



PATIENT PRESENTING CLINICAL SIGNS

Stanley Poyton Anemic, Possible renal tumor Current Medications Gabapentin 100mg - open one capsule and mixed with small amount of canned food. Fed 1/2 that 2x daily

SPECIES Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam Is there a renal tumor? if so what is causing it?

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with non-dependent particulate to pinpoint hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

MN

Borderline prominent 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. Enhanced to mildly indistinct corticomedullary distinction was also present. Adequate medullary volume with overall intact cortical medullary architecture. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

AGE

14yr

WEIGHT

4.25kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Amanda Stewart

Liver/Gallbladder

HOSPITAL NAME

Westoak AH

Marked generalized asymmetrical hepatomegaly exhibiting non-homogenous increased to variable parenchyma echogenicity was present. Caudally expanding lobar parenchyma exhibiting asymmetrical contour to caudally expanding indistinctly marginated liver masses were present, an example of a caudal expanding lobar liver to indistinct mass measured 7.5 cm x 5.0 cm in the subjective mid ventrocaudal liver and 8.4 cm x 5.1 cm in the caudate liver. The caudate liver appear to expand caudally into the area of the right kidney.

REFERRING VET

Kohlmaier

Gastrointestinal

INVOICE

23431

The stomach was indistinctly visualized owing to hepatomegaly.

DATE

01/05/2026



PATIENT

Stanley Poyton

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

SPECIES

Pancreas

Feline

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

BREED

Free Abdomen

DSH

Moderate volume echogenic peritoneal effusion and generalized non-homogenous hyperechoic omentum was present.

SEX

Definitive significant omental lymphadenopathy was not obvious.

MN

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

14yr

- Markedly enlarged non-homogenous caudally expanding hepatomegaly with indistinct hepatic masses.
- Moderate volume echogenic peritoneal effusion and generalized non-homogenous omentum.
- Borderline bilateral renomegaly exhibiting intact architecture and non-specific chronic renal changes

WEIGHT

4.25kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the caudally expanding hepatomegaly and indistinct hepatic masses are consistent with neoplastic criteria, with significant inflammatory disease, cholestasis, vacuolar changes or other non-neoplastic hepatic etiology felt less likely. Potential for effusion secondary to portal hypertension or more diffuse neoplastic process, i.e. carcinomatosis or similar possible. No evidence of renal neoplastic criteria.

INTERPRETED BY

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(Canine and Feline)

Further assessment may include assuming normal clotting status, hepatic FNA cytology as well as effusion analysis cytology, +/- C/S if evidence of inflammatory component.

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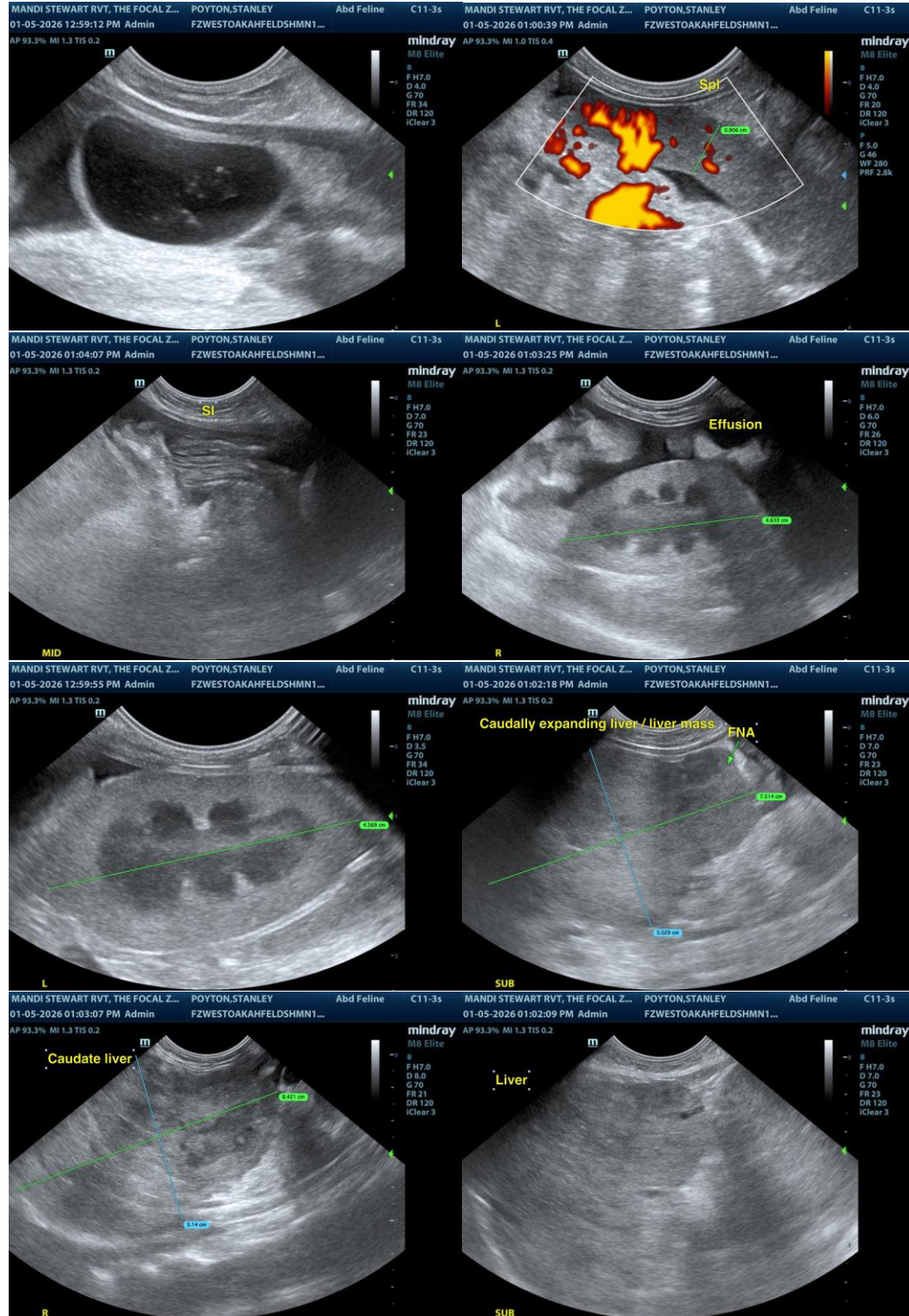
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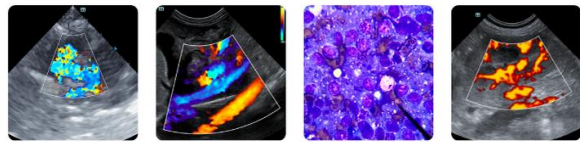
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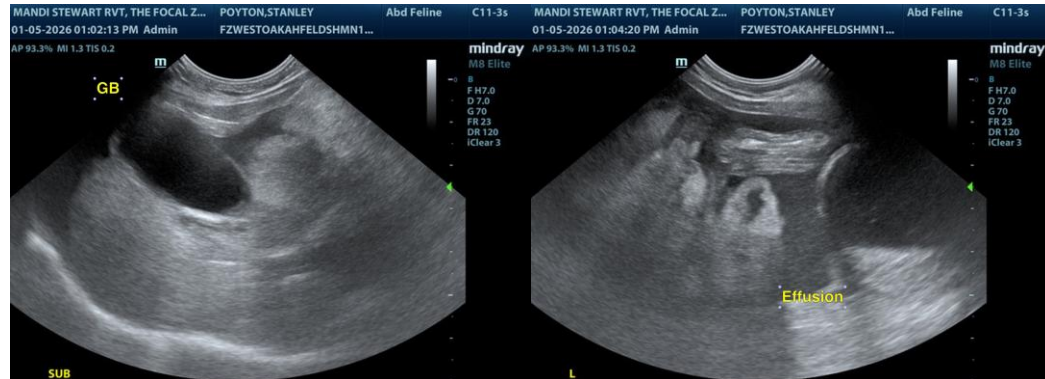
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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