



## PATIENT

Sissy Coyle

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

14yr

## WEIGHT

9lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr dann shemanski

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Dr Lefler brockport  
animal hospital

## INVOICE

23259

## DATE

12/16/2025

## PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Patient presented for anorexia, lethargy for several days but no vomiting. PE: abdomen soft on palpation, no masses palpated. Lat abd rad: gas distended stomach and SI. No obvious linear FB pattern. Pylorus thickened with either mass effect or FB present. Concern for neoplasia. Lab work unremarkable

## 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 asymmetrical 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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. The spleen measured 1.0 cm in width at the level of the mid spleen.

### Liver/Gallbladder

The liver was subjectively borderline enlarged with symmetrical contour and primarily homogenous parenchyma. A mildly expansive, non-homogenous hyperechoic ventral mid to right liver mass was present measuring 3.5 cm in diameter. The liver mass exhibited subtle cystic changes. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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 intact borderline thickened wall with maintained muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus,



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obstruction or foreign material. The ileocolic wall measured 0.43 cm in width. The small intestinal wall measured 0.26 cm in width.

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

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### *Pancreas*

The parenchyma of the left limb, body and right limb of the pancreas presented hypoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. Minor prominent left limb pancreatic duct.

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### *Free Abdomen*

No evidence of peritoneal effusion was present.

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Intermittent mildly prominent to enlarged colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 0.6 cm in diameter.

## AGE

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### *Primary*

- Mildly expansive hyperechoic to subtle cystic liver mass-biliary cyst adenoma, potential for carcinoma or biliary cyst adenocarcinoma possible
- Normal empty stomach
- Intact, borderline thickened small intestine- patient variant, possible low grade to mild enteropathy
- Non-enlarged, mildly hypoechoic left pancreas, mildly prominent pancreatic duct- age variant, possible mild chronic to chronic active pancreatitis
- Bilateral chronic renal changes exhibiting minor pyelectasia.
- Mild gallbladder debris

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with the pending liver mass cytology is recommended. Aside from the liver mass, no evidence of abdominal specifically gastrointestinal neoplastic criteria or gastrointestinal foreign material. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support indicated. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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Dr dani shemanski

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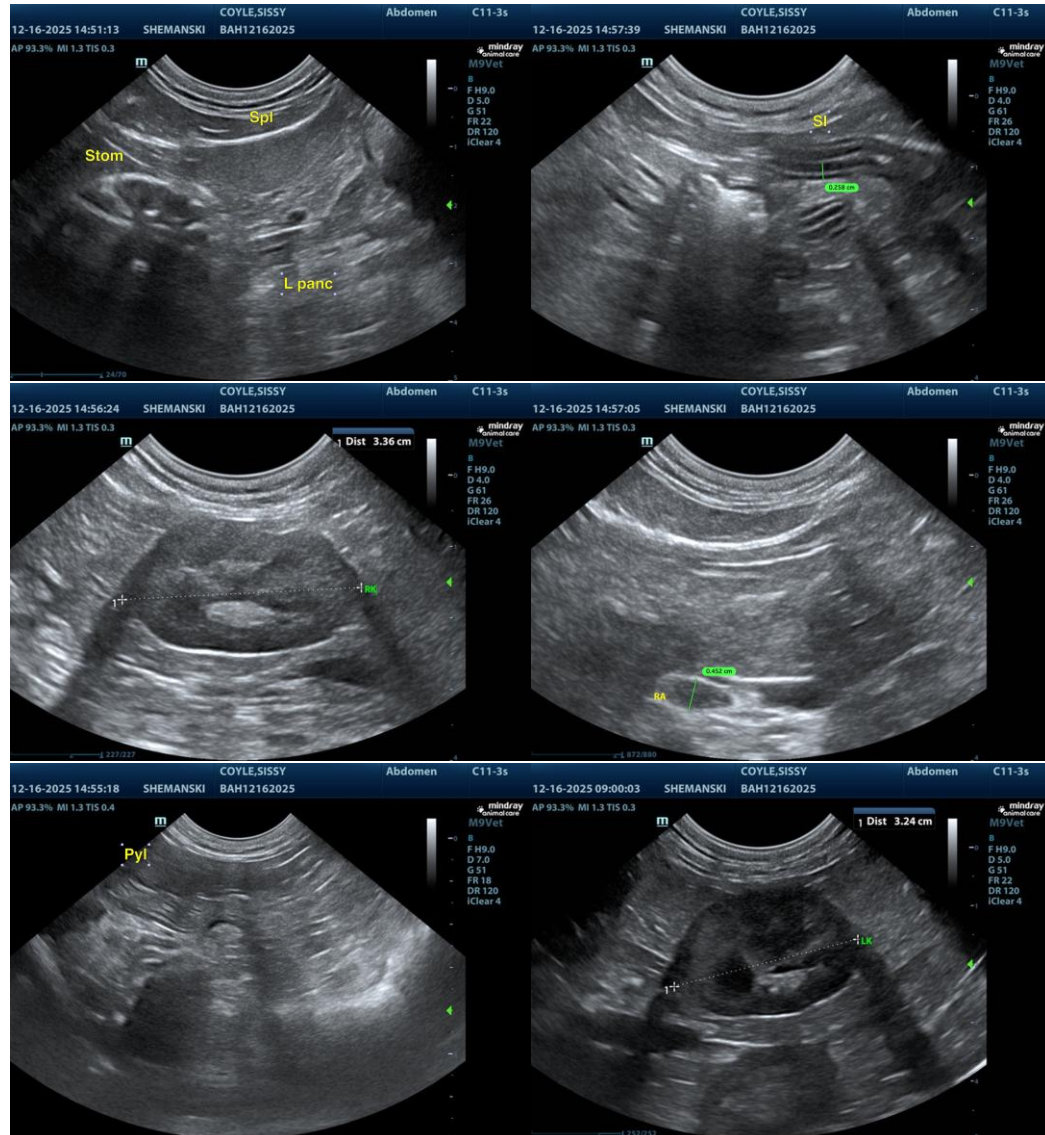
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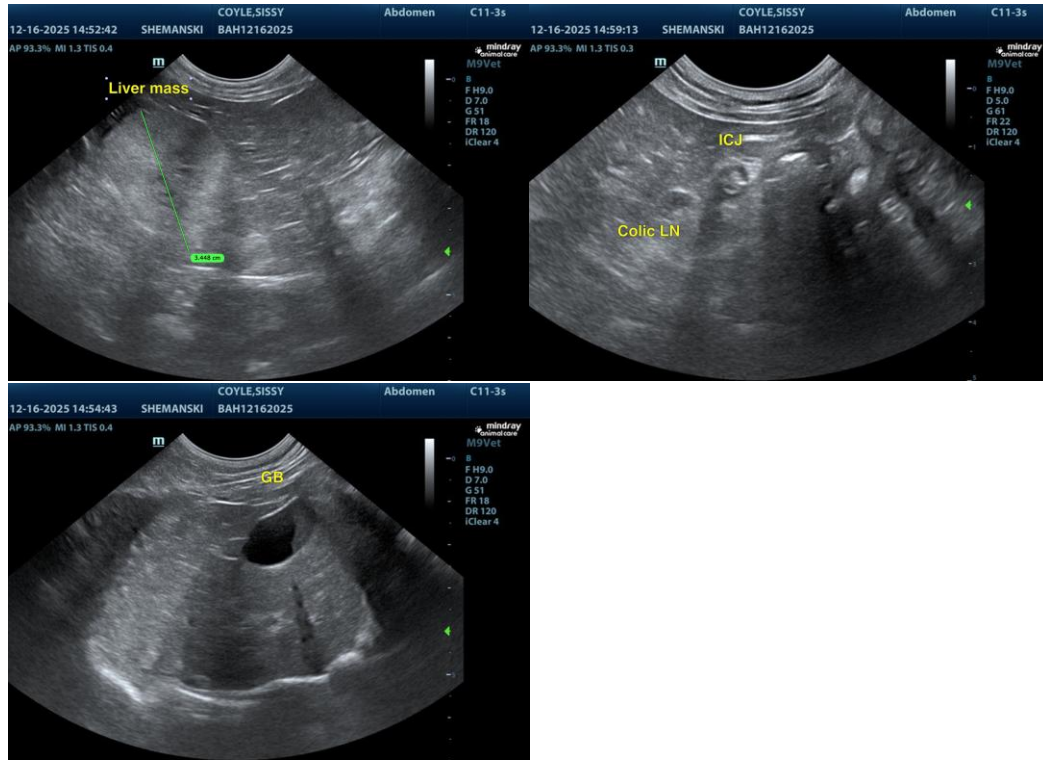
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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