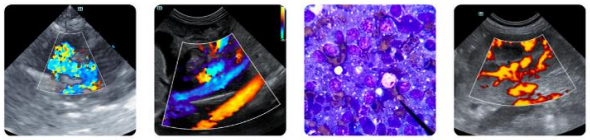

PATIENT

Momma Kitty Martin

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

14 yrs

WEIGHT

5.48

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Hannah Fearing

INVOICE

10793

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Continuous weight loss since June 2025 despite normal BW.

Abnormal PE/Chem/CBC/UA Results: FNA of mass showed some clumps of unidentified cells - concerned about mammary tumor given location and discussed options to send cytology for path interp vs moving forward with mass removal for biopsy. Radiographs showed no obvious concerns in chest or abdomen, no clear explanation for coughing/hacking or weight issue. Discussed considering abdominal U/S since hard to see much on Ps abdominal radiographs

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. 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 changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of mild medullary mineral were noted in both kidneys. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width and the right adrenal gland measured 0.43 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 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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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The intestinal walls exhibited generalized variably thickened wall with segmental intact wall and altered wall layer ratio, primarily owing to propensity for mildly thickened muscularis layer. Concurrent segmental intestine exhibited indistinct wall layer detail and decreased mural echogenicity. The small Intestinal wall width measured 0.26-0.30 cm.

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

Pancreas

The area of the pancreas was sonographically unremarkable.

Free Abdomen

Intermittent, mildly enlarged, mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 1.0 cm diameter. No evidence of significant peritoneal effusion was noted.

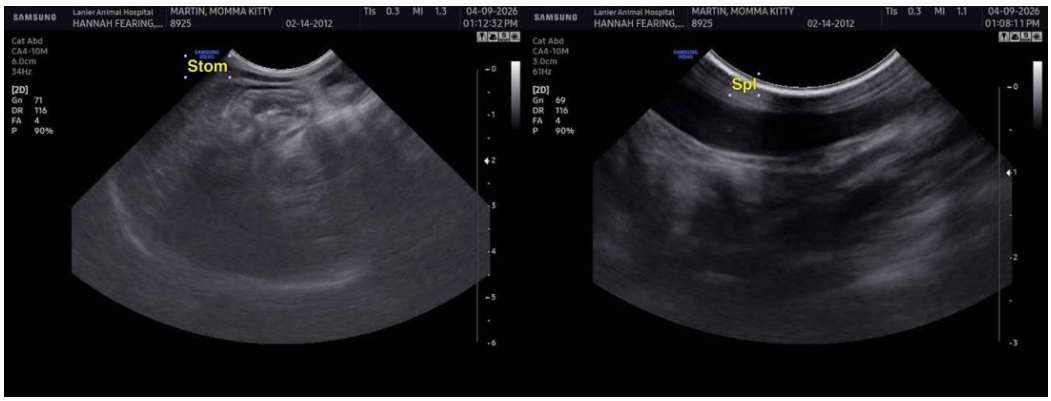
ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty stomach
- Variably thickened small intestine exhibiting segmental indistinct wall layer detail
- Intermittent mild mesenteric lymphadenopathy
- Mild hepatic remodeling
- Chronic renal changes exhibiting mild medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine is consistent with infiltrative enteropathy, IBD, or other inflammatory enteropathy, or intestinal neoplasia, specifically round cell neoplasia, i.e., lymphoma, as primary differentials. Concern for intestinal neoplastic criteria is warranted, given segmental indistinct to loss of intestinal wall layer detail with potential for emerging intestinal mural masses.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Intestinal biopsies are required for a definitive diagnosis. Empirical IBD protocol with gastrointestinal support with clinical and sonographic monitoring may be considered.



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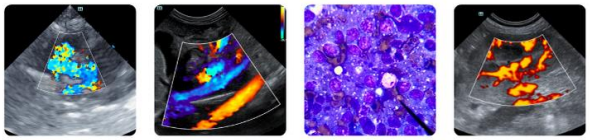

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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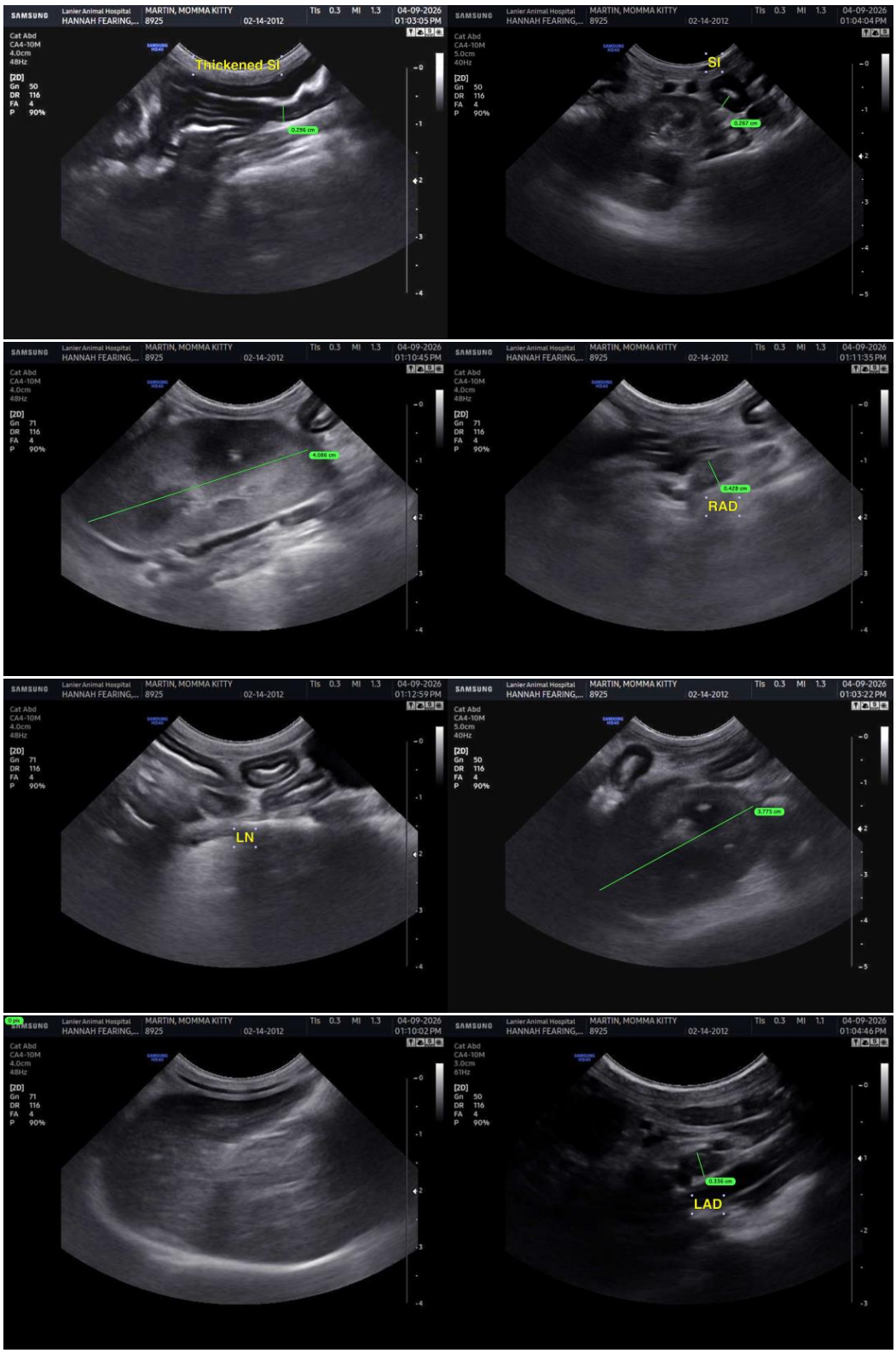

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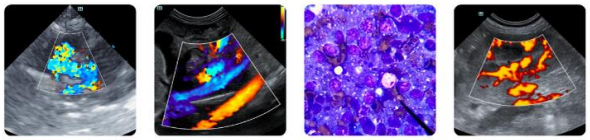

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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