



## PATIENT

Dixie Koolick

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

11

## WEIGHT

3.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Sabadilla Animal Clinic

## REFERRING VET

Dr. Nathaniel  
Asemadahun

## INVOICE

16281

## DATE

05/15/26

## PRESENTING CLINICAL SIGNS

Lethargy, vomiting, inappetence, recent weight loss

Abnormal PE/Chem/CBC/UA Results: mild elevation of liver enzymes, BW attached

## 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 minor urine sediment which may indicate minor cellular or crystalline debris, mucus or lipid. 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 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. Mild medullary mineral was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.0 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 0.42 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 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.

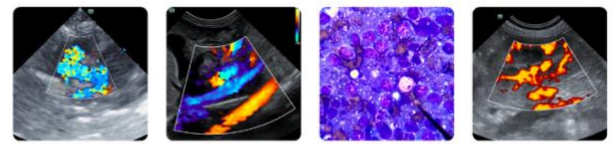
### *Liver & Gallbladder*

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. The gastric body wall measured 0.25 cm wall width. No evidence of obstruction to pyloric outflow.



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The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio and nonthickened wall. A segment of jejunum exhibited homogenous hypoechoic mural proliferation with concurrent associated to adjacent mildly thickened jejunum wall exhibiting indistinct to loss of jejunum mural detail. The thickened jejunum potentially measured 4.0 to 5.0 cm length x 0.7 cm width. Thickened adjacent to associated jejunum wall measured 0.30 cm wall width. By comparison, normal jejunum wall measured 0.20 cm wall width. The duodenum wall measured 0.25 cm wall width. The ileocolic wall measured 0.32 cm wall width. No evidence of intestinal mechanical obstruction to the level of the colon.

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

### *Pancreas*

The pancreas presented normal size with capsule asymmetry and nonhomogenous mildly hypoechoic parenchyma with mildly prominent pancreatic duct. Mild surrounding hyperechoic peripancreatic omentum.

### *Free Abdomen*

Mildly swollen hypoechoic irregular jejunocolic lymph nodes were present with an example of lymph node measuring 0.75 centimeters in diameter. Mild perilymphatic to regional peri-jejunal hyperechoic omentum with no evidence of effusion.

## ULTRASONOGRAPHIC FINDINGS

- Segmental, mildly proliferative, non-obstructive jejunal mass lesion.
- Mildly swollen irregular jejunocolic lymphadenopathy.
- Probable mild chronic/chronic active pancreatitis with remodeling.
- Mild chronic renal changes.
- Sonographically normal liver/gallbladder-suggestive of mild benign hepatopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the jejunal mass lesion and associated lymphadenopathy may include neoplasia, FIP, fibroplasia, lymphatic hyperplasia, lymphadenitis or metastatic lymphadenopathy. Correlation with pending cytology is recommended. Sonographically, the jejunal mass lesion appears likely amendable to surgical resection. Intraoperative ultrasound, if surgery is elected, may be ideal to assess extent of concurrent adjacent jejunal mural abnormalities for resection. Three view chest radiographs are suggested, if not done.





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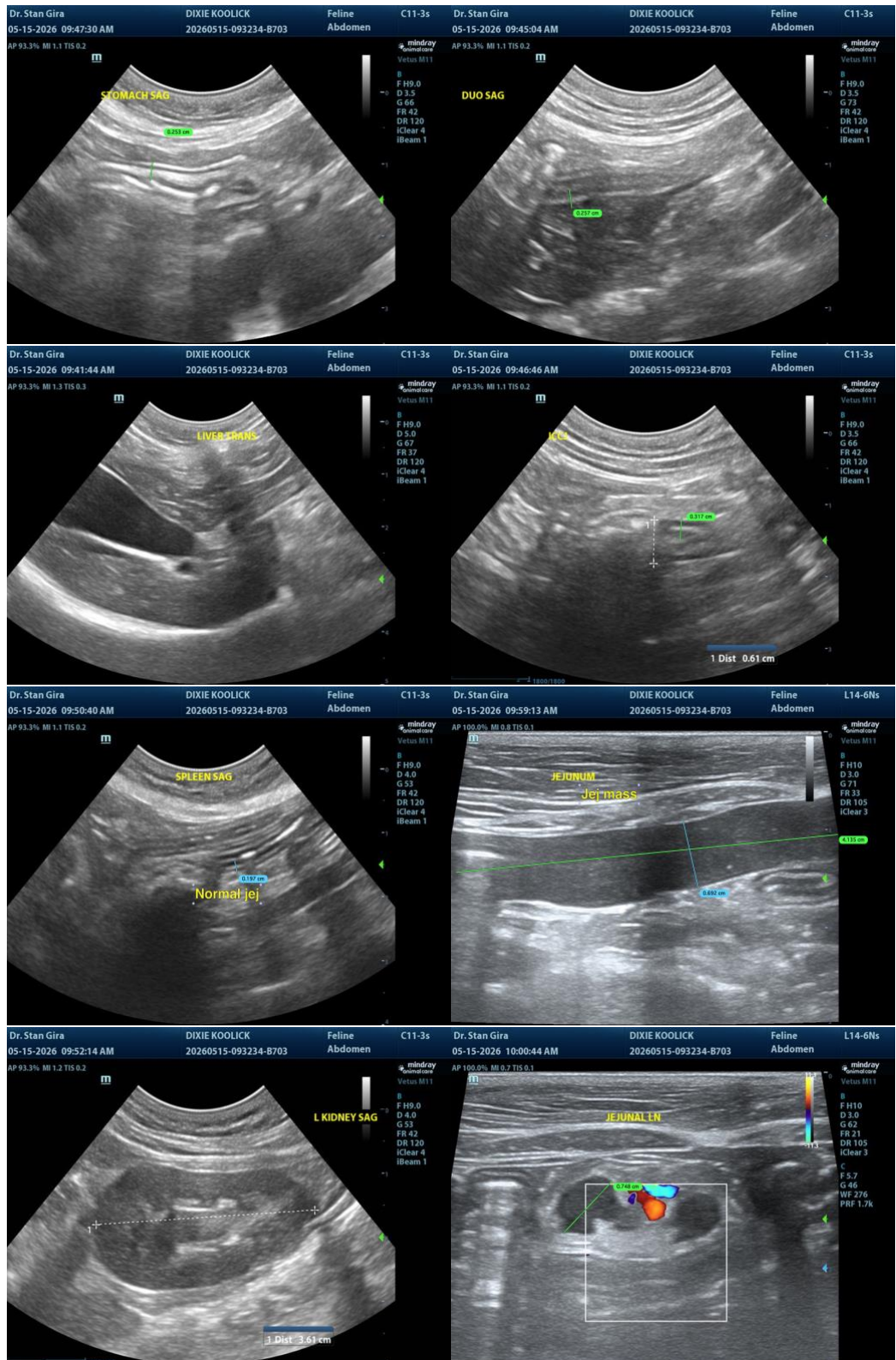
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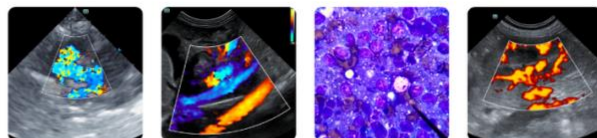
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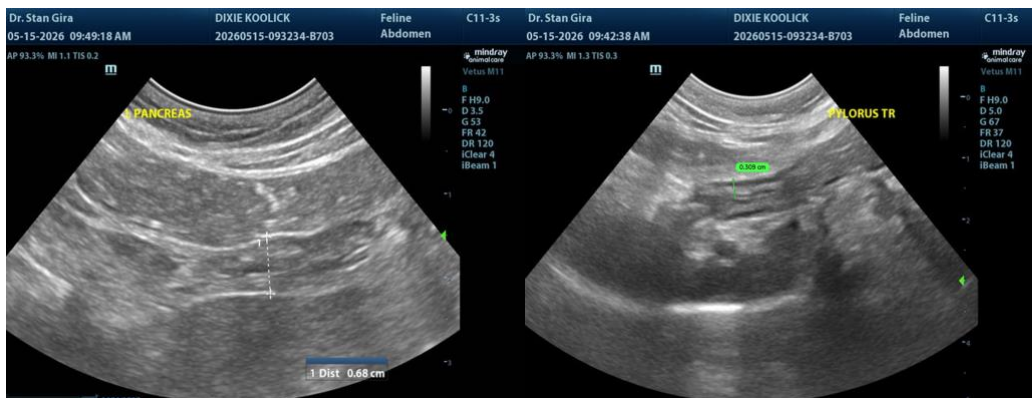
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)