



## PATIENT

The submitted study contained 25 still images and 8 videos for review.

Sassy Marques

## PRESENTING CLINICAL SIGNS

Patient presented with abdominal pain and bloating for a few days, as well as labored breathing. Patient previously went to another veterinarian last week, something hard was felt on the right side. Patient has also been losing weight despite having a good appetite.

## SPECIES

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 no evidence of urine/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.

## SEX

MN

Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.6 cm in length.

## AGE

11yr

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

## WEIGHT

12lb

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was not definitively visualized.

## 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

Dr Kiim

### Liver/Gallbladder

## HOSPITAL NAME

Ridgefield Park AH

The liver exhibited possible mild enlargement with symmetrical contour. Mild non-homogenous parenchyma exhibiting normal to mild increased echogenicity compared to the spleen was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

## REFERRING VET

Dr Kim

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.29 cm in width.

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The visualized small intestine presented intact thickened wall, exhibiting altered wall layer ratio and potential segmental indistinct intestinal mural detail. The thickened small intestine measured 0.36 to 0.37 cm.

## SPECIES

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

### *Pancreas*

The definitive pancreas was not overtly visualized.

## BREED

### *Free Abdomen*

DSH

An irregular mixed echogenic mass was present in the cranial abdomen caudal to the stomach and in the area of the pancreas measuring ~ 4 cm in diameter.

SEX

Mild surrounding hyperechoic omentum was present.

MN

No obvious peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

### AGE

#### Primary

11yr

- Mixed echogenic mass, cranial abdomen/ area of pancreas
- Thickened small intestine.
- Subjective mildly enlarged echogenic liver
- Bilateral chronic renal changes

## WEIGHT

12lb

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

### INTERPRETED BY

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

Assuming normal clotting status and using a 25g needle, a mass FNA for screening cytology +/- C/S is warranted for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs are recommended if not done to correlate with the small intestine or assess for thoracic pathology as a contributing factor to the patient's weight loss.

### IMAGING PERFORMED BY

Dr Kiim

### HOSPITAL NAME

Ridgefield Park AH

### REFERRING VET

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**SPECIES**

Feline

**BREED**

DSH

**SEX**

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**AGE**

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**WEIGHT**

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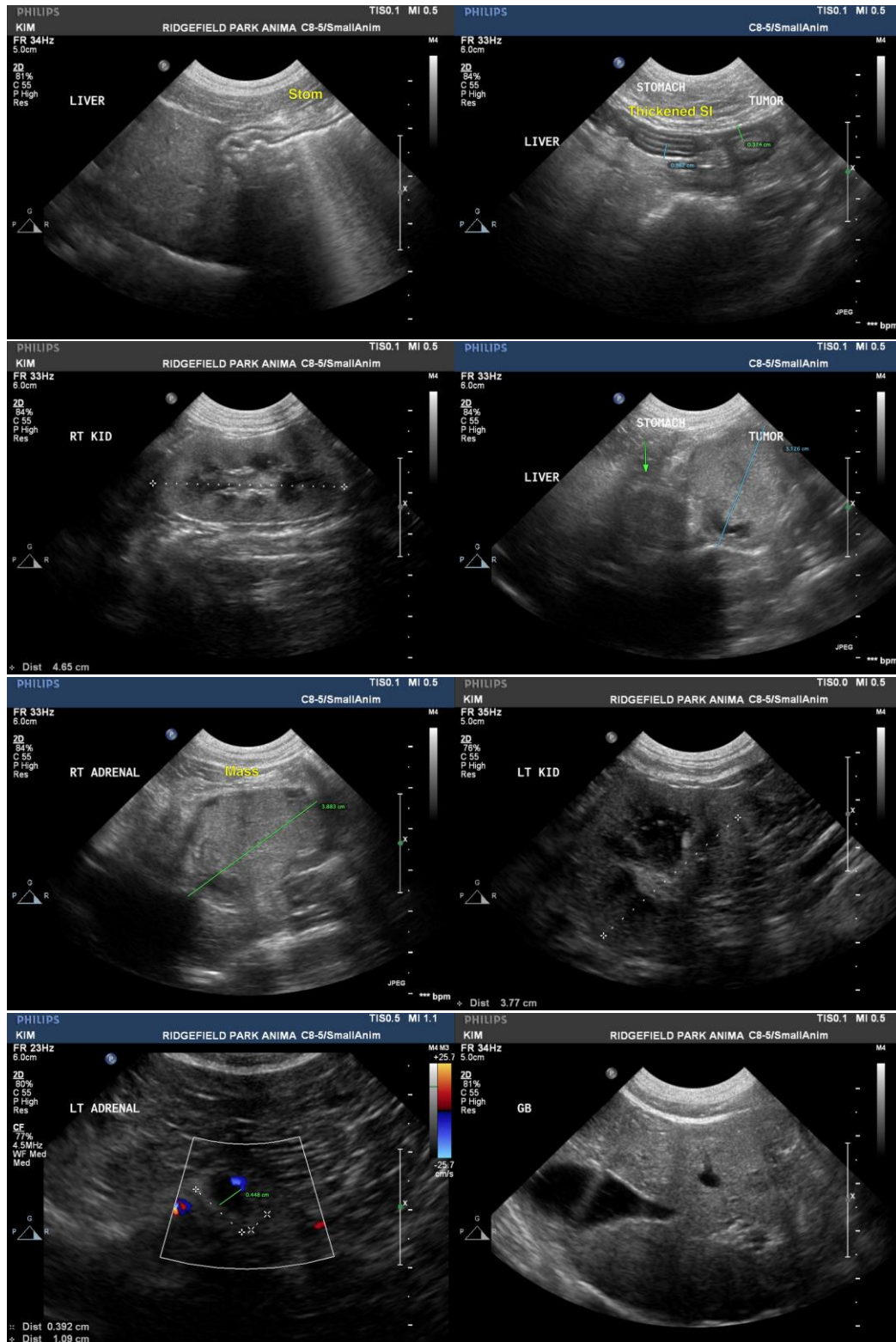
Dr Kim

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## SPECIES

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## BREED

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## SEX

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## AGE

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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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[info@sonopath.com](mailto:info@sonopath.com)