



PATIENT

Piglet Mullen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

8.45 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal
VC

REFERRING VET

Dr. Shamitko

INVOICE

78128

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Major Medical Conditions : Progressive weight loss, historical liver enzyme elevations, recent anisocoria (5/16)

Patient History : P seen 3/10/26 for 5.4# weight loss since Jan 2025. Occasional vomiting at home, but no NSF on PE and no obvious cause for weight loss on bloodwork and no ova/antigen seen on fecal. At local ER on 4/26/26 for yellow nasal discharge and upper respiratory congestion - an additional 1.2# weight loss noted and elevated ALT, GGT, and TBili seen on labwork - Veraflox and Denamarin started. Recheck chemistry 5/1/26 all values back in the normal range. P recently developed anisocoria (mydriasis OS) with no other symptoms - IOP WNL OU. Weight 5/29/26 8.45# down another 1# in the last 3 weeks.

Primary concern or rule out: neoplasia vs inflammatory (GI) vs other

Abnormal PE/Chem/CBC/UA Results: 3/10/26: LYMPH 0.504 (0.65L); TT4 2.9 WNL - no FT4 run 4/26/26: ALT 137 (100H); GGT 15 (10H); TBILI 0.9 (0.5H) 5/1/26: ALT 78 (12-130); GGT 0 (0-4); TBILI 0.2 (0-0.9)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.3 cm, right measured 3.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The adrenal glands are not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.5 cm.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Focal, irregular, thickening of a loop of small intestine with a hypoechoic appearance and loss of layering with no luminal obstruction evident. The rest of the small intestine has no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of gas was present in the stomach. Fecal material was present within the colon.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the small intestinal mass would be neoplasia and granulomatous disease with focal perforation a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs and if possible FNA cytology of the small intestinal mass. Laparotomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.



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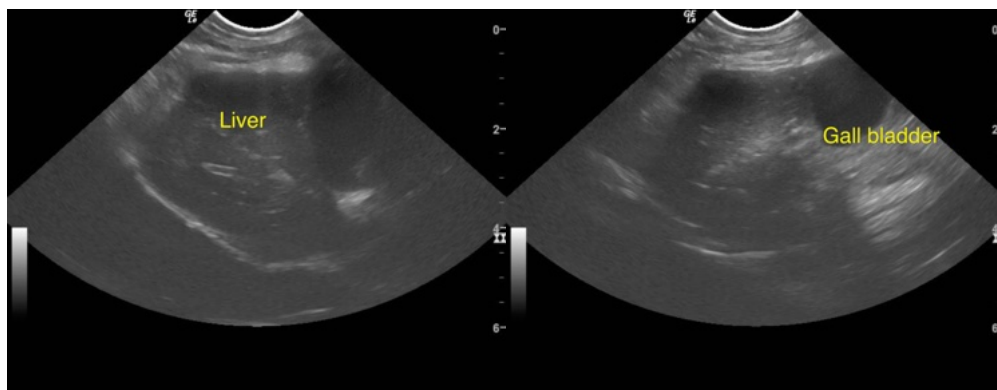
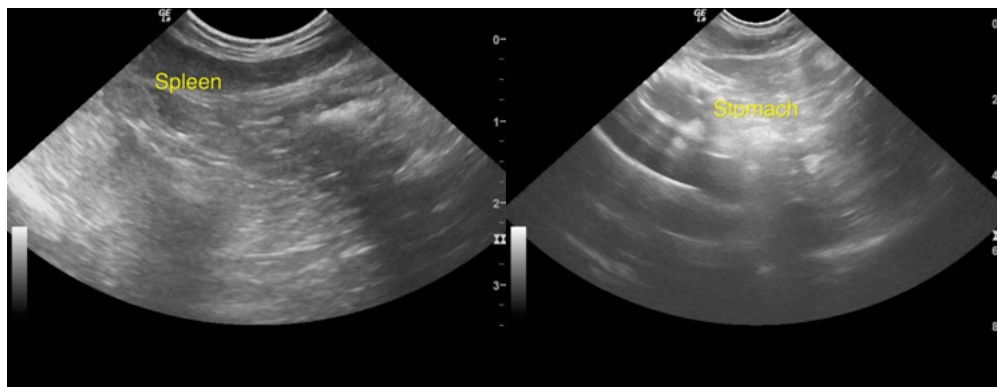
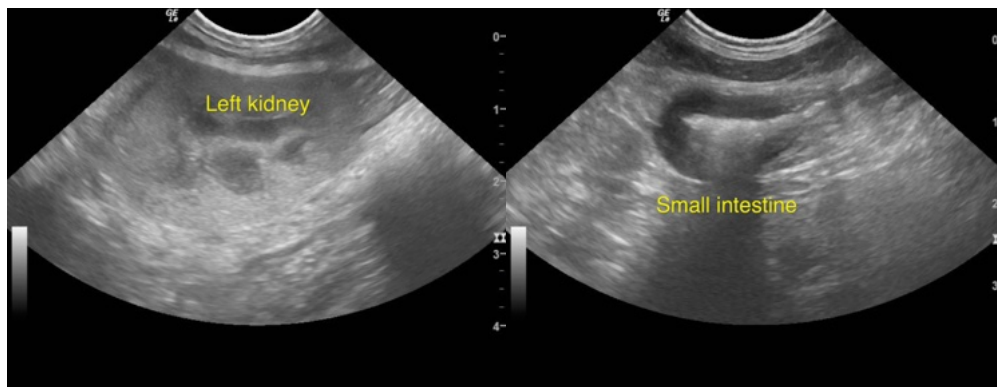
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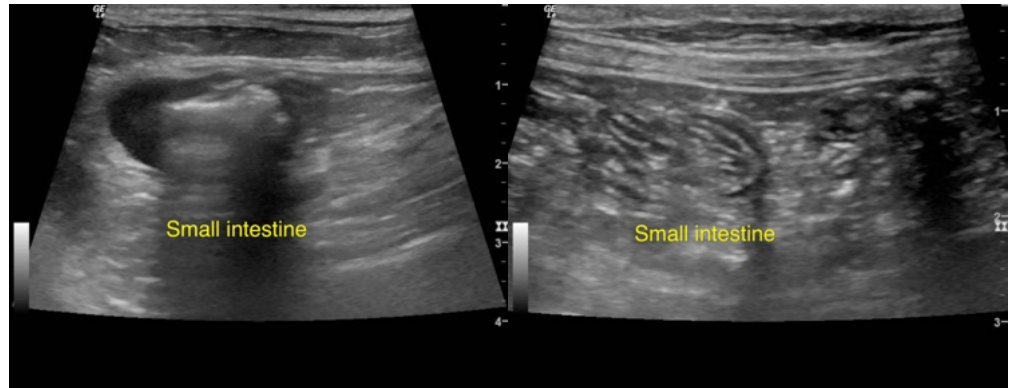
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com