

PATIENT

Gigi VanPelt

SPECIES

Feline

BREED

Manx

SEX

Spayed Female

AGE

15 Years

WEIGHT

7.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Ashlie Brown

INVOICE

16435

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Patient had presented for a weight loss and vomiting (resolved with Cerenia). Blood work was performed, and a dental was elected at that time. During anesthesia, patient was doing very poorly and was eventually recovered without a full dental being performed. Patient has gone from 10 pounds to 7.5 pounds in one year and continues to lose weight. Blood work that was performed showed a leukocytosis characterized by neutrophilia and monocytosis, thrombocytosis, hyperkalemia but otherwise normal blood work. Recommend further GI work up prior to trying COHAT again with a different anesthetic protocol

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.

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 3.2 cm in length. The right kidney measured 3.3 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

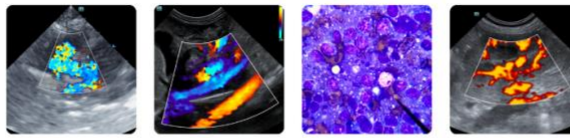
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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



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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.

An irregular intestinal mass was present at the level of the ileocolic junction exhibiting markedly asymmetrical to thickened wall, mural hypoechoogenicity and loss of intestinal wall layering, measuring approximately 5.0 cm in diameter with a wall width of 1.2 cm. No evidence of intestinal mechanical obstruction. Additional intestinal segments exhibited intact wall layering with maintained wall layer ratio with example of normal appearing intestine measuring 0.22 cm to 0.23 cm. Mild peri-intestinal hyperechoic omentum adjacent to mass.

The descending colon at the level of the urinary bladder was normal containing formed fecal matter.

Pancreas

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No obvious visualized significant omental lymphadenopathy was present. Scant lateral abdomen effusion was present.

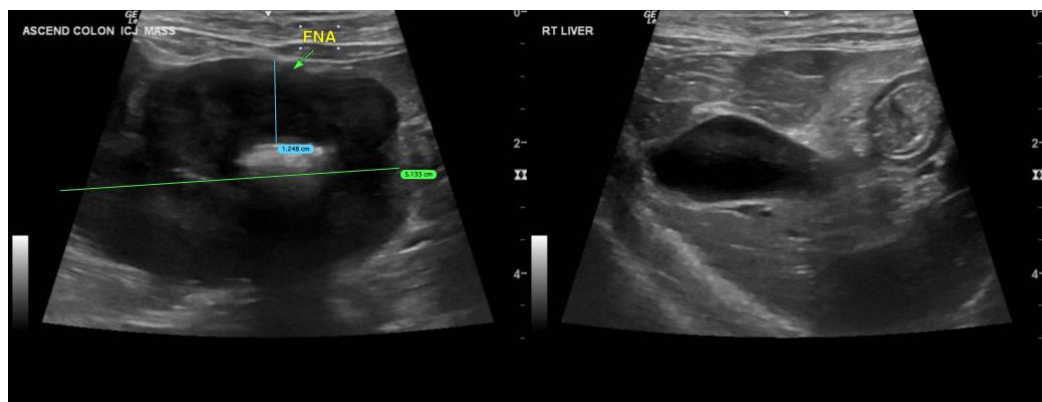
ULTRASONOGRAPHIC FINDINGS

- Intestinal mass at the level of the ileocolic junction.
- Possible concurrent left limb chronic pancreatitis.
- Mild chronic renal changes.
- Sonographically normal empty stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the intestinal mass may include neoplasia, i.e. carcinoma, lymphoma or other fibroplasia or technically FIP, although thought less likely given age of the patient. Neoplastic criteria is favored.

Further assessment may include (assuming normal clotting status) intestinal mass wall FNA cytology and potential for oncology/surgical consult. Three view chest radiographs are recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support pending additional diagnostics is recommended.





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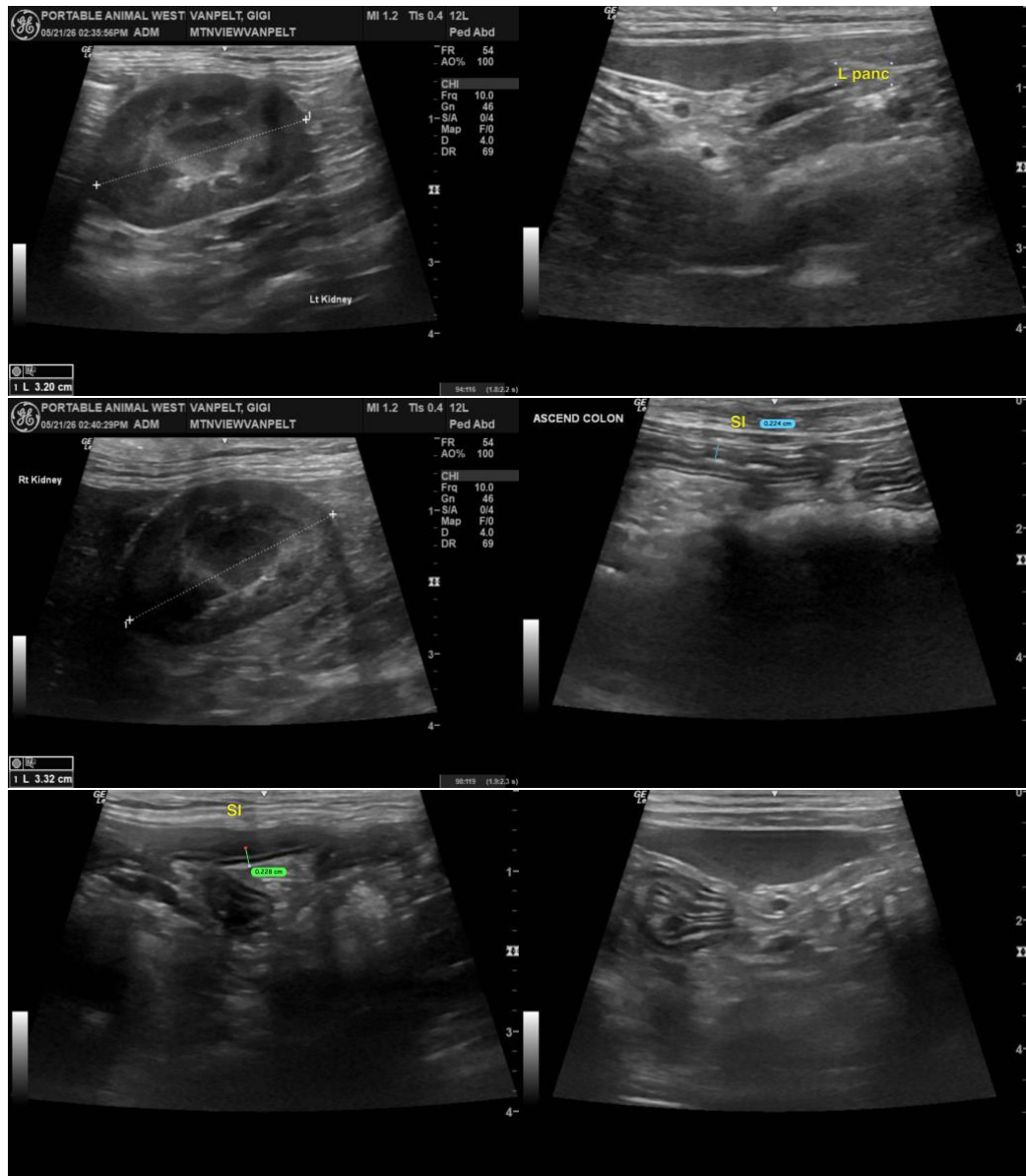
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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