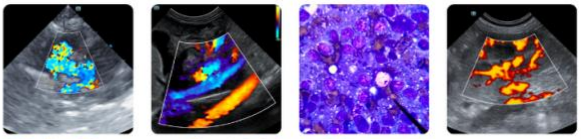


PATIENT

Rocky Krepps

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

17 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg Veterinary Center

REFERRING VET

Dr. Amber

INVOICE

14818

DATE

04/03/26

PRESENTING CLINICAL SIGNS

Vomiting the past 2 months, straining to have a bm. started on Prednisolone and Vit B12 injections but not responding. very lethargic and not himself. decreased appetite past few days. o had been feeding Merrick pate duck, rabbit but no longer able to find it. switched to FF shredded chicken around a week ago, no change to the dry that he had been on - this all happened around the time that we decreased the predL to once a day. During this time he has been hiding more and less playful which had not been an issue up to this point and the vomiting has started increasing. weight is down a pound- o did cut food back about 50% because he needed to lose weight. He has still been eating although not finishing as quickly. currently eating Z/D.

Abnormal PE/Chem/CBC/UA Results: TLI 111.4 (12-82) PLI 7.3 (<4.4) cobalamin 370 (290-1500)

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.

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. Focal areas of medullary mineral were present. The left kidney measured 3.9 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

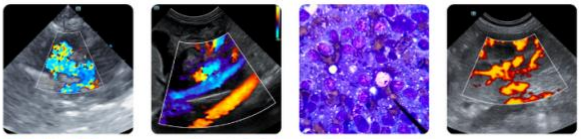
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild to moderate progressively shadowing ingesta and lumen gas without overt evidence of obstruction to pyloric outflow.

The small intestine revealed a segmental mid abdomen intestinal mass exhibiting thickened hypoechoic wall and loss of intestinal wall layer detail measuring approximately 3.3 cm in diameter with 1,0 cm wall width. Associated suspect paralytic ileus in intestinal mass segment. Primarily generalized distended intestinal tract with ingesta and gas.

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

Pancreas

The visualized pancreas exhibited normal size with capsule asymmetry and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Peri-intestinal nonhomogenous indistinctly nodular omentum in the area of the intestinal mass. Minor pockets of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Intestinal mass with associated paralytic ileus.
- Generalized distended gastrointestinal tract with ingesta/gas.
- Peri-intestinal nonhomogenous indistinctly nodular omentum and minor peritoneal effusion.
- Possible concurrent mild chronic/chronic active pancreatitis.

Secondary Findings

- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the intestinal mass is most consistent with neoplastic criteria and appears to be at least partially obstructive given associated paralytic ileus and generalized gastrointestinal ingesta. Peri-intestinal reactive or inflammatory omental changes with potential for regional early omental seeding is possible.

Assuming normal clotting status and using a 25-gauge needle, mass wall FNA cytology +/- if possible, effusion analysis cytology is recommended for further clarification and potential definitive diagnosis. If surgery is a potential in this patient with clear thoracic radiographs, abdominal CT would be ideal.

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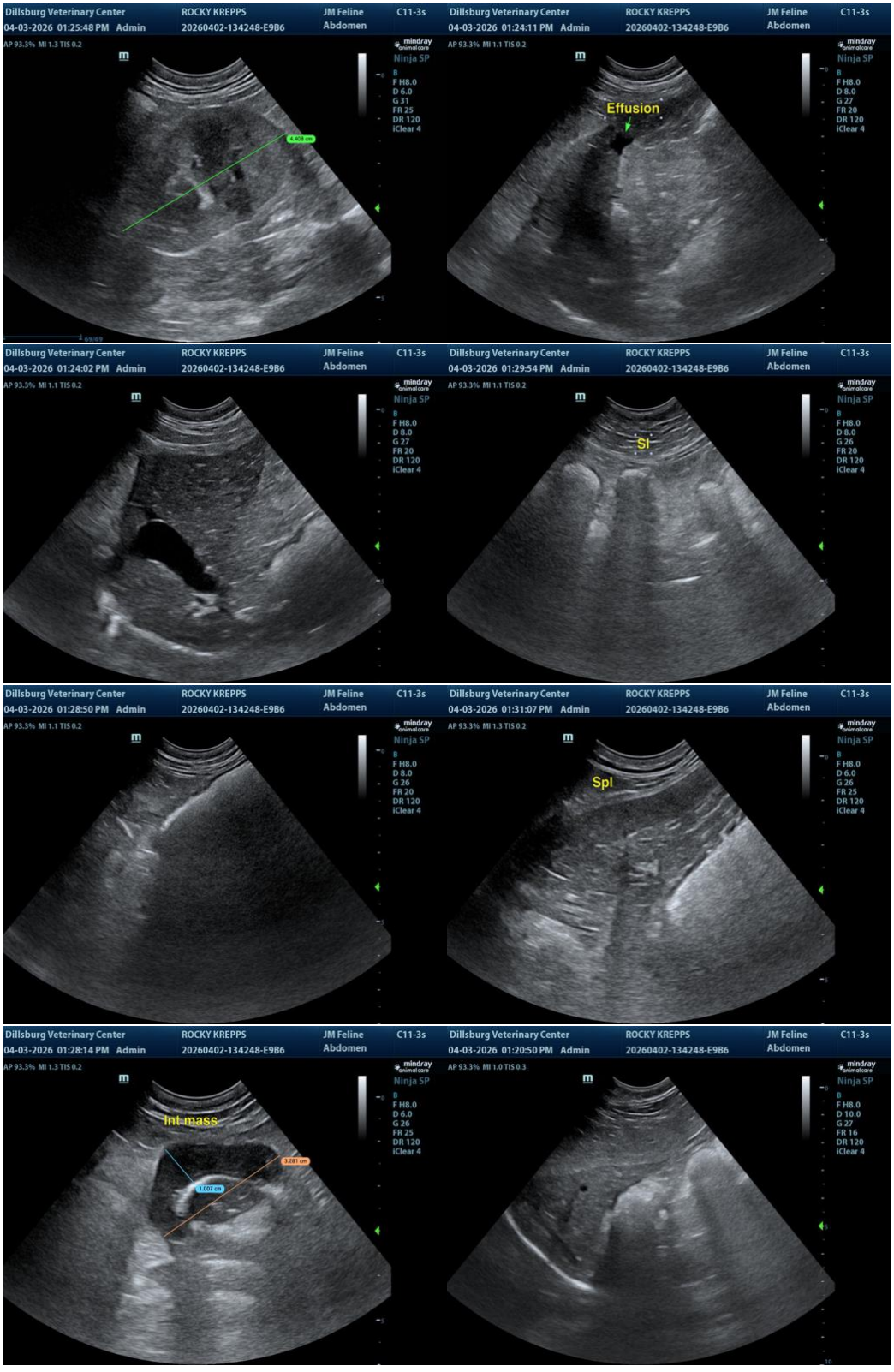

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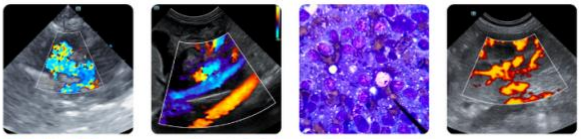

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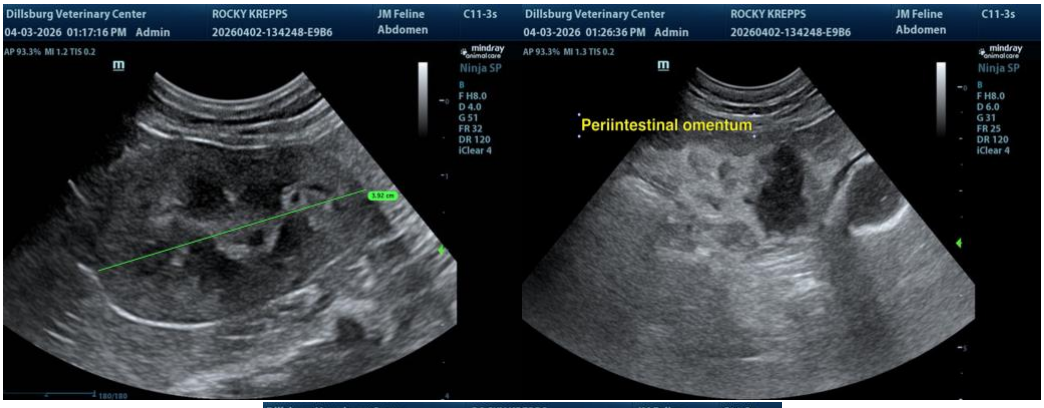

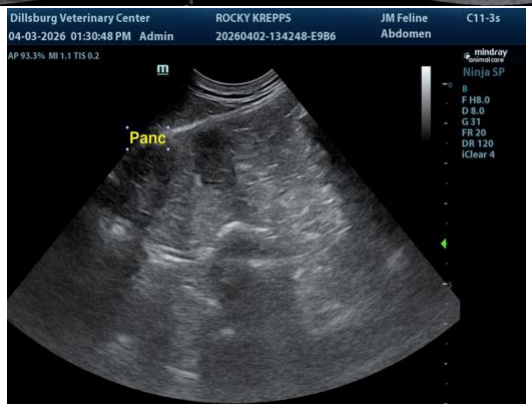

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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