



**PATIENT**

Cleo Schweda

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho CVT

**HOSPITAL NAME**

Companion Animal  
 Hospital

**REFERRING VET**

Dr. Tsai

**INVOICE**

16145

**DATE**

05/12/26

**PRESENTING CLINICAL SIGNS**

Possible Intestinal Mass

Abnormal PE/Chem/CBC/UA Results: Labwork WNL

**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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes 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. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

**Adrenal Glands**

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.38 cm width.

The right adrenal gland was overtly normal in size, position and shape. 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 uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 with no signs of ileus, obstruction or foreign material.



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The intestinal walls demonstrated intact mild altered wall layers with diffusely thickened walls and mild altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy most notable in the jejunum exhibiting borderline to mild prominent muscularis layer. The duodenum wall measured 0.25 cm wall width. The jejunum wall measured 0.26 cm wall width. No obvious visualized pathology at the level of the ileocolic junction.

Normal visible colon wall layers were present with formed fecal matter in colon.

***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.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

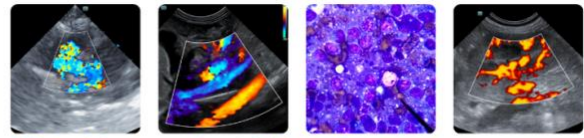
**ULTRASONOGRAPHIC FINDINGS**

- Normal empty stomach.
- Borderline thickened small intestine wall with mild altered intact wall layering.
- Formed fecal matter in colon.
- Normal area of the pancreas.
- Mild age-related renal changes.
- Mild urine sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of intra-abdominal or intestinal mass. The borderline thickened small intestine exhibiting mild altered wall layering is nonspecific with potential for patient variant yet may suggest mild enteropathy such as IBD, less likely emerging intestinal round cell neoplasia if non-reported gastrointestinal signs or weight loss are present.

Correlation with clinical history is recommended. No evidence of associated mesenteric lymphadenopathy. A GI panel to include PLI, TLI, cobalamin and folate may be considered if clinically indicated. Gastrointestinal support and sonographic monitoring of the small intestine for evidence of progressive wall changes with initial recheck in four to six weeks would be ideal.



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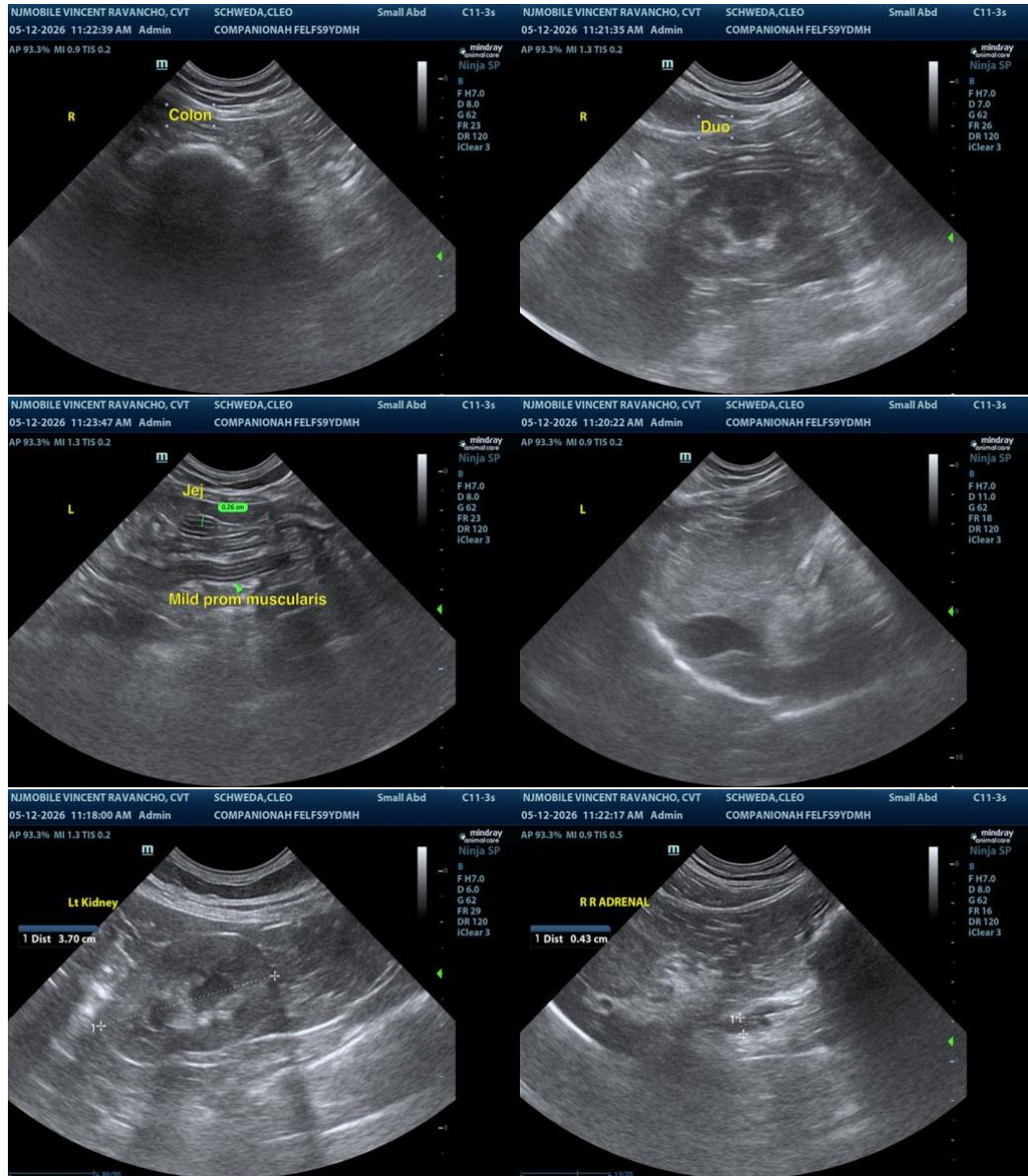
Dr. Tsai

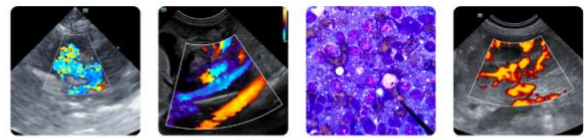
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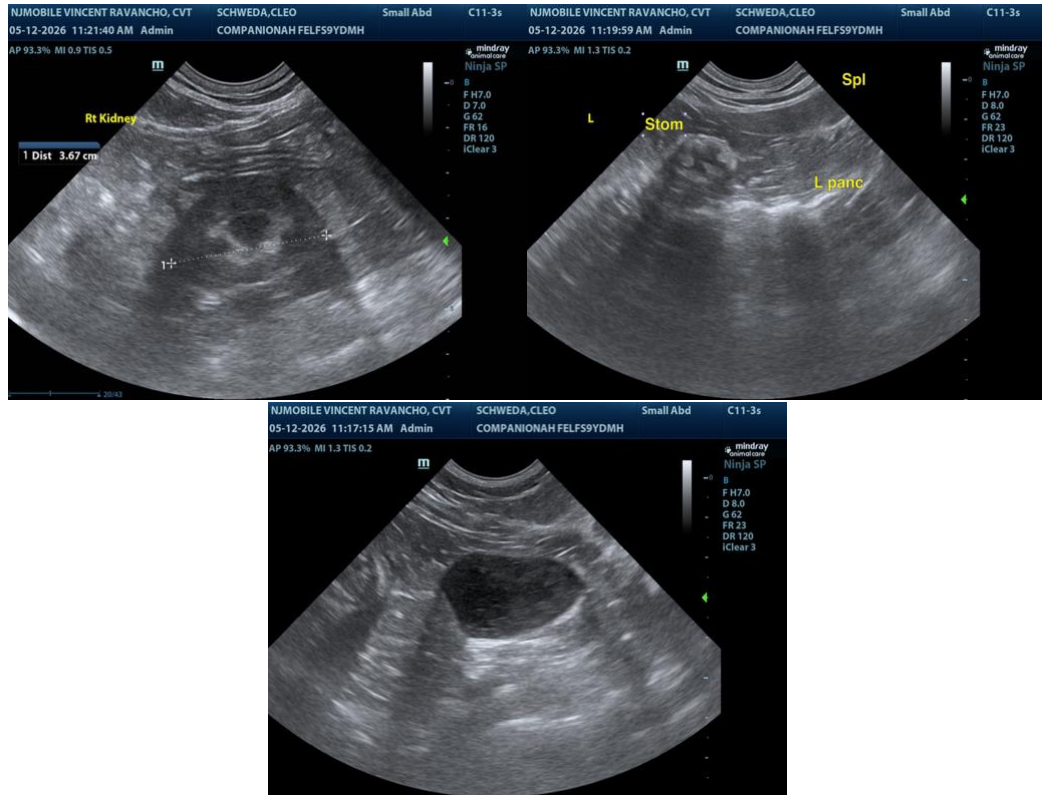
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)