



## PATIENT

Luna Gregg Stanger

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

6

## WEIGHT

8.2

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Sharkaway

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Bassem

## INVOICE

12763

## DATE

12/18/25

## PRESENTING CLINICAL SIGNS

Anorexia Lethargy Vomiting 4 times last week

Abnormal PE/Chem/CBC/UA Results: BW-WNL Mid-abdominal mass

## 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 3.2 cm in length. The right kidney measured 3.6 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### Spleen

The spleen was mildly subnormal in size (possibly suggestive of volume contraction) 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. The spleen measured 0.50 cm width level of the mid spleen.

### 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 minor biliary sludge. 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 mild lumen gas and no signs of ileus, obstruction or foreign material.

The small intestine revealed a mid-caudal abdomen intestinal mass exhibiting markedly thickened irregular hypoechoic intestinal wall and loss of mural detail measuring approximately 5.0 cm in diameter. Adjacent thickened intact intestinal segments with thickened intestine wall measuring 0.26 cm wall width. No evidence of intestinal obstructive pattern.

The visualized descending colon was sonographically normal.



**PATIENT**

**Pancreas**

Luna Gregg Stanger

No obvious pathology in the area of the pancreas.

**SPECIES**

**Free Abdomen**

Feline

Intermittent mildly enlarged nonhomogenous hypoechoic mesenteric lymph nodes were visualized with an example measuring 1.4 cm in diameter. Peri-intestinal hyperechoic omentum surrounding the intestinal mass and adjacent intestinal segments.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Large mid to caudal abdomen intestinal mass.
- Concurrent intact thickened adjacent intestinal segments.
- Intermittent mildly enlarged hypoechoic mesenteric lymph nodes.

**AGE**

6

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

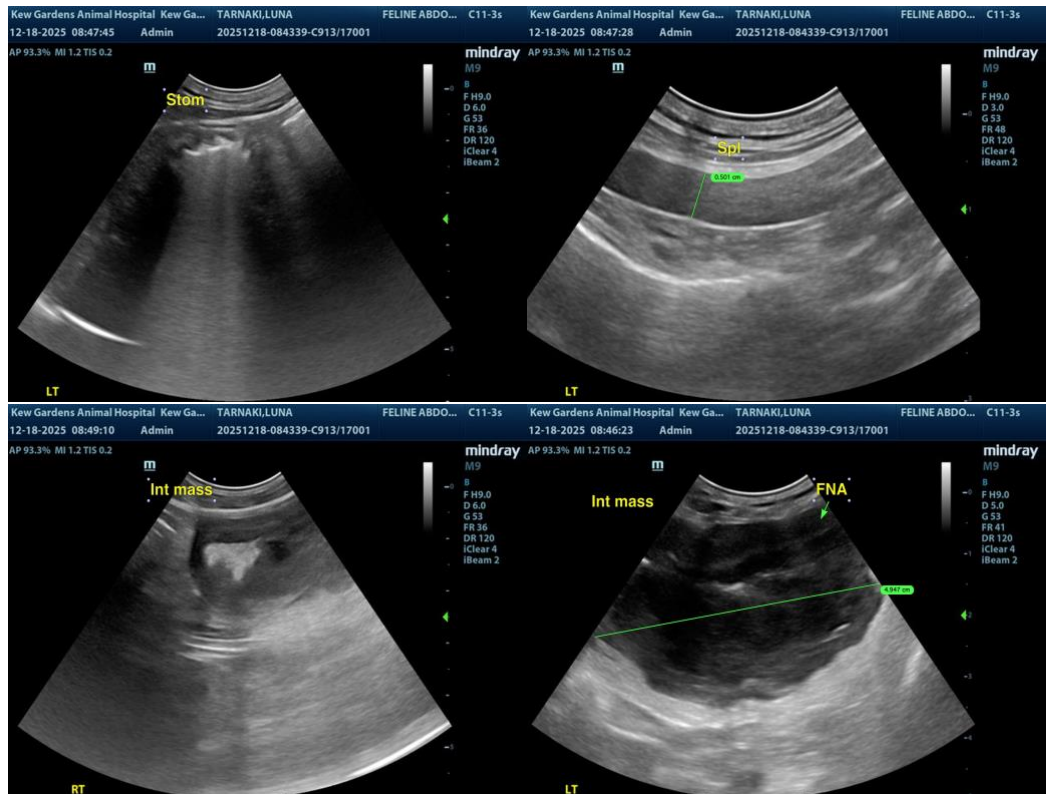
**WEIGHT**

8.2

The intestinal mass is almost certainly consistent with neoplastic criteria with suspect metastatic lymphadenopathy and highly suspected extension of early neoplastic criteria and adjacent intestinal segments. Severe inflammatory or granulomatous (FIP) etiology is thought less likely. Assuming normal clotting status and using a 25-gauge needle, intestinal mass and accessible lymph node FNA cytology is warranted for further clarification with potential oncology consult. If surgery is a potential, abdominal CT would be ideal for further assessment of the mass and for nonobvious metastasis as well as surgical planning. Three view chest radiographs are recommended if not done.

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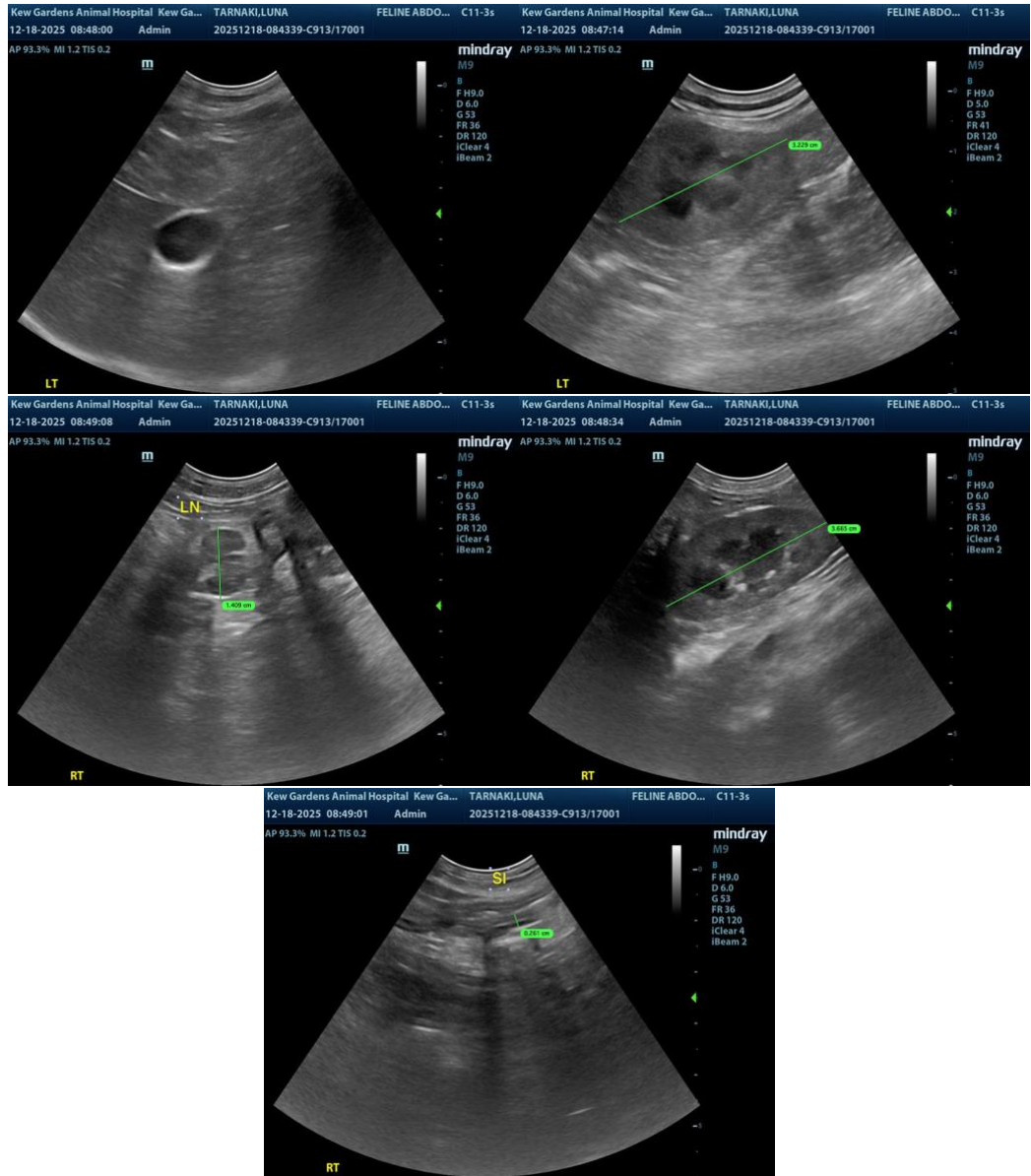
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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