



PATIENT

Jasper Gallagher

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Harmony Animal
Hospital

REFERRING VET

Dr. Epple

INVOICE

72132

DATE

11/25/25

PRESENTING CLINICAL SIGNS

3mos hx progressive wt. loss, V+, decreased appetite. Firm mass L hip area. BCS 4/9. Catogram shows superimposition soft tissue mass L5-Lc area (external to abdomen. Rads attached. Current Meds: Famotidine, Miratazopine, IVF

Abnormal PE/Chem/CBC/UA Results: CBC/Chem wnl

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. Mild non-dependent particulate 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.

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 3.5 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 0.47 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm.

Spleen

The spleen measured 0.65 cm in width and 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

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 with mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 ileus, obstruction or foreign material. Intestinal wall measured 0.23 cm.



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

Irregular, enlarged, non-homogeneous focal to mildly cystic lymphadenopathy noted in the area of the ileocolic junction. Example measured 4.8 cm x 3.8 cm, exhibiting width to length >0.5. Ileocolic junction measured 0.34 cm in wall width.

Pancreas

The left pancreas was normal in size with mild capsule asymmetry. Mild non-homogeneous, hypochoic parenchyma.

Free Abdomen

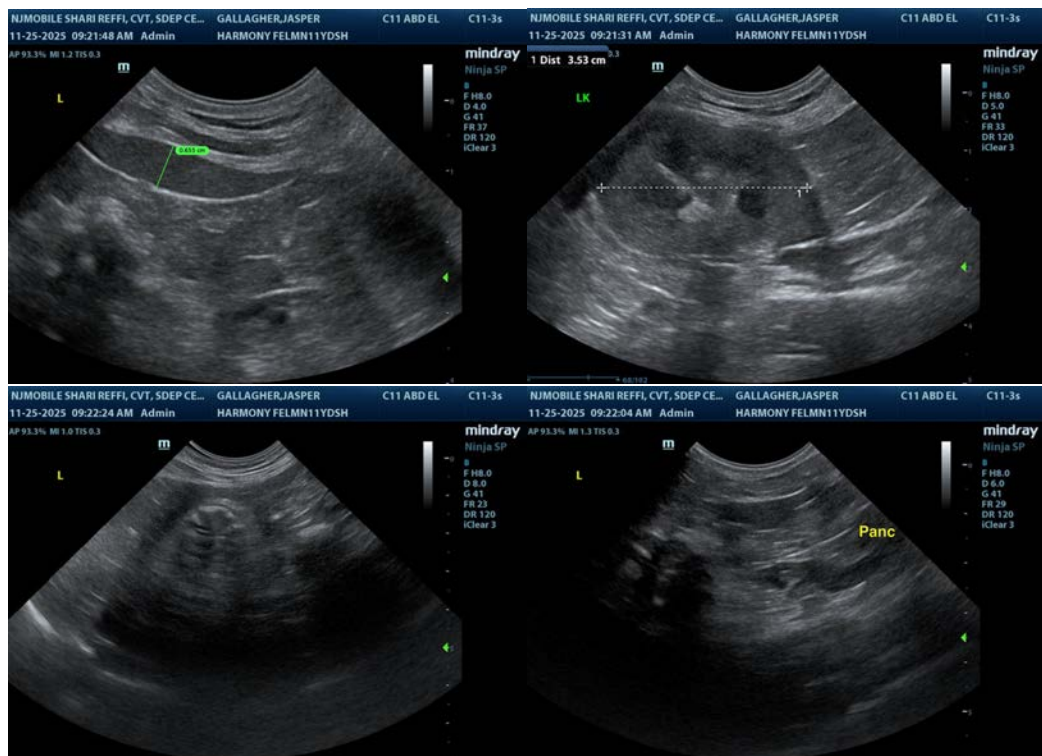
No evidence of mid abdominal mesenteric lymphadenopathy. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Significant non-homogeneous irregular lymphadenopathy in the area of the iliac trifurcation.
- Sonographically normal gastrointestinal tract.
- Possible mild left limb pancreatitis.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lymphadenopathy is suspected to be in conjunction with reported mass in the area of the left hip. Correlation with cytology recommended. Spec fPL to correlate with possible mild pancreatitis may be considered. Gastrointestinal support indicated.





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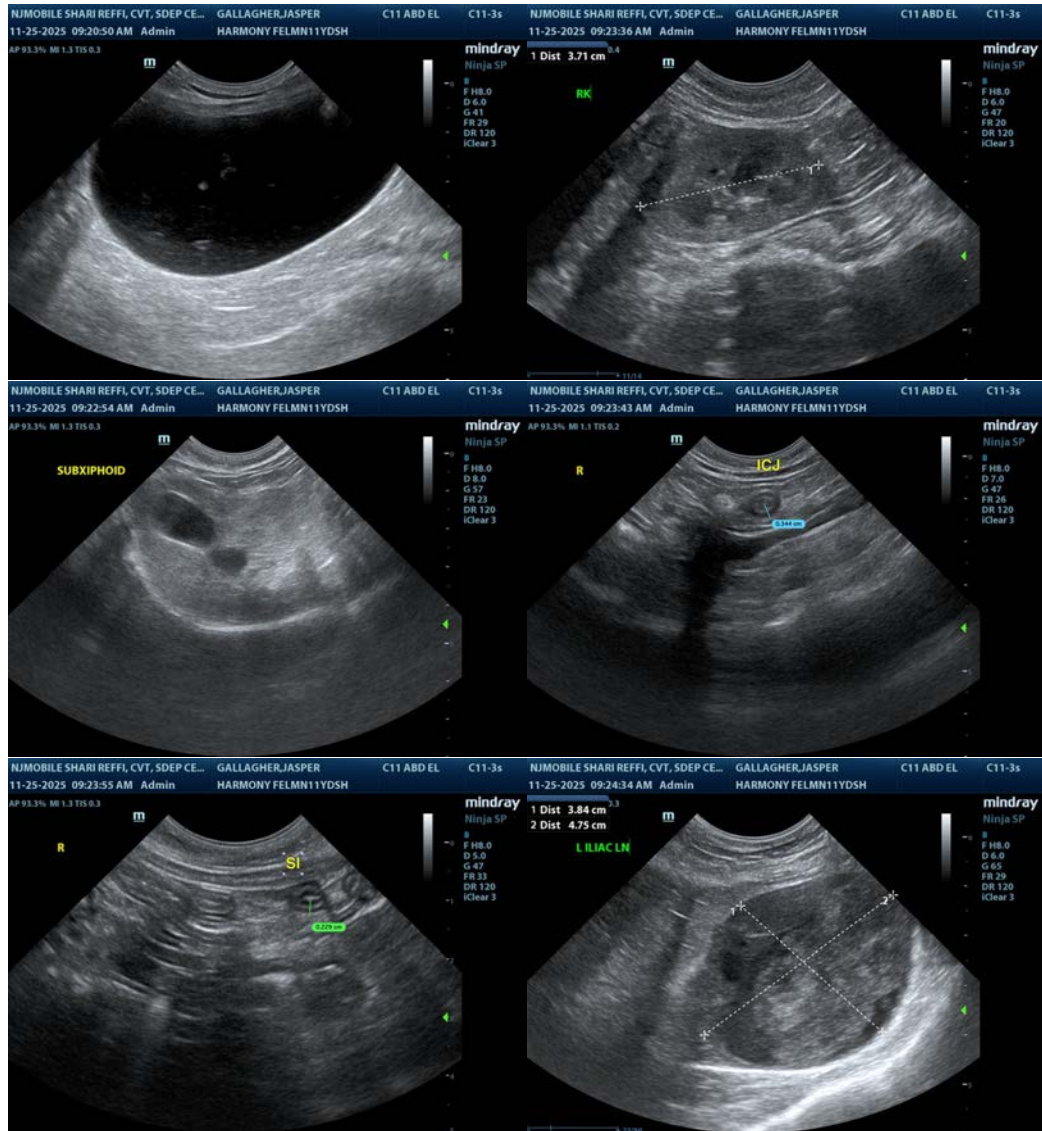
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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