



PATIENT

Maximus Blemaster

SPECIES

Feline

BREED

Persian

SEX

MN

AGE

10Y

WEIGHT

7.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Nazareth Veterinary
Center

REFERRING VET

Dr. Bankowski

INVOICE

75145

DATE

5-26-26

PRESENTING CLINICAL SIGNS

Chronic intermittent hyperexia, vomiting, and weight loss, occasional diarrhea. Mildly underweight, normal abdominal palpation. 10/25 ultrasound thickening gastric, intestinal and colon walls. Mirtazapine, started hypoallergenic diet, B12 injections recommended.
Abnormal PE/Chem/CBC/UA Results: Alb 2.4, stable high normal renal values, fPL 8.7, normal liver enzymes, WBC 13,200, neut 10,085

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. Primarily anechoic urine was present in the lumen. Mild particulate nondependent sediment was present which may indicate cellular or crystalline debris, lipid, or mucus 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 residual prostate appeared normal and free of pathology.

The area of the iliac 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 3.8 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The right adrenal gland subjectively measured 0.40 cm. The left adrenal gland subjectively measured 0.30 cm.

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 presented subjective borderline hepatomegaly. Normal hepatic vascular volume was present. 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.

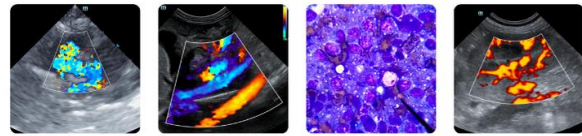
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented borderline intact prominent wall with empty lumen. The gastric body wall measured 0.30 cm. No evidence of retained ingesta, fluid, or foreign material.



PATIENT	The intestinal walls demonstrated primarily intact thickened intestinal wall with altered wall layer ratio primarily consisting of muscularis hypertrophy. The thickened small intestinal wall measured 0.32 cm. The ileocolic wall measured 0.52 cm. A segment of ill-defined small intestine exhibited variable thickened wall with hypochoic mural echogenicity and loss of segmental intestinal wall layering potentially in the area of the distal small intestine/ileocolic junction measuring approximately 3.0 x 1.7 cm.
Maximus Blemaster	
SPECIES	
Feline	Intact borderline prominent descending colon wall with generalized semi formed to soft fecal matter in the lumen. The descending colon wall measured approximately 0.2 cm.
BREED	<i>Pancreas</i>
Persian	The pancreas was prominent in appearance with capsule asymmetry and nonhomogeneous remodeled hypochoic parenchyma compared to adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
SEX	
MN	<i>Free Abdomen</i>
AGE	Variable irregular nonhomogeneous hypochoic mesenteric lymphadenopathy was present. Mild surrounding hyperechoic perilymphatic omentum was seen. An example of a lymph node measured 3.1 x 1.2 cm.
10Y	
WEIGHT	No effusion was present.
7.8lbs	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Primary</i>
	<ul style="list-style-type: none">• Chronic enterocolonopathy exhibiting primarily intact thickened intestine and segmental colon wall.• Ill-defined segmental intestinal mass.• Variable enlarged hypochoic nonhomogeneous mesenteric lymph nodes.• Suspect concurrent chronic/chronic active pancreatitis.• Subjective borderline hepatomegaly.• Empty stomach with borderline prominent intact wall.
IMAGING PERFORMED BY	<i>Secondary</i>
Chloe Lowe, CVT	<ul style="list-style-type: none">• Age related renal changes with mild urine sediment.
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Nazareth Veterinary Center	Given the ill-defined intestinal mass and variable nonhomogeneous hypochoic mesenteric lymphadenopathy, a neoplastic process such as round cell neoplasia/lymphoma or carcinoma is suspected. Chronic inflammatory disease i.e. IBD or other FIP or fibroplasia thought less likely yet not definitively excluded. Further assessment may include FNA cytology of the ill-defined intestinal mass wall and accessible lymph node +/- C/S. Biopsies with histopathology likely required for definitive diagnosis.
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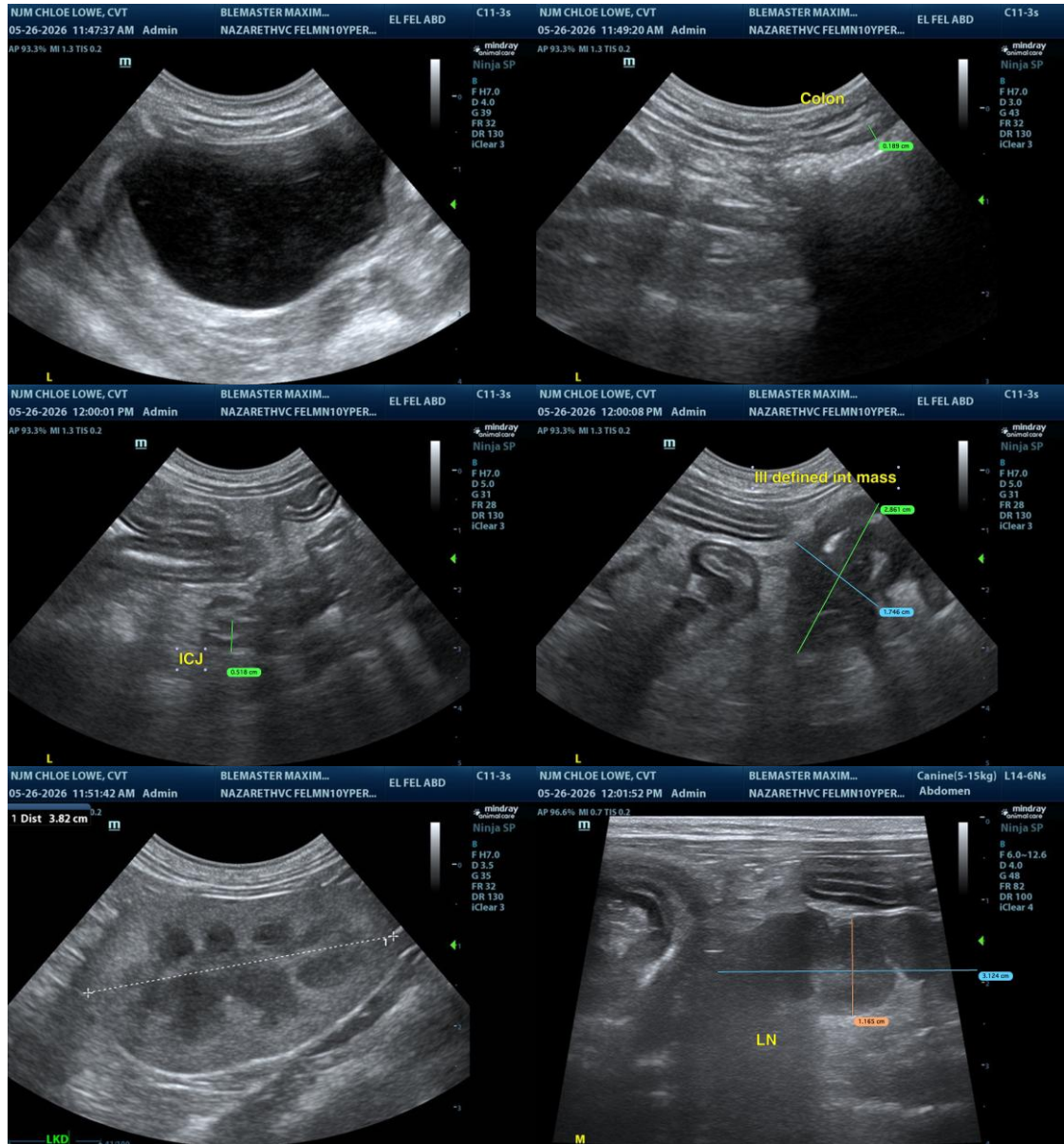
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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Cobalamin supplementation with gastrointestinal support and sonographic monitoring would be more conservative.

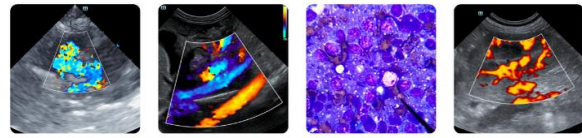


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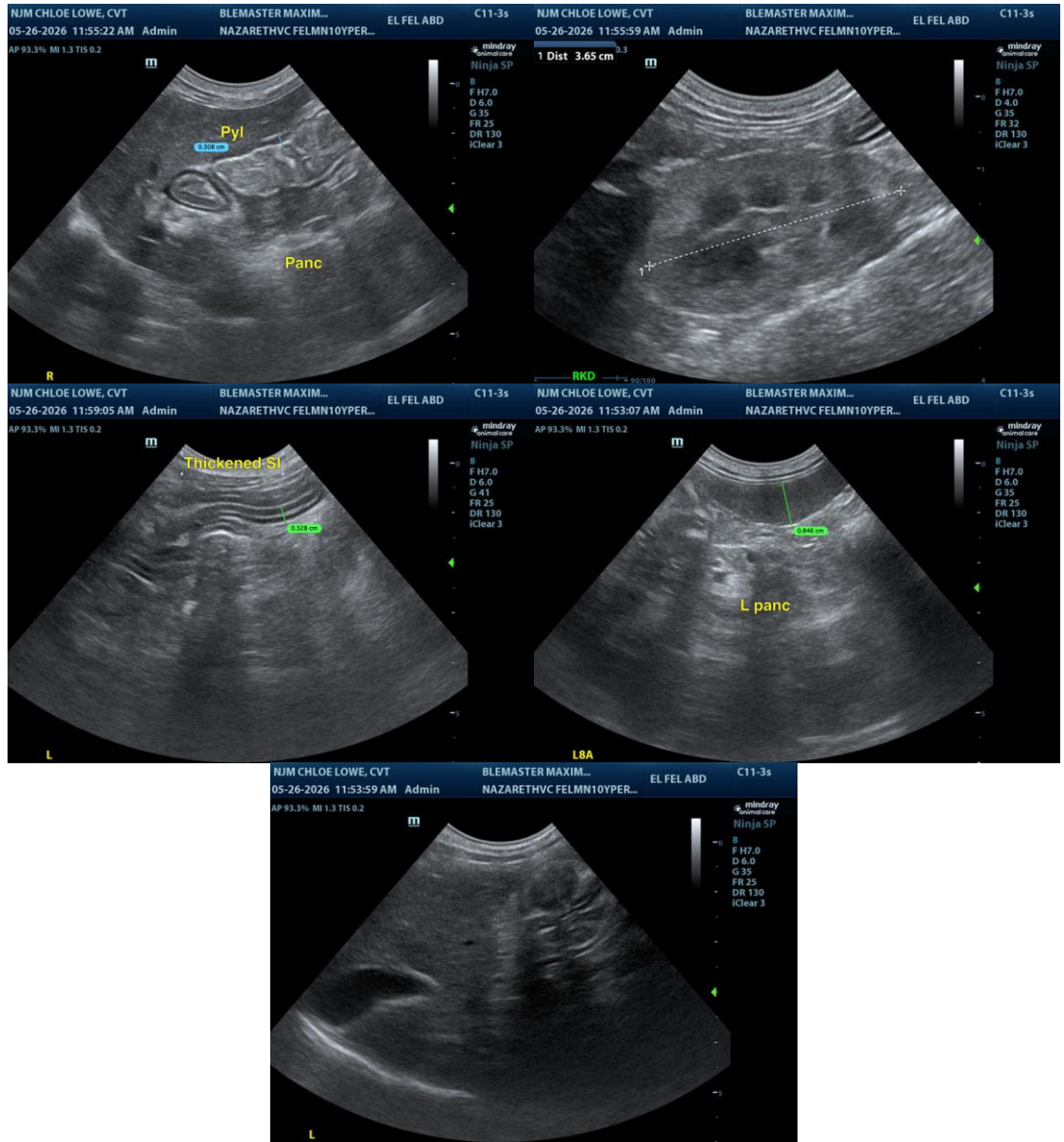
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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