



## PATIENT

Fluffy Stray 11th Hour  
Rescue

## SPECIES

Feline

## BREED

DLH

## SEX

Neuter

## AGE

9yr

## WEIGHT

9lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Byron Cabrera

## HOSPITAL NAME

All Creatures Great  
and Small Denville

## REFERRING VET

Silas Ashmore

## INVOICE

24396

## DATE

04/06/2026

## PRESENTING CLINICAL SIGNS

- Bloody stool,
- Lethargic.
- Not eating
- Abnormal PE/Chem/CBC/UA Results: Anemia non regenerative, HTC 11.6% Low Albumine, low urea and creatinine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Mildly enlarged size and normal margination were 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 4.8 cm in length. The right kidney measured 4.8 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 0.46 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. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal



<b>PATIENT</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.
Fluffy Stray 11th Hour Rescue	
<b>SPECIES</b>	The visualized segments of small intestine presented intact wall layering with maintained muscularis/mucosa ratio. The lumen of the small intestine was empty. Small intestinal wall measured 0.22 cm in width. Concurrent definitive transverse to descending colon exhibited intact wall layering exhibiting segmental semi formed to soft fecal matter consistent with patient history and lumen gas. A segment of subjective mid to caudal intestine exhibited mild distention with non-shadowing chyme / fluid or fecal matter. Within the distended intestinal segments, a mild non-homogenous hypoechoic lumen mass lesion was present measuring ~ 2.1 cm x 1.8 cm. Thickened adjacent intestinal wall appeared to connect to the mass lesion.
Feline	
<b>BREED</b>	
DLH	
<b>SEX</b>	<b>Pancreas</b>
Neuter	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.
<b>AGE</b>	<b>Free Abdomen</b>
9yr	No omental masses, overt visualized lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	Generalized normal omental echogenicity was present.
9lb	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>INTERPRETED BY</b>	<b>Primary</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"><li>• Unspecified intestinal lumen mass lesion with concurrent segmental intestinal distention with non-shadowing fluid, chyme or fecal matter</li><li>• Primarily sonographically unremarkable discernible small intestine exhibiting non-thickened wall and empty lumen</li><li>• Mild non-shadowing gastric ingesta- most consistent with food echogenicity</li><li>• Bilateral mild renomegaly exhibiting intact renal architecture</li></ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Byron Cabrera	Differentiation between small and large intestinal location regarding the intestine lumen mass could not be definitively ascertained. Large intestinal location may be favored given reported hematochezia. Inflammatory, neoplastic or granulomatous (FIP) etiologies possible. Correlation with fecal analysis, GI panel and recheck retroviral status may be considered.
<b>HOSPITAL NAME</b>	If possible abdominal CT would be ideal for further clarification if surgery is a potential. Otherwise, direct exploratory laparotomy with gross inspection, potential for biopsies or resection/ anastomosis may be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.
All Creatures Great and Small Denville	
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## REFERRING VET

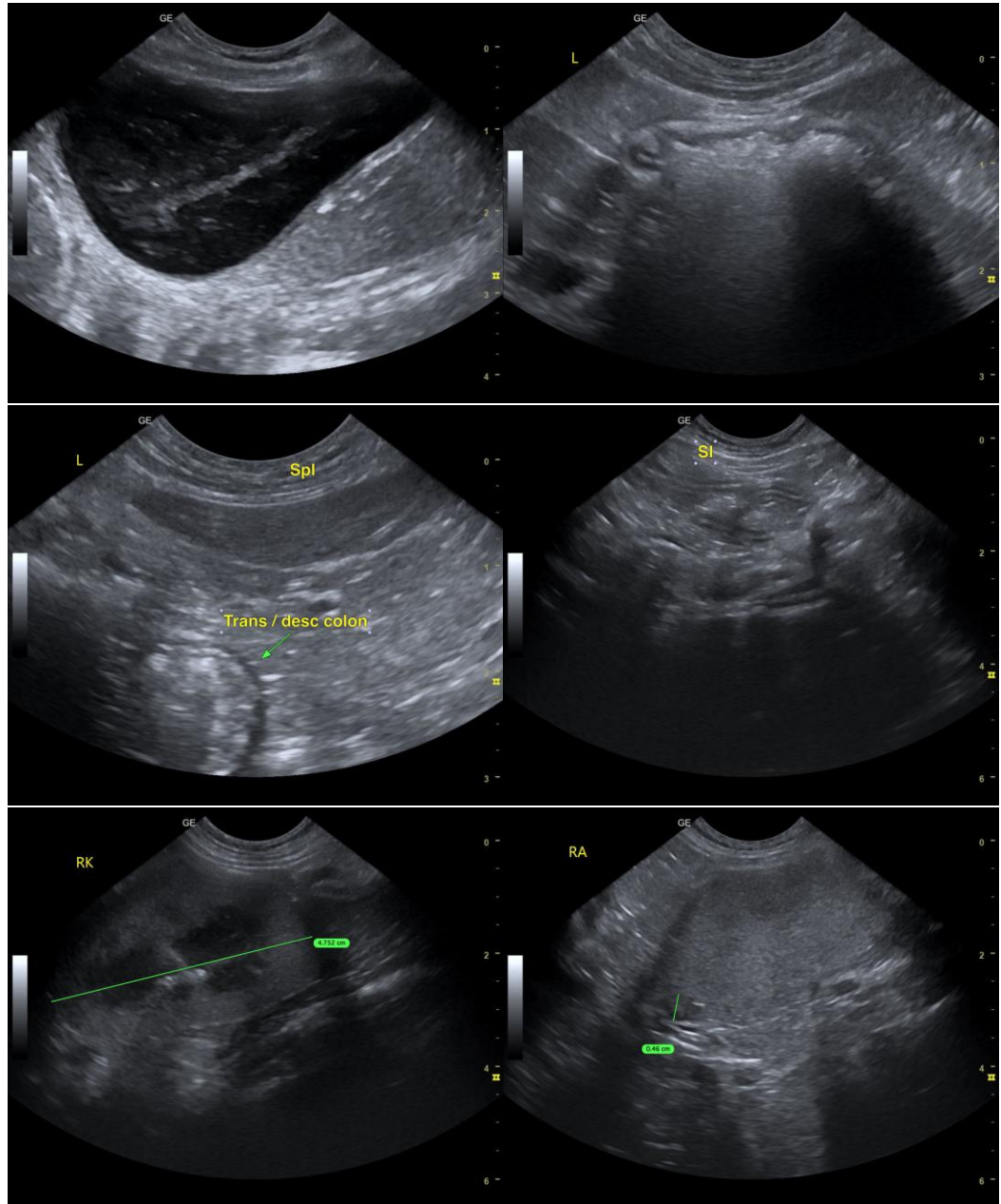
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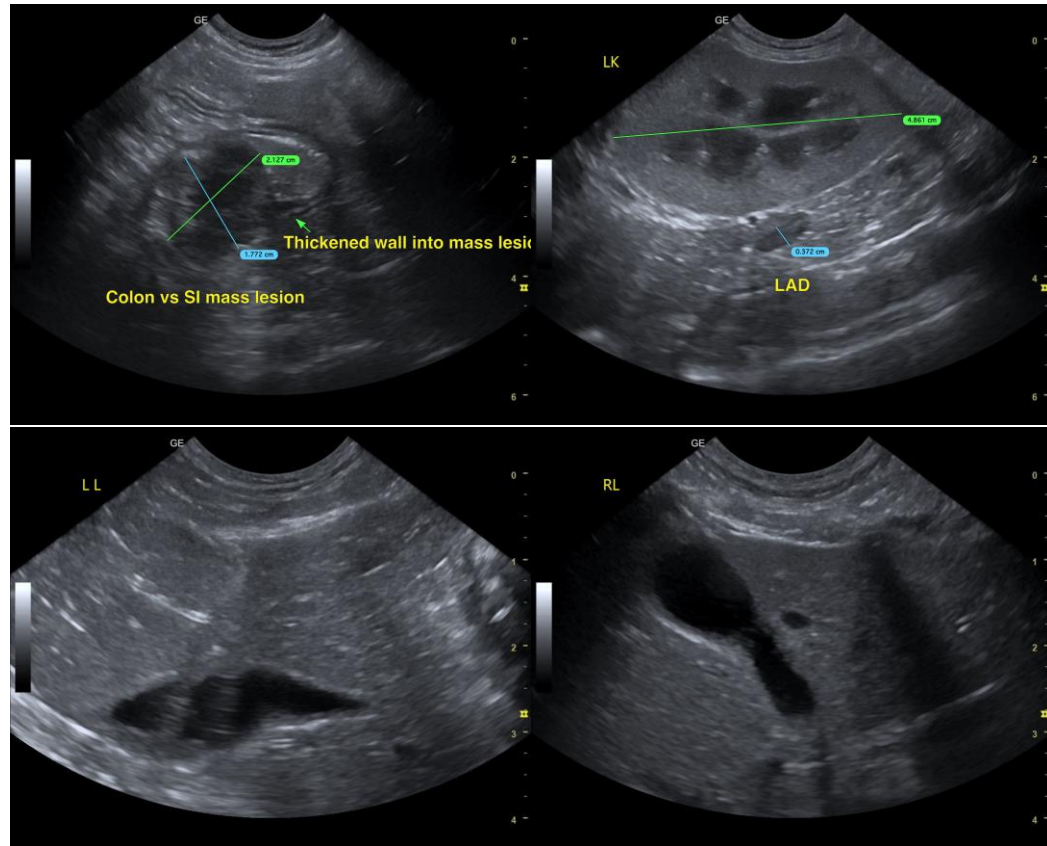
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)