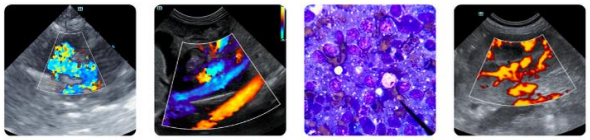


PATIENT

Casper Mccollum

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

10Y

WEIGHT

10.06lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sammy Williams

HOSPITAL NAME

Faith Animal Care

REFERRING VET

Dr. Faith

INVOICE

75312

DATE

6-4-26

PRESENTING CLINICAL SIGNS

Patient was started on a low dose of Benazepril in Dec. 2025 due to proteinuria and elevated blood pressures
Then in May of this year, he was seen for decreased appetite and occasional vomiting
Treated symptomatically with SQ fluids, appetite stimulant, and anti-emetic
Minimal improvement noted with meds except the vomiting did stop, appetite has decreased further
Repeat BW showed an elevated WBC count and on palpation of abdomen, a suspected mass in mid abdomen was noted
Radiographs also showed a suspected mass in the abdomen and there was fluid around the lungs as well
Abnormal PE/Chem/CBC/UA Results: Attached most recent BW results and radiographs

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 changes was noted.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary border demarcation was also present. Cortical infarcts were present in both kidneys. The left kidney measured 3.1 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.53 cm. The right adrenal gland measured 0.44 cm.

Spleen

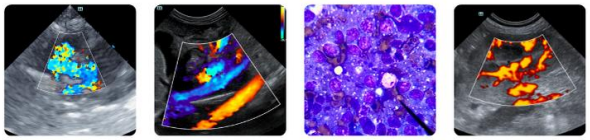
The spleen was not definitively visualized potentially owing to splenic displacement or volume contraction, assuming no history of splenectomy.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present without evidence of congestion. 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 indistinctly visualized. No obvious pathology or post-hepatic stasis.

Gastrointestinal



PATIENT

Casper Mccollum

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

10Y

WEIGHT

10.06lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sammy Williams

HOSPITAL NAME

Faith Animal Care

REFERRING VET

Dr. Faith

INVOICE

75312

DATE

6-4-26

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric fluid without evidence of retained ingesta or foreign material.

A mid to cranial abdomen intestinal mass was present exhibiting variably thickened hypoechoic wall and loss of intestinal wall layer detail measuring approximately 4.0-5.0 cm in diameter with the thickened wall measuring 1.3 cm width. No overt intestinal obstructive pattern. An example of intact nonthickened intestinal wall measured 0.15 cm.

The visualized descending colon at the level of the urinary bladder was nondistended and contained subjective formed fecal matter.

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 were evident.

Free Abdomen

Moderate volume mildly echogenic peritoneal effusion was present.

Nonhomogeneous indistinctly nodular omentum was present primarily around the intestinal mass.

Transdiaphragmatic view of the caudal thorax revealed concurrent pleural effusion.

No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

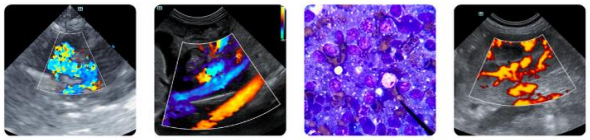
- Intestinal mass
- Peri-intestinal to regional nonhomogeneous indistinctly nodular omentum.
- Bi-cavitary effusion.
- Chronic renal changes with cortical infarcts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the intestinal mass is consistent with neoplastic criteria and probable bi-cavitary neoplasia such as carcinomatosis, lymphomatosis, or similar. Technically, FIP and fibroplasia are alternative potentials yet thought less likely.

Further assessment may include, assuming normal clotting status and given cortical infarcts, FNA cytology of the intestinal mass wall and correlation with effusion analysis cytology +/- C/S or FIP titers/PCR, if clinically indicated. Gastrointestinal support is recommended. The prognosis is unfavorable.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Casper Mccollum

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

10Y

WEIGHT

10.06lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sammy Williams

HOSPITAL NAME

Faith Animal Care

REFERRING VET

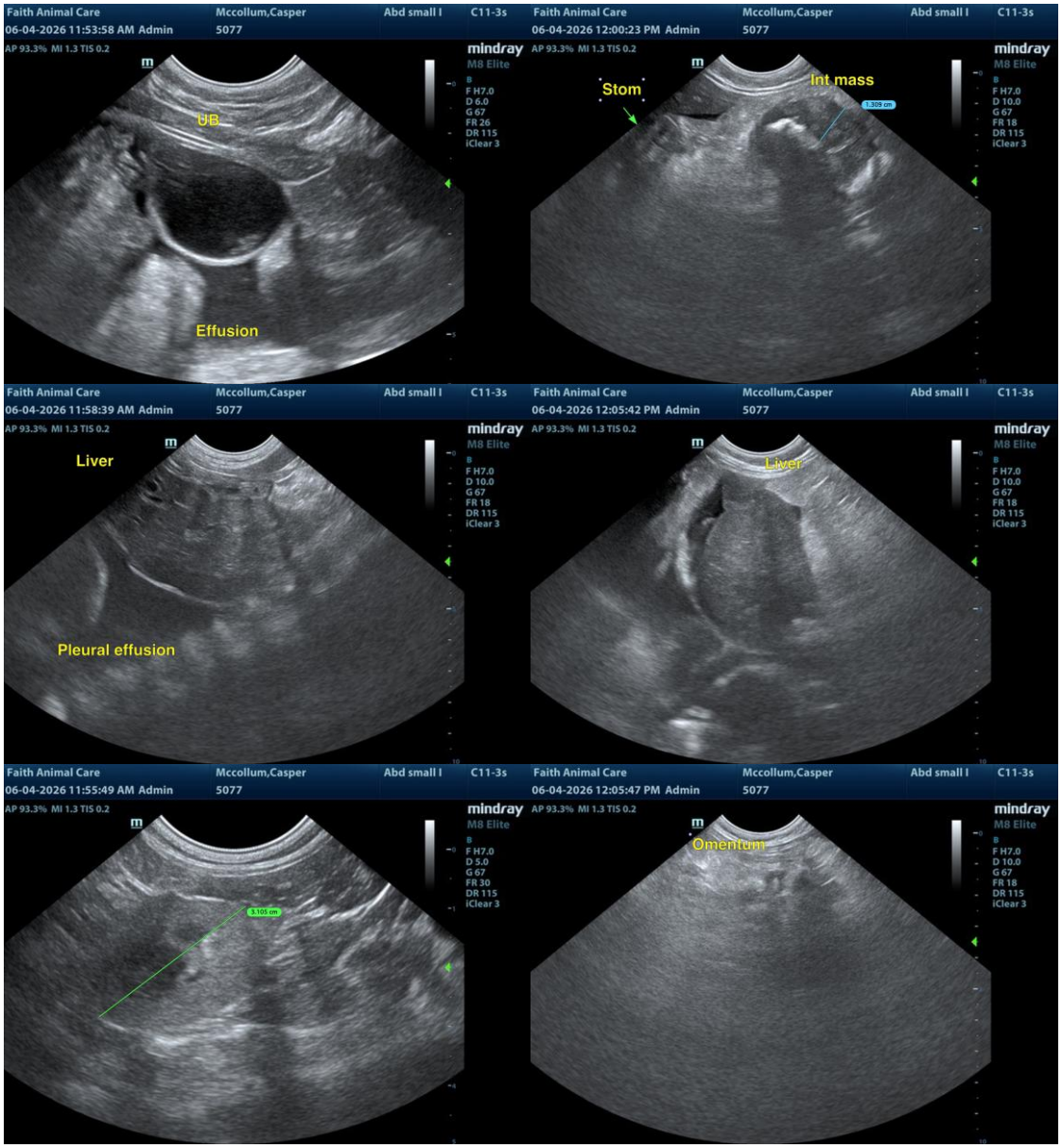
Dr. Faith

INVOICE

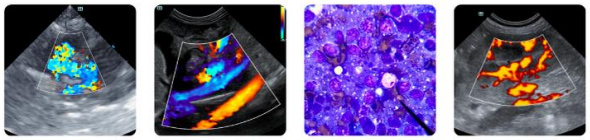
75312

DATE

6-4-26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Casper Mccollum

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

10Y

WEIGHT

10.06lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sammy Williams

HOSPITAL NAME

Faith Animal Care

REFERRING VET

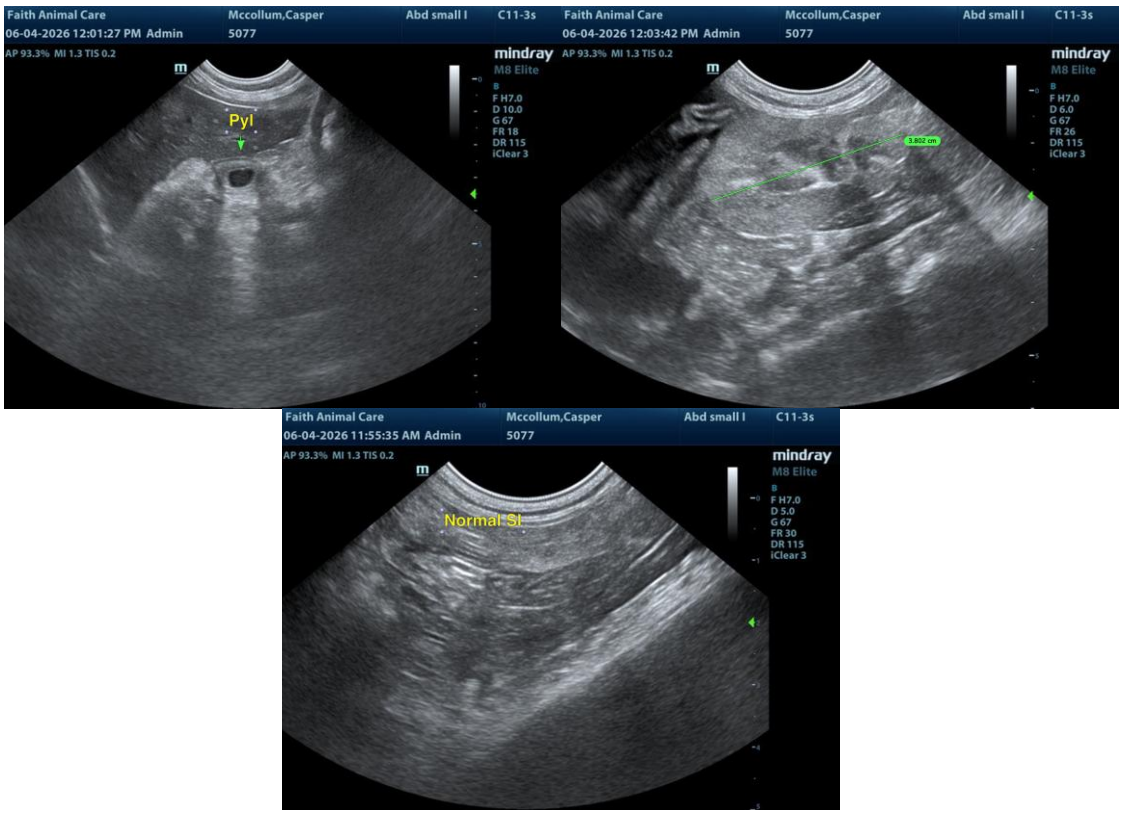
Dr. Faith

INVOICE

75312

DATE

6-4-26



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