



PATIENT

Tiger Taylor

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

8.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Harmony Animal
Hospital

REFERRING VET

Dr. Keefe

INVOICE

16516

DATE

05/26/26

PRESENTING CLINICAL SIGNS

Possible abdominal mass. BAR; large firm fist sized mass in cranial abdomen; NOSF abdominal palpation; mm light pink/tacky; CRT <2 sec; generalized cachexia. Mirtazapine.

Abnormal PE/Chem/CBC/UA Results: WBC 20.66, neut 19.36, eos 0.08, alt <10, phos 3.0, total protein 4.8, albu 1.7

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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.35 cm width. The right adrenal gland measured 0.41 cm width.

Spleen

The spleen was subjectively mildly subnormal in size (suggestive of volume contraction) and 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. The spleen measured 0.45 cm width level of the mid spleen.

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 mild biliary sludge. The proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

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 small intestine exhibited segmental to generalized primarily intact, mildly thickened wall. Segmental jejunoileal ileus to the level of the ileocolic junction which exhibited intact, mildly prominent wall layering. The ileocolic junction wall measured 0.47 cm wall width. Thickened small intestine wall measured 0.32 cm wall width.

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Mildly thickened proximal colon wall with mild proximal colon distention containing primarily nonformed fecal matter.

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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.

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Free Abdomen

An ill-defined non-homogenous possibly focally cystic mass was present in the mid-to-cranial abdomen primarily visualized in the area of the ileocolic junction measuring at least 6.0 cm in diameter. Intermittent hypoechoic non-homogenous to swollen colic lymphadenopathy was present with an example of lymph node measured 1.0 cm in diameter. Minor peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Ill-defined abdominal mass area of the ileocolic junction.
- Thickened small intestine and proximal colon with mild jejunoileal ileus and proximal colon non-formed fecal matter.
- Intermittent mildly swollen non-homogenous colic lymphadenopathy, scant peritoneal effusion.

Secondary Findings

- Bilateral chronic renal changes.
- Mild gallbladder debris with non-obstructive proximal common bile duct dilation.
- Volume contracted spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given mass location in the area of the ileocolic junction, considerations may include favored neoplasia and metastatic colic lymphadenopathy, i.e. carcinoma, lymphoma, or other fibroplasia, less likely FIP given patient's age.

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Further assessment may include (assuming normal clotting status) mass and accessible lymph node cytology with potential for oncology consult. Extension of the mass into peri-ileocolic omentum or potential area of pancreas is not definitively excluded. Assuming normal clotting status and if further clarification is indicated, abdominal CT would be ideal.

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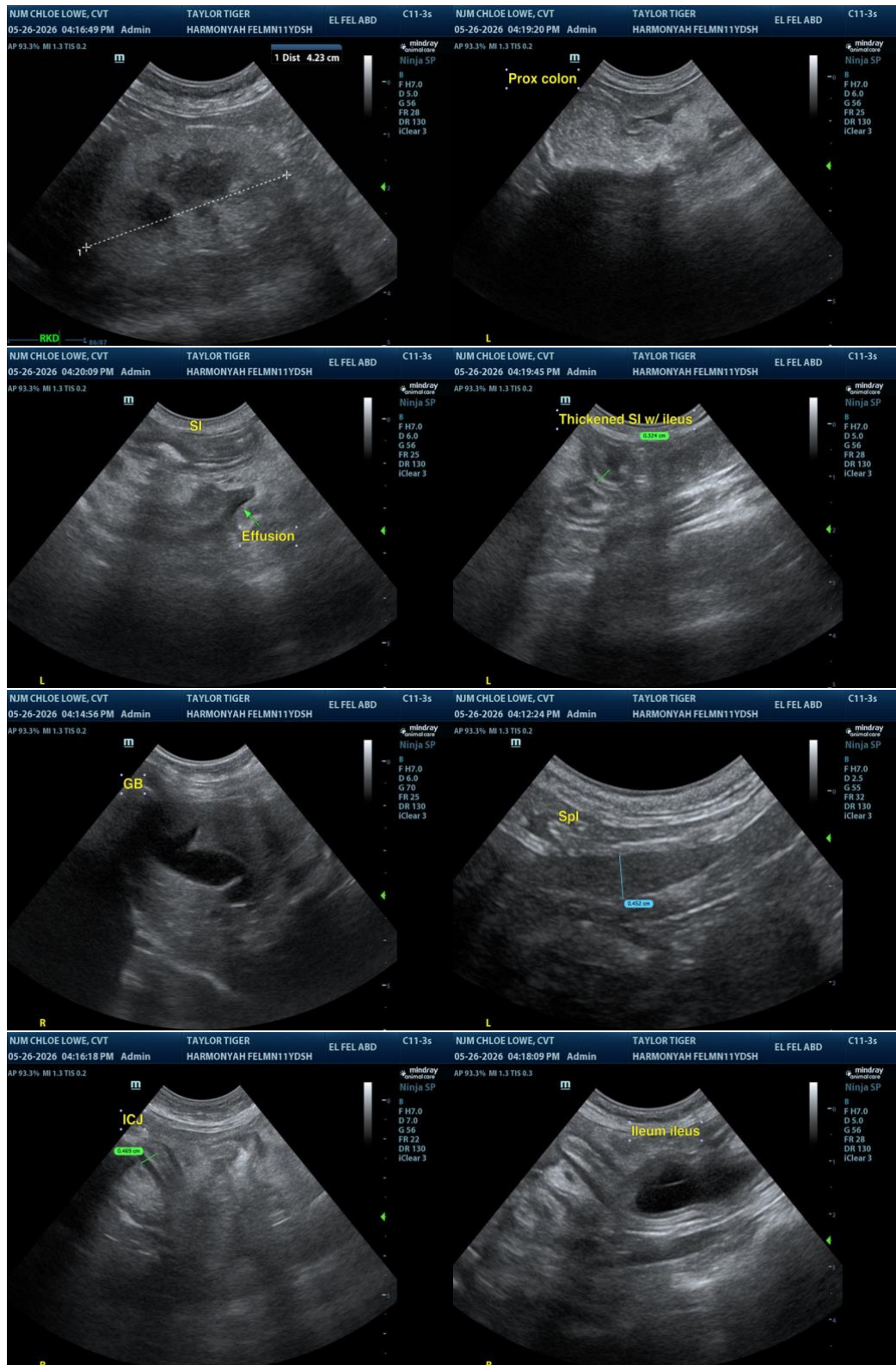
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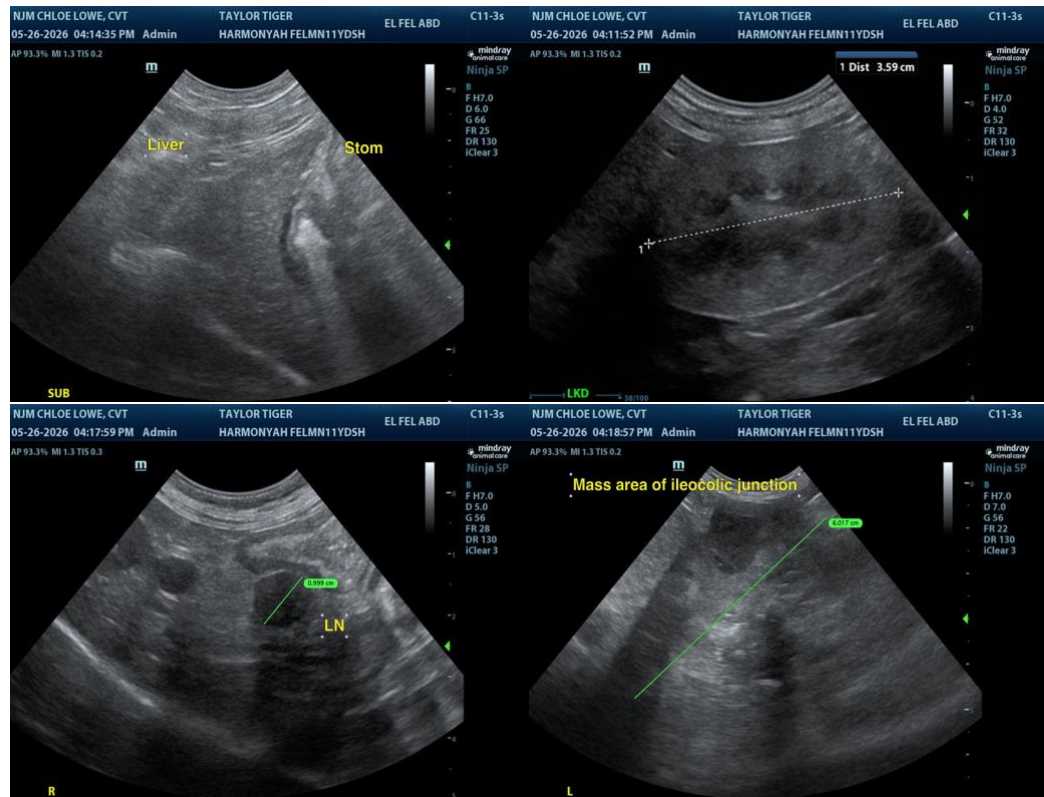
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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