



## PATIENT

Sylvester Ross

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

9y, 11m

## WEIGHT

7.8 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Heather Platzer

## HOSPITAL NAME

Hershire AH

## REFERRING VET

Susan Zhang, DVM

## INVOICE

10518

## DATE

1/7/26

## PRESENTING CLINICAL SIGNS

progressive weight loss and generalized muscle atrophy, polyphagic per O, no constipation, diarrhea, vomiting CBC/chem/T4 all wnl. Fecal NPS. Weight was 10lb jan 2025 and current weight is 7.5lb. Free fed dry and gets 1/2 can wet bid.

## 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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

### Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width and the right adrenal gland measured 0.38 cm width.

### Spleen

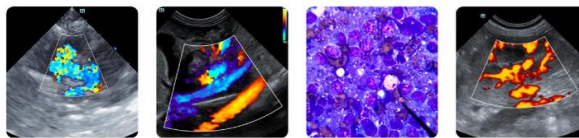
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### 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 containing primarily anechoic content with minor, nondependent gallbladder debris. The cystic and common bile ducts were normal.

### Gastrointestinal

Regionally thickened hypoechoic stomach wall was noted with loss of gastric mural detail. Thickened stomach wall measured ~1.0 cm in width. Intact stomach wall, by comparison, measured 0.26 cm wall



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width. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material.

The small intestine presented intact, thickened wall with maintained to segmental mild altered wall layer ratio owing to propensity for segmental mildly thickened mucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall measured 0.30 cm width. The ileocolic wall measured 0.45 cm width.

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

## Pancreas

Mildly prominent, nonhomogeneous left pancreas was noted with mild capsule asymmetry.

## Free Abdomen

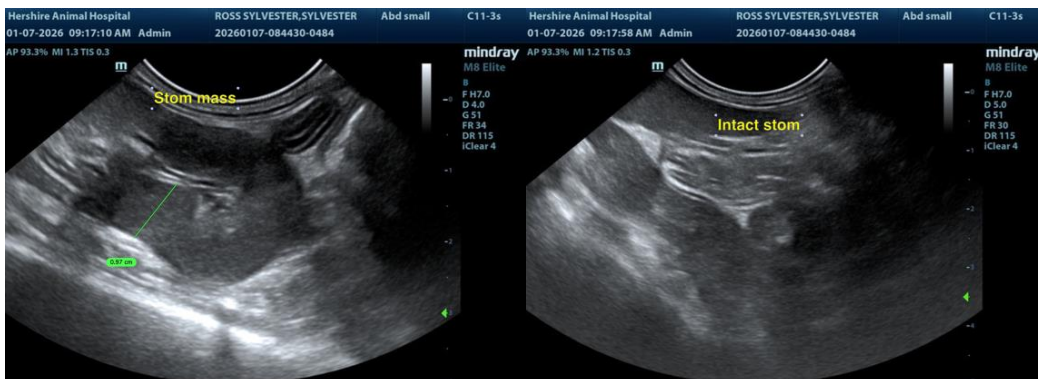
No evidence of peritoneal effusion was present. Intermittent, hypochoic to swollen mesenteric lymph nodes were present, with an example measuring 3.0 cm x 1.7 cm.

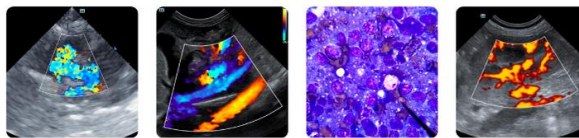
## ULTRASONOGRAPHIC FINDINGS

- Stomach mass
- Intact thickened small intestine
- Hypochoic to swollen mesenteric lymphadenopathy
- Suspect chronic pancreatitis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach mass and hypochoic to swollen mesenteric lymphadenopathy are consistent with multicentric neoplastic criteria, i.e., multicentric lymphoma with suspected small intestinal involvement. Assuming normal clotting status and using a 25-gauge needle, stomach mass and accessible lymph node FNA cytology are recommended with oncology consult.





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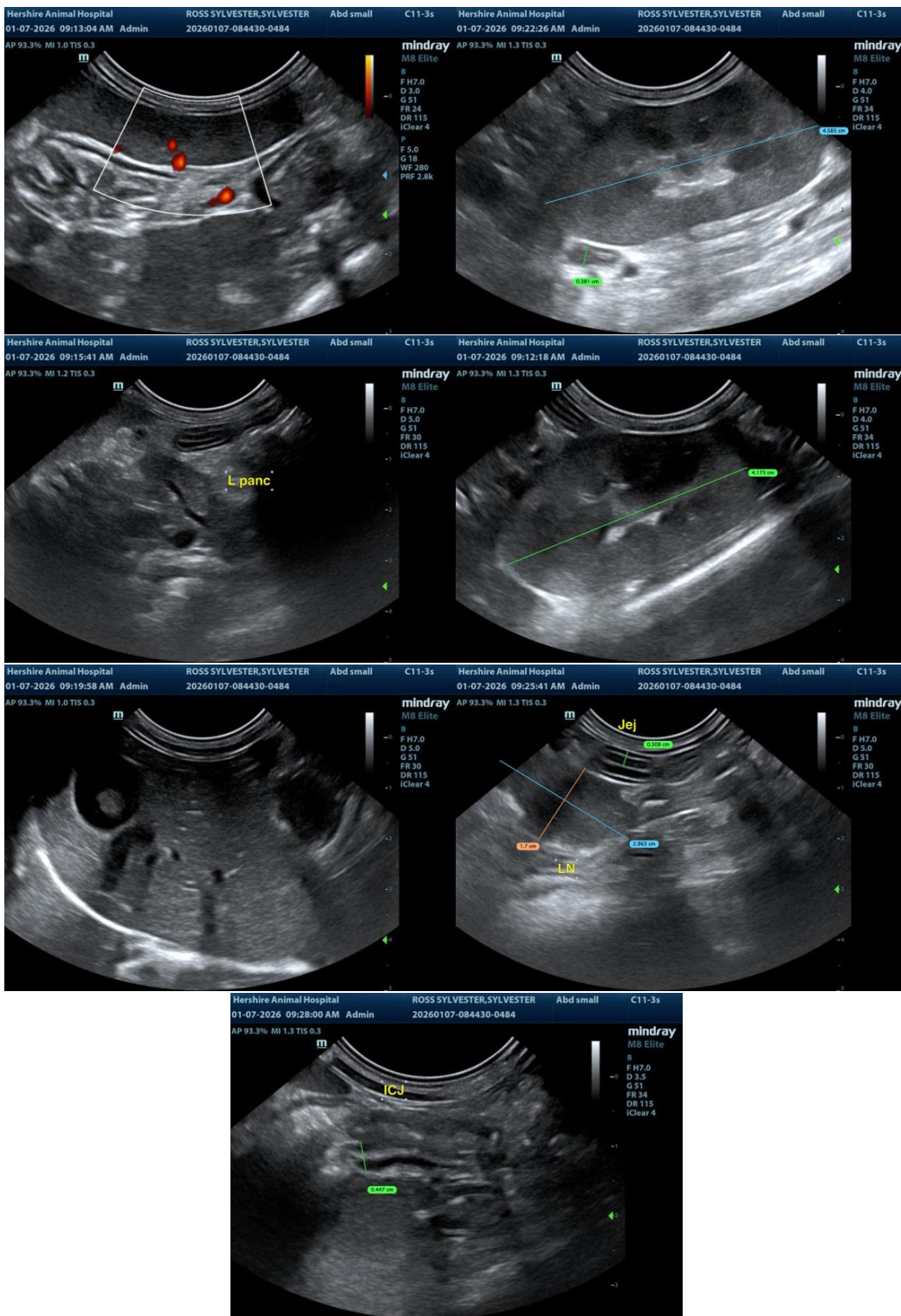
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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](mailto:info@sonopath.com)