



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Charlie McNamara	Patient has suspect weight loss, loss of appetite, and hair loss on abdomen. Upon exam, patient has a palpable mass in mid abdomen.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Case notes - LEUKOCYTOSIS WITH NEUTROPHILIA, LYMPHOPENIA, AND MONOCYTOSIS. DISCUSSED CAUSES AND COULD BE STRESS RESPONSE OR COULD INDICATE UNDERLYING INFECTION OR INFLAMMATION. COULD DO COURSE OF ANTIBIOTICS AND RECHECK IF INTERESTED. NO CAUSE FOR WEIGHT LOSS SEEN. NO INDICATION FOR FURTHER TESTING REALLY EITHER BUT COULD START WITH XRAY TO SCREEN FOR ANY ISSUES.
Feline	
<b>BREED</b>	
DSH	
<b>SEX</b>	
MN	
<b>AGE</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
10 yrs	<b>Urinary System</b>
<b>WEIGHT</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, 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.
8.16 lbs.	No evidence of pathology in the area of the aortic trifurcation.
<b>INTERPRETED BY</b>	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 3.6 cm in length. The right kidney measured 4.3 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Adrenal Glands</b>
<b>IMAGING PERFORMED BY</b>	The left and right adrenal glands were not definitively visualized.
Ashley Whitsel, DVM	<b>Spleen</b>
<b>HOSPITAL NAME</b>	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 0.78 cm width at the level of the mid spleen.
Dickson AC	<b>Liver/ Gallbladder</b>
<b>REFERRING VET</b>	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without
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12/11/25	



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10 yrs

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## IMAGING PERFORMED BY

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signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized 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 was empty without evidence of retained ingesta, fluid, or foreign material.

A midabdomen intestinal mass exhibiting thickened hypoechoic wall and loss of wall layer detail was noted, measuring ~4.0-5.0 cm in length with wall width measuring 1.0 cm. A separate, proliferative, nonhomogeneous, possibly cystic to cavitated intestinal mass was noted in the mid-cranial abdomen measuring ~3.0 cm in diameter. The remainder of the small intestine exhibited intact yet thickened wall layering with mild altered wall layer ratio. Thickened intestine measured 0.30 cm wall width. Primarily intestinal lumen was noted with segmental mild nonshadowing ingesta / chyme and gas. No evidence of an obstructive pattern.

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

## ***Pancreas***

The left pancreas was prominent in size with nonhomogeneous, hypoechoic parenchyma compared to adjacent omentum.

## ***Free Abdomen***

Mild volume peritoneal effusion was present. Generalized nonuniform omental hyperechogenicity was noted. Intermittent, mild to variably enlarged, nonhomogeneous lymph nodes were present, with an example measuring 1.3 cm diameter.

## **ULTRASONOGRAPHIC FINDINGS**

- Intestinal masses
- Associated variable nonhomogeneous mesenteric lymphadenopathy
- Mild heterogeneous liver with mild gallbladder debris
- Bilateral chronic renal changes
- Mild peritoneal effusion
- Probable left limb chronic / chronic active pancreatitis

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

The intestinal masses are most consistent with neoplastic criteria, although combined etiologies such as neoplasia, inflammatory, or granulomatous disease are possible. Further assessment may include FNA cytology of thickened Intestinal wall and accessible mesenteric lymph node.



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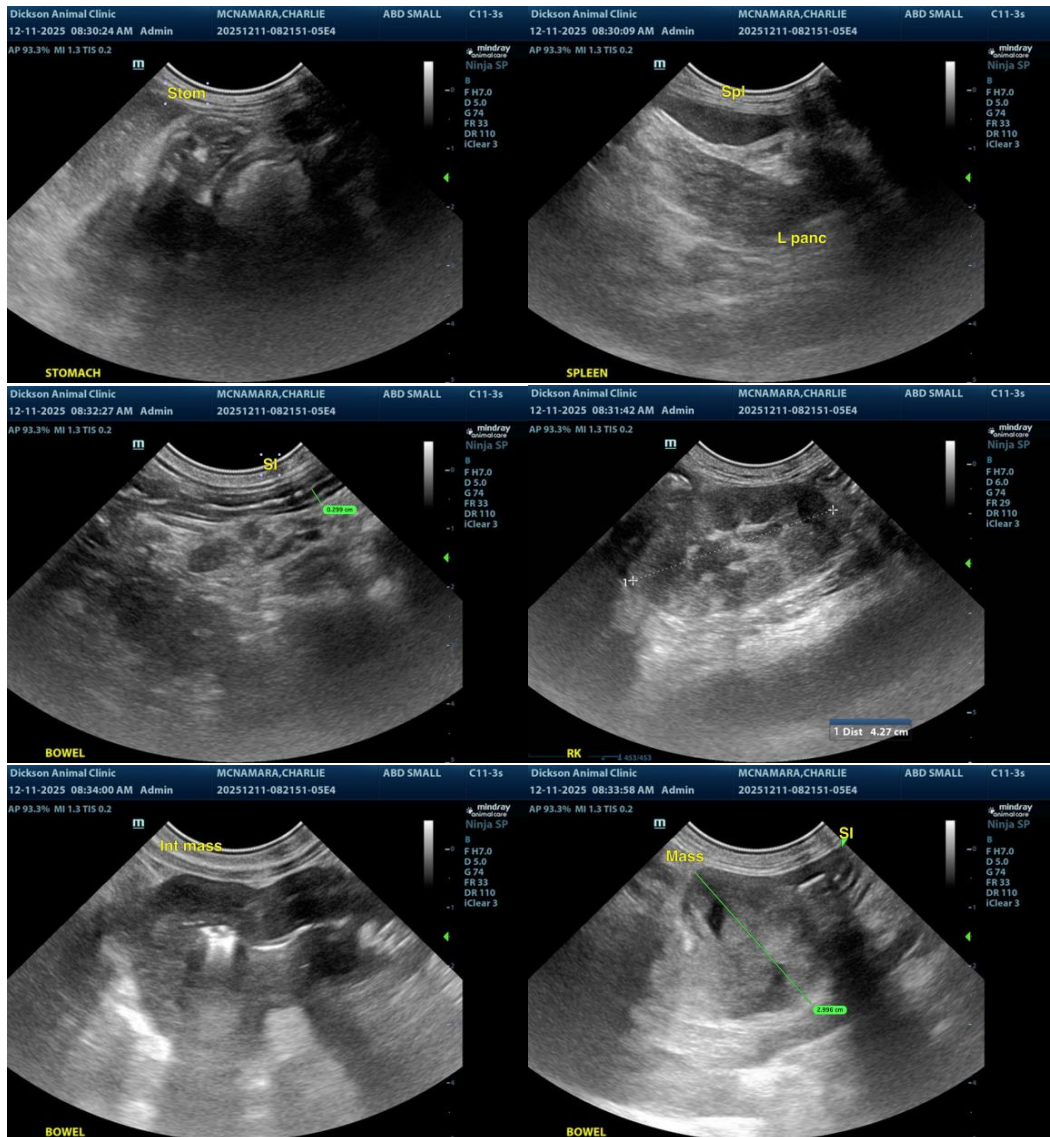
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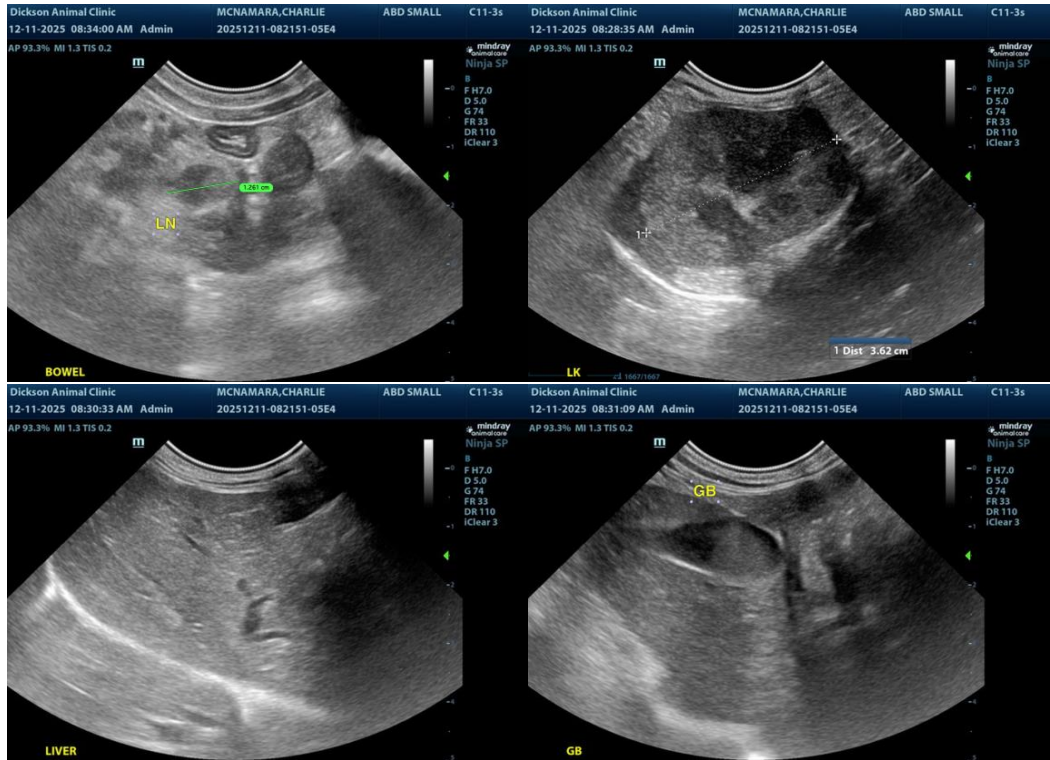
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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