



## PATIENT

Wampus Strine

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

14

## WEIGHT

12.8 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Megan Bray, DVM

## HOSPITAL NAME

Taylorsville VC

## REFERRING VET

Dr. Ashleigh Bisset

## INVOICE

10341

## DATE

11/13/25

## PRESENTING CLINICAL SIGNS

Wampus is a 14-year old male neutered DSH presenting for a worsening decrease in appetite and lethargy over about one week. He has lost about 3 pounds recently. On physical exam, a approximately 2x4 cm oblong mass was palpated in the mid-dorsal abdomen. BW shows mild regenerative anemia, eosinophilia and basophilia.

Abnormal PE/Chem/CBC/UA Results: BW shows mild regenerative anemia, eosinophilia and basophilia.

## 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. Primarily anechoic urine was present in the lumen. Nondependent, particulate, mild to moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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

Normal renal size and margination were present in both kidneys. Mildly thickened cortex exhibiting increased cortex echogenicity was present. Indistinct corticomedullary border demarcation was also present with mild peripheral increased medullary echogenicity. The renal medullary volume was subjectively reduced. The left kidney measured 4.3 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 0.4 cm width and the right adrenal gland measured 0.4 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 0.54 cm width at the level of the mid spleen.

### *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



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containing primarily anechoic content with minor gallbladder debris. The common bile duct was not definitively visualized.

### ***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor, nonshadowing ingesta and lumen gas without signs of obstruction or foreign material.

The small intestine presented variably thickened, intact wall with an altered wall layer ratio owing to a subjective thickened intestinal muscularis layer. The duodenum wall measured 0.35 cm width. Intact jejunum wall measured 0.29 cm width. Segmental mid-caudal abdomen intestinal mural mass was present exhibiting marked thickened hypoechoic wall and loss of mural detail, potentially measuring 6.0-7.0 cm in length with wall width of ~1.6 cm. The intestinal mass did not appear to be obstructive.

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

### ***Pancreas***

The area of the pancreas was sonographically normal.

### ***Free Abdomen***

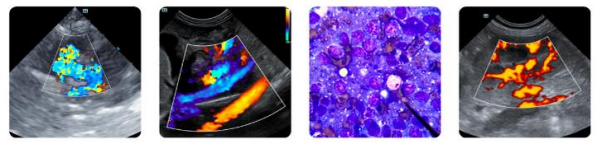
Minor volume peritoneal effusion was noted. Midabdomen mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). Peri-lymphatic to peri-intestinal hyperechoic omentum was noted. An example of a lymph node measured 2.1 cm x 1.5 cm.

### **ULTRASONOGRAPHIC FINDINGS**

- Diffusely thickened small intestine with segmental mural mass
- Associated hypoechoic to swollen mesenteric lymphadenopathy, peri-lymphatic / peri-intestinal hyperechoic omentum and mild volume peritoneal effusion
- Mild chronic renal changes
- Urine sediment

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, the intestinal mass and associated lymphadenopathy meet neoplastic criteria with lymphoma, carcinoma, mast cell neoplasia or other possible. Significant to multicentric inflammatory etiology or granulomatous disease (FIP) is thought less likely. Further assessment may include, assuming normal clotting status, mass and accessible lymph node FNA cytology with an oncology consultation. Curative surgical options appear to be precluded, given the extent of the mass, associated lymphadenopathy, and suspected diffuse intestinal involvement.



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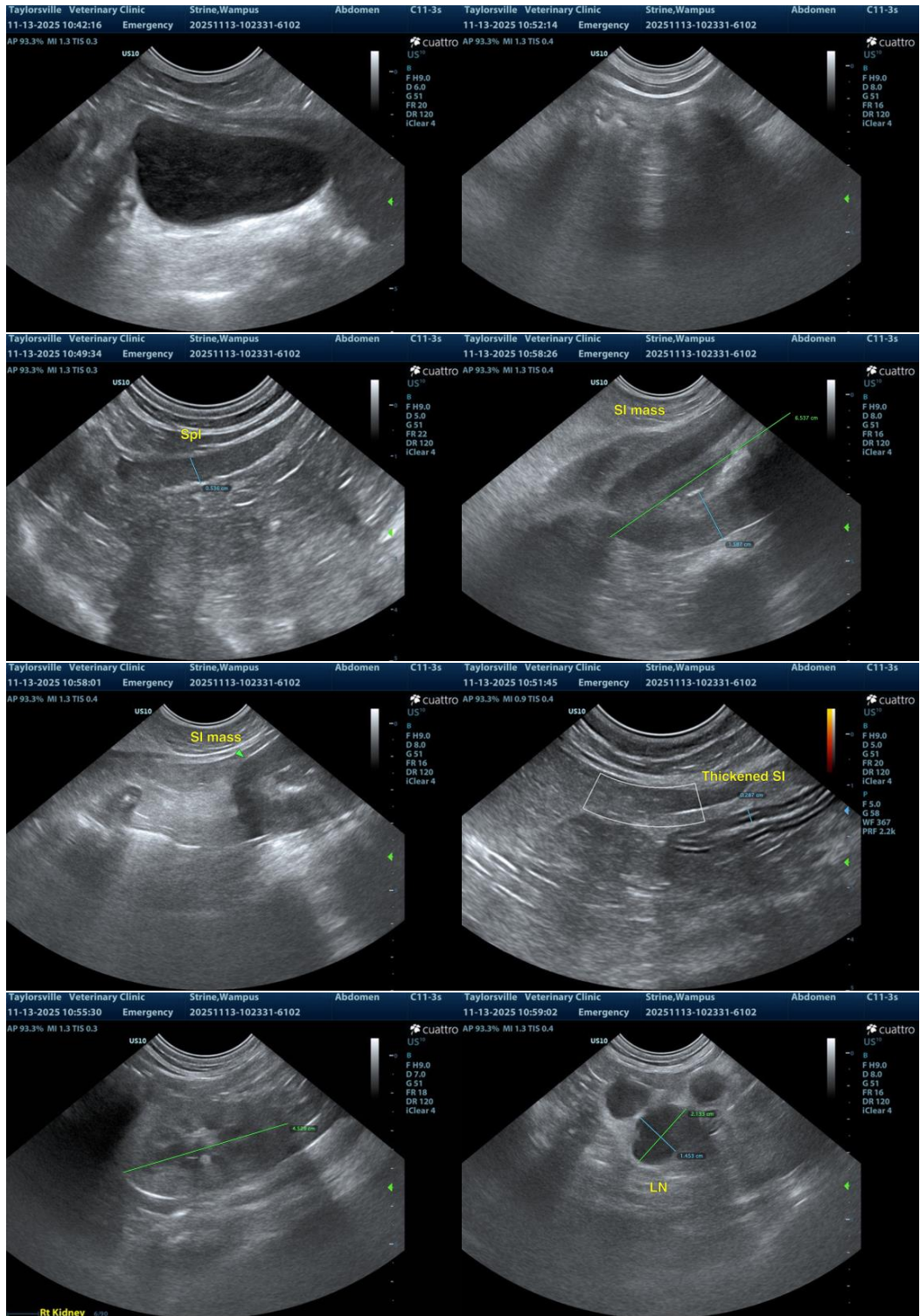
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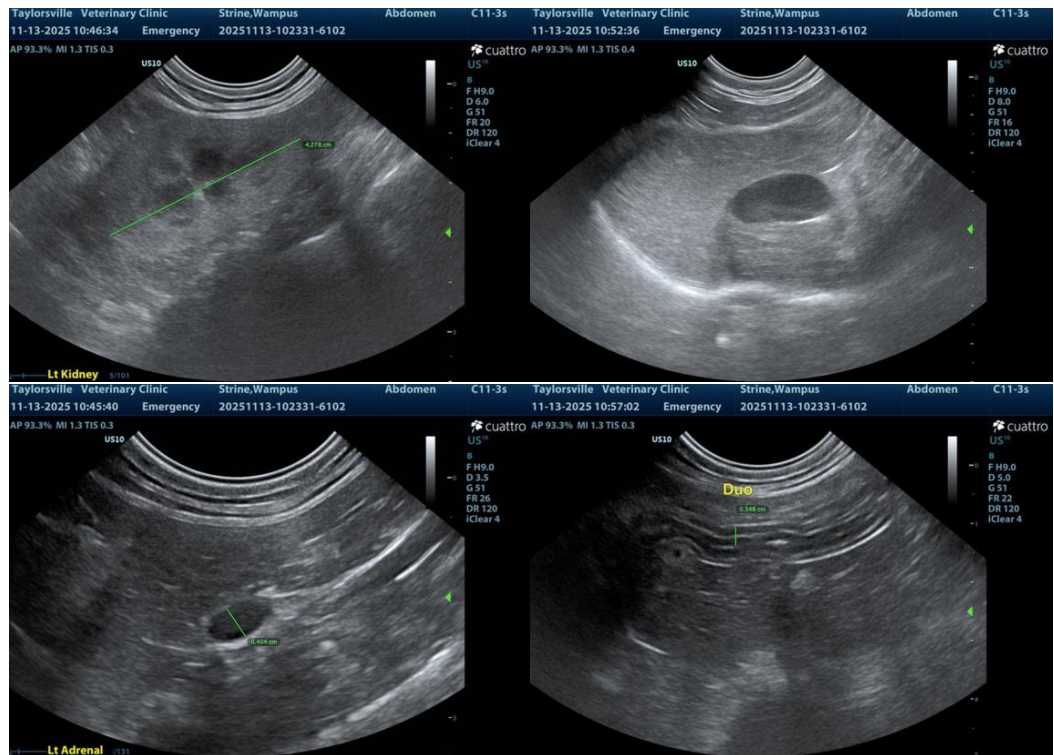
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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