



## PATIENT

Lola Zack

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

4.7 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Cara Sinopoli

## INVOICE

12100

## DATE

11/05/25

## PRESENTING CLINICAL SIGNS

PC: 2 day history inappetence, decreased defecation frequency (smaller, firmer stool), vomiting Muzzled for entire exam growls on abdominal palpation -- r/o pain v behavior abdomen palpates distended, but soft with no distinct abnormalities palpable fur matted all along spine Est. 5-6% dehydration

Abnormal PE/Chem/CBC/UA Results: EPOC -- Lac 5.89, Gluc 142, pH 7.191 CBC -- WBC 18.93K, Neut 16.35K, Eos 0.07K, Platelets 31 Chem -- WNL FIV/FeLV/HW -- Neg x3 Radiographs -- Concern for effusion in the retroperitoneal space, increased soft tissue opacity-density near the location of the stomach and the spleen. Difficult to assess whether gastric wall thickening vs mass-like effect due to summation in all views.

## 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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 3.3 cm in length. The right kidney measured 3.4 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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

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 biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal



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Diffuse thickened stomach exhibiting regional intact thickened wall with concurrent thickened hypoechoic wall with loss of mural detail. Area of thickened hypoechoic wall measured 3.4 cm x 1.7 cm. Intact thickened gastric wall measured up to 0.70 cm to 0.80 cm wall width. The stomach contained a mild amount of retained anechoic fluid without shadowing content or obstruction to the pyloric outflow. Regional perigastric mild hyperechoic omentum and intermittent mild homogenous perigastric lymphadenopathy were present.

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.

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

### **Pancreas**

The pancreas presented with normal size, contour and mild nonhomogenous parenchyma with mildly prominent pancreatic duct.

### **Free Abdomen**

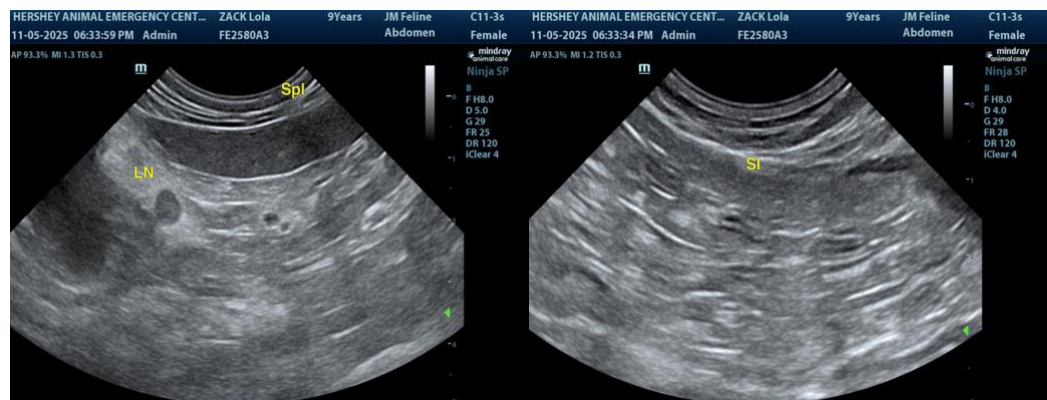
No overt mesenteric lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened stomach with wall mass.
- Perigastric hyperechoic omentum and mild perigastric lymphadenopathy.
- Possible concurrent chronic pancreatitis.
- Sonographically normal small intestine.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach meets neoplastic criteria with round cell neoplasia such as lymphoma probable. Severe gastritis, infectious disease or severe wall edema is thought less likely. Further assessment may include (assuming normal clotting status) FNA cytology of the thickened hypoechoic stomach wall. A definitive diagnosis may require gastric biopsies for histopathology.





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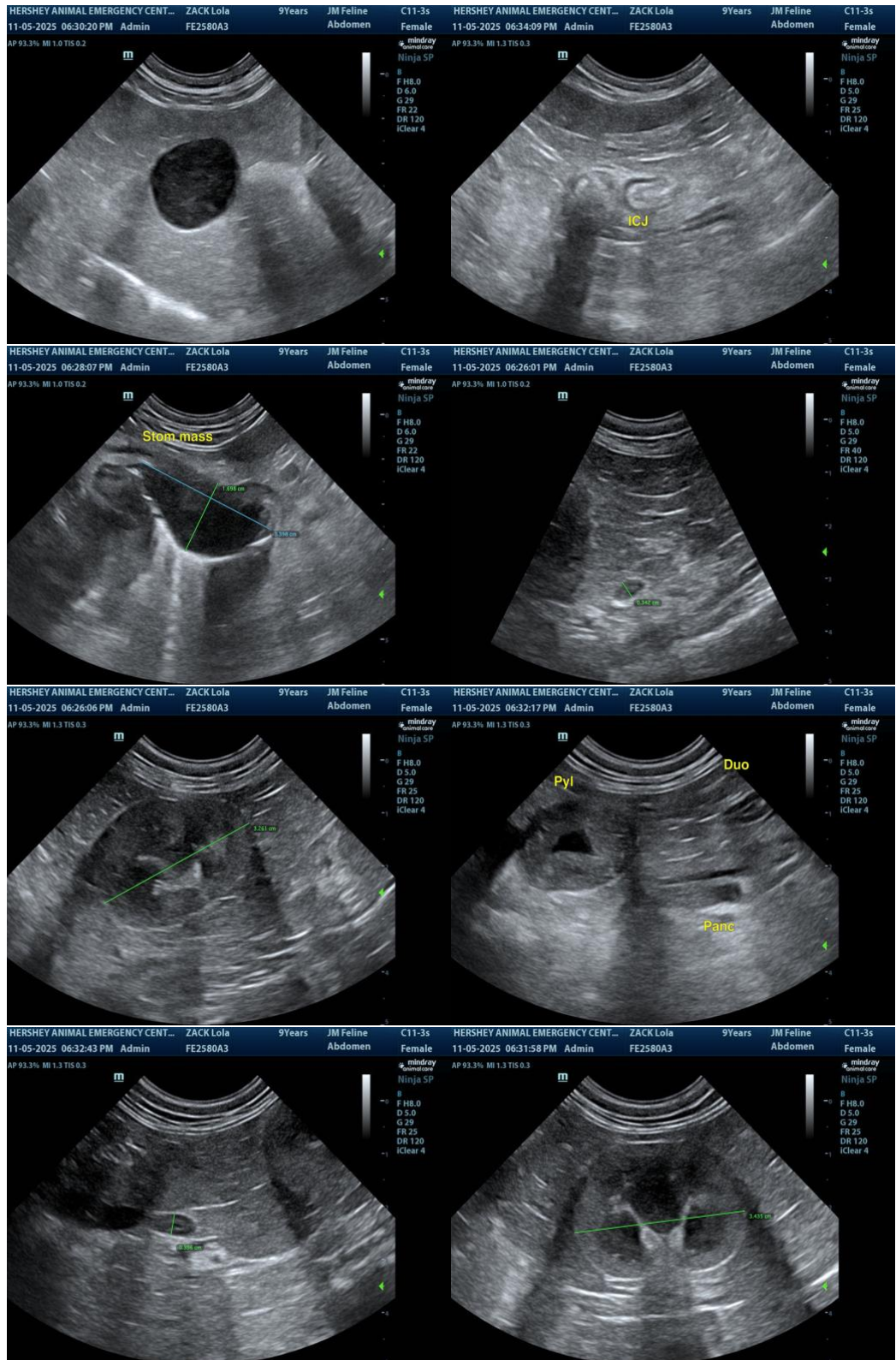
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)