



PATIENT

Tehya Sierra

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13 Years

WEIGHT

8.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Balanced Veterinary
Care

REFERRING VET

Dr. Wright

INVOICE

13370

DATE

1/23/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: At another hospital a mass was palpated in abdomen Nov 2024, thought it was an infection, gave convenia injection. Mass still palpable Jan 2026 and seems bigger then Nov. In right quadrant of cranial abdomen. Painful to palpate. Patient has stopped eating.
- ABNORMAL Labwork Values: SDMA 13 BUN 15 ALT 10 AST 15 ALP Creatine Kinase 59 WBC 21.3 Neutrophils 18,148
- Current Medications: Gave steroid injection (kenalog) Monday Jan 19th.
- Notes to Specialist (if any): Wanting measurements of mass and to know if it's associated with anything.

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 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 3.7 cm in length. The right kidney measured 3.7 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 0.50 cm width.

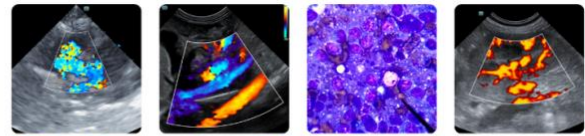
The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland measured 0.40 cm width.

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. The spleen measured 0.76 cm width level of the mid spleen.

Liver & Gallbladder

The liver presented mildly enlarged in size. Mild hypoechoic parenchyma with mild increased to indistinct portal vascular border markings. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.



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

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing gastric ingesta/chyme.

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The duodenum and jejunum exhibited overall intact wall layering and normal wall layer ratio with nonthickened wall. The duodenum wall measured 0.25 cm wall width. The jejunum wall measured 0.23 cm wall width. An expansive to irregular mixed echogenic mass at the level of the ileocolic junction was present measuring approximately 6.0 cm x 5.0 cm. Concurrent thickened proximal colon wall exhibiting loss of proximal colon mural detail measuring 0.59 cm wall width. Associated hypoechoic to swollen colic lymphadenopathy with an example measuring 2.1 cm x 1.9 cm.

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Pancreas

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The pancreas was indistinctly visualized owing to increased peripancreatic omental artifact.

13 Years

Free Abdomen

WEIGHT

Regional to generalized hyperechoic omentum and a mild volume of peritoneal effusion were present.

8.9 pounds

ULTRASONOGRAPHIC FINDINGS

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- Expansive ileocolic mass.
- Associated hypoechoic to swollen colic lymphadenopathy and regional peritonitis.
- Mildly enlarged hypoechoic liver.
- Bilateral chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The ileocolic mass and colic lymphadenopathy meet neoplastic criteria, i.e. lymphoma, adenocarcinoma or other significant inflammatory disease, FIP or fibroplasia, other differentials yet thought less likely. Assuming normal clotting status, FNA cytology of the mass and colic lymph nodes for further clarification and potential for oncology consult may be considered. Curative surgical options suspected to be precluded given multi-centric neoplastic criteria and potential for omental seeding.

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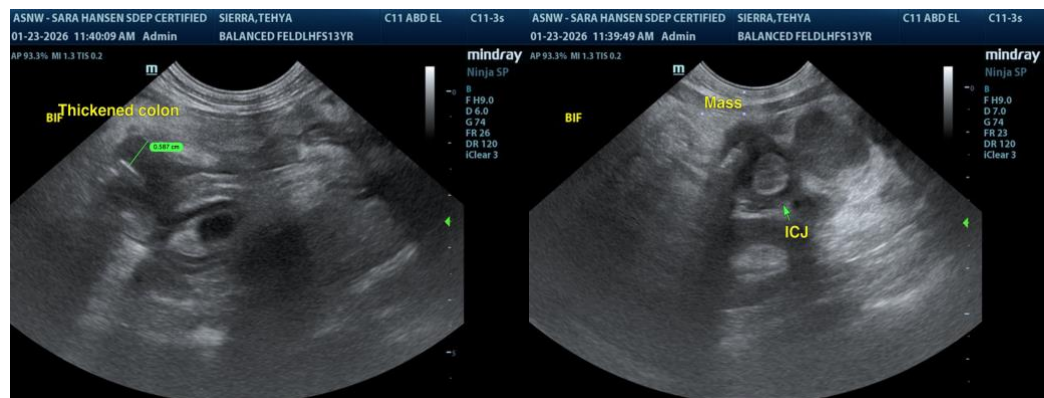
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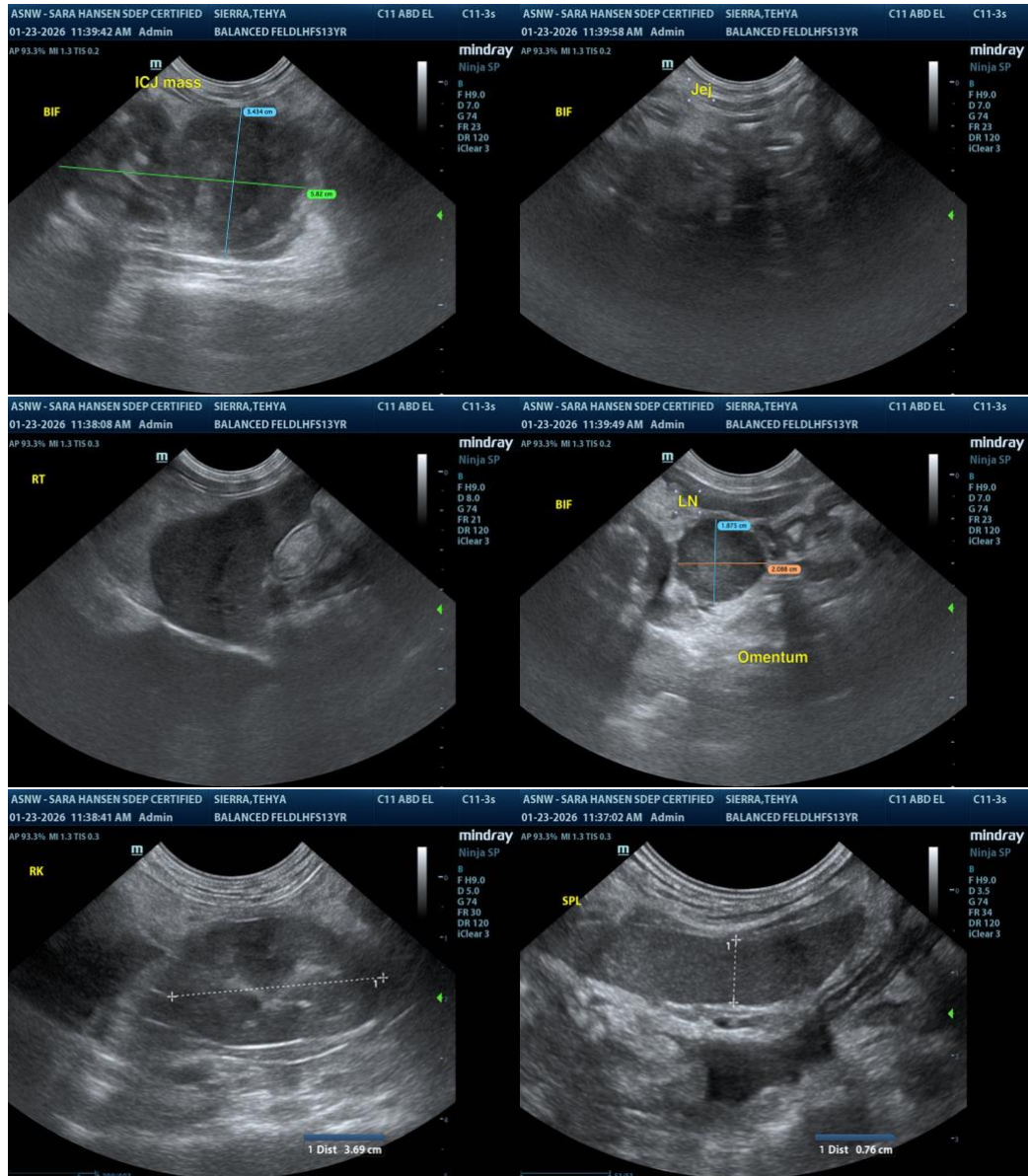
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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