; pH 7.244; Na 147; Lac 4.92; TP 5.3; Abl 1.9; Glu 156; Ca 7.9; GGT 11; T4 normal at rDVM; fecal negative Cardio Pet Pro BNP 362

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width at the caudal pole.

The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland subjectively measured 0.46 cm width at the caudal pole.

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.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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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 generalized thickened wall with altered wall layer ratio. Primarily maintained intact small intestinal wall with mild segmental nonobstructive intestinal ileus. A segmental small intestine mural mass was present exhibiting moderately thickened wall with mural hypoechogenicity and loss of small intestinal wall layer detail, most consistent with jejunal location.

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The small intestinal mass wall width measured 0.77 cm. Concurrent mild associated nonobstructive intestinal ileus in the area of the small intestinal mural mass. Thickened intact small intestine wall measured 0.27 cm wall width. Additional indistinct areas of subjective thickened intestine wall exhibiting emerging mural hypoechogenicity and loss of intestinal wall. An example measured 0.39 cm intestinal wall width.

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The visualized colon was sonographically normal containing formed fecal matter.

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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

No obvious visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- Diffusely thickened small intestine exhibiting segmental nonobstructive ileus and segmental small intestine mural mass to emerging masses.
- Normal area of the pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Segmentally to potentially diffuse intestinal neoplasia, i.e. lymphoma, mast cell neoplasia, carcinoma or other are probable with non-neoplastic etiologies such as variable to significant inflammatory disease, granulomatous (FIP) or other thought less likely.

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Assuming normal clotting status and using a 25-gauge needle, ultrasound guided FNA into intestinal mass wall could be considered for initial clarification. A definitive diagnosis may require intestinal biopsies for histopathology. No obvious evidence of mechanical intestinal obstructive pattern. Three view chest radiographs are recommended if not done. Continued gastrointestinal support is indicated.

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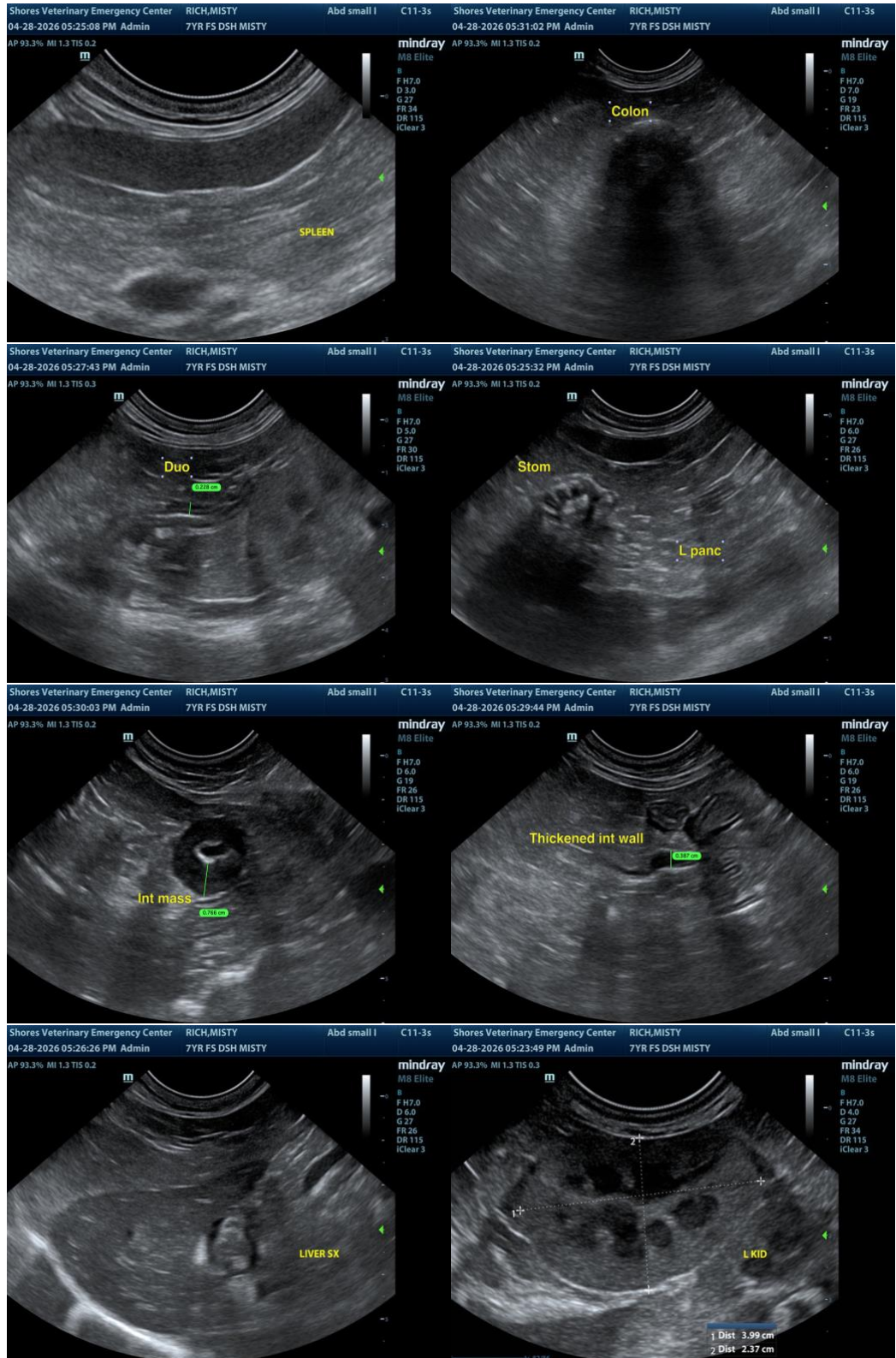
Dr. Kerr

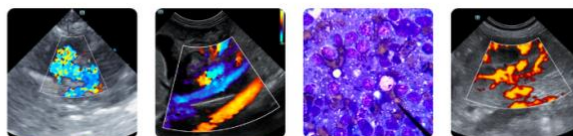
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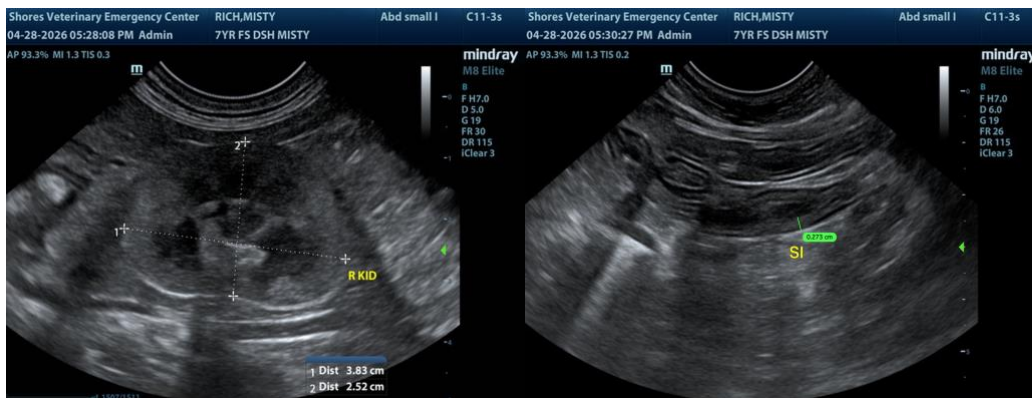
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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