



**PATIENT**

Sweetie Deen

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

5

**WEIGHT**

6.9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Sharkaway

**HOSPITAL NAME**

Union Vet Animal  
Hospital

**REFERRING VET**

Dr Elyas

**INVOICE**  
22859

**DATE**  
11/06/2025

**PRESENTING CLINICAL SIGNS**

Anorexia for 2 days Vomiting once yesterday Weight loss

Abnormal PE/Chem/CBC/UA Results: Dehydration 5-7% Palpable mass mid to caudal abdominal area BW- WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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 3.3 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**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 an extensive mural mass exhibiting marked hypoechoic mural hypertrophy and loss of mural detail potentially measuring 5 to 6 cm in length with wall width measuring 1.5 cm. The mass appeared to possibly extend to or involve the ileocolic junction. Associated marked hypoechoic to swollen mesenteric lymph nodes likewise potentially in the area of



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the ileocolic junction were present, an example of a lymph node measured 4.1 cm x 1.5 cm. Sonographically normal empty small intestinal segments were visualized with wall width measuring 0.2 cm. No evidence of intestinal obstructive pattern.

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

### *Pancreas*

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

### *Free Abdomen*

No evidence of peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Normal empty stomach
- Extensive intestinal mass with associated marked mesenteric lymphadenopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling required for further clarification, the intestinal mass and marked mesenteric lymphadenopathy are consistent with neoplastic criteria i.e. round cell neoplasia such as lymphoma, carcinoma or other. Assuming normal clotting status, an intestinal mass and accessible lymph node FNA for screening cytology could be considered for further clarification and potential for oncology consult.

No evidence of associated gastrointestinal obstructive pattern. Gastrointestinal support indicated.



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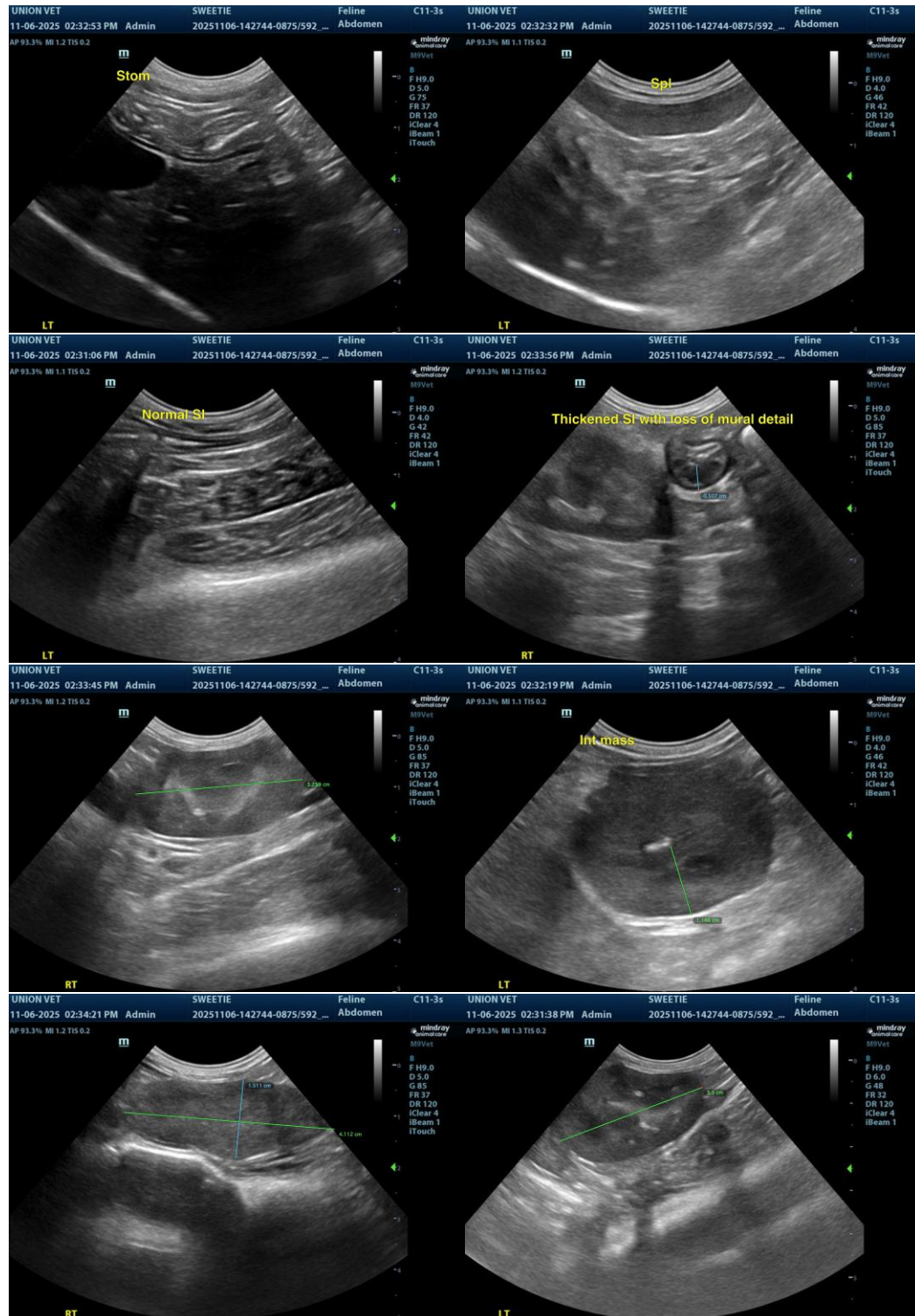
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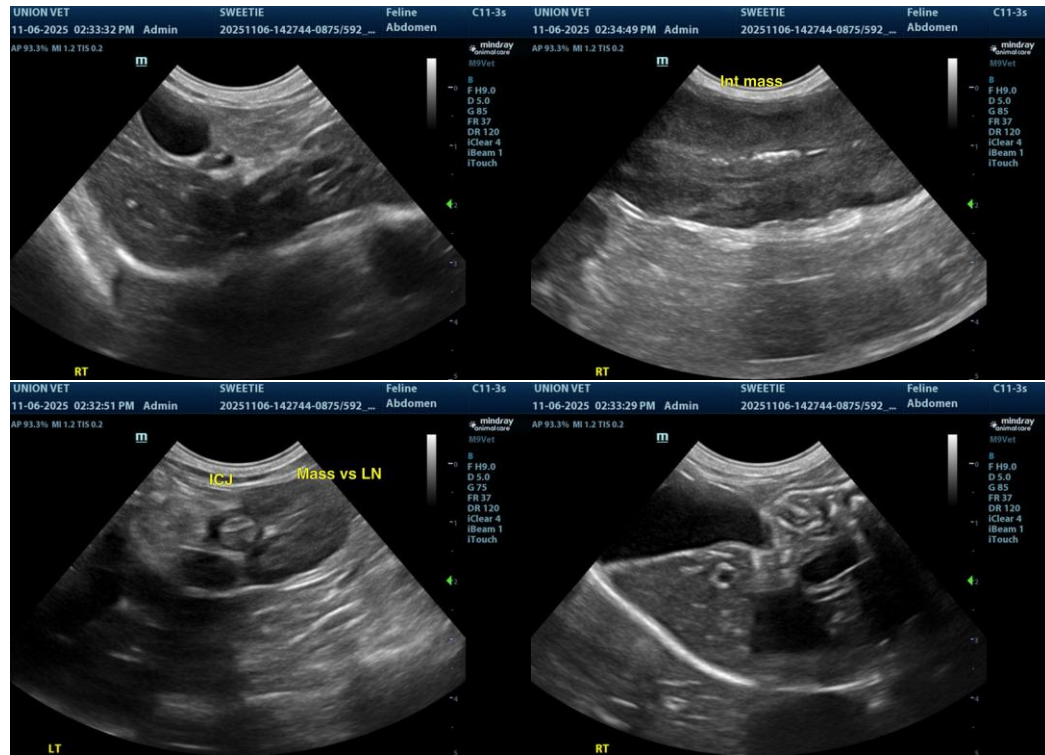
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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