



**PATIENT**

Pebble Coots

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

11 y

**WEIGHT**

10.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

Dr. Kairis

**INVOICE**

12968

**DATE**

12/18/25

**PRESENTING CLINICAL SIGNS**

History: Clinical Exam Findings: Lethargic, ongoing vomiting, not eating for multiple days, Possible thickened intestines/mass effect cranial abdomen. Does not like abdominal palpation ABNORMAL Lab work Values lab work 10/2025 WNL

Current Medications: cerenia inj, SQF, mirataz given 12/16/25

**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 changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 4.3 cm in length. The right kidney measured 4.5 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 0.41 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.5 cm.

**Spleen**

The spleen was normal in size and contour with homogeneous mildly hypoechoic parenchyma. No mass or nodules present. The spleen measured 0.98 cm width level of the mid spleen.

**Liver**

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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.

Generalized thickened small intestine exhibiting segmental intact altered wall layer ratio and areas of indistinct mural detail. Two visualized intestinal masses noted exhibiting thickened hypoechoic wall



**PATIENT**

Pebble Coots

and loss of mural detail and mild associated non-obstructive segmental intestinal ileus. Thickened intestinal wall within the masses measured 1.3 cm width. By comparison, thickened intact intestine wall measured 0.37 cm width.

**SPECIES**

Feline

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

**Pancreas**

No obvious pathology in the area of the pancreas.

**BREED**

DSH

**Free Abdomen**

Mild volume peritoneal effusion and generalized mild omental hyperechogenicity present. Intermittent, mildly enlarged to swollen, hypoechoic mesenteric lymph nodes were present with an example measuring 1.2 cm in diameter.

**SEX**

Female Spayed

**PRIMARY FINDINGS**

- Diffusely thickened intestine with segmental intestinal mural masses
- Hepatomegaly
- Borderline enlarged hypoechoic spleen
- Omental hyperechogenicity, mild volume peritoneal effusion and intermittent swollen mesenteric lymphadenopathy

**AGE**

11 y

**SECONDARY FINDINGS**

- Age-related renal changes

**WEIGHT**

10.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The intestinal tract is consistent with neoplastic criteria with round cell neoplasia probable, i.e. lymphoma, mast cell neoplasia or other. Multicentric neoplasia involving the liver and spleen is suspected. Further assessment may include, assuming normal clotting status and using 25-gauge needle, FNAS cytology of the thickened intestinal wall and hepato-splenic screening cytology with potential oncology consult. Curative surgical options are precluded.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

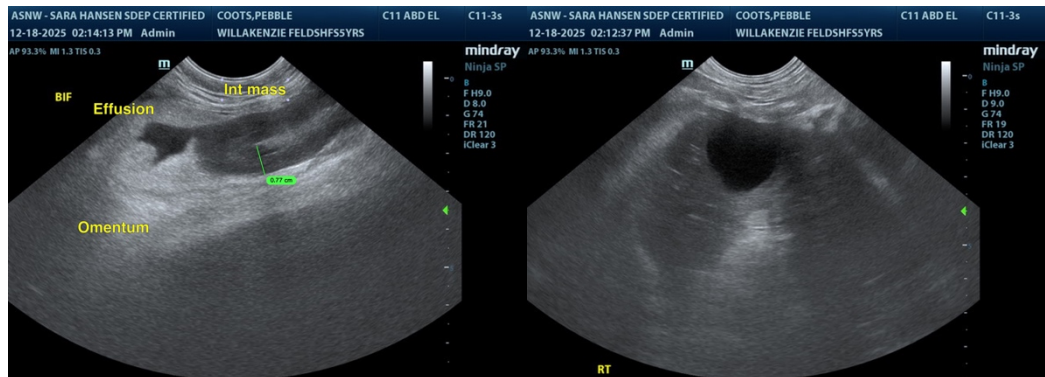
Dr. Kairis

**INVOICE**

12968

**DATE**

12/18/25





**PATIENT**

Pebble Coots

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

11 y

**WEIGHT**

10.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

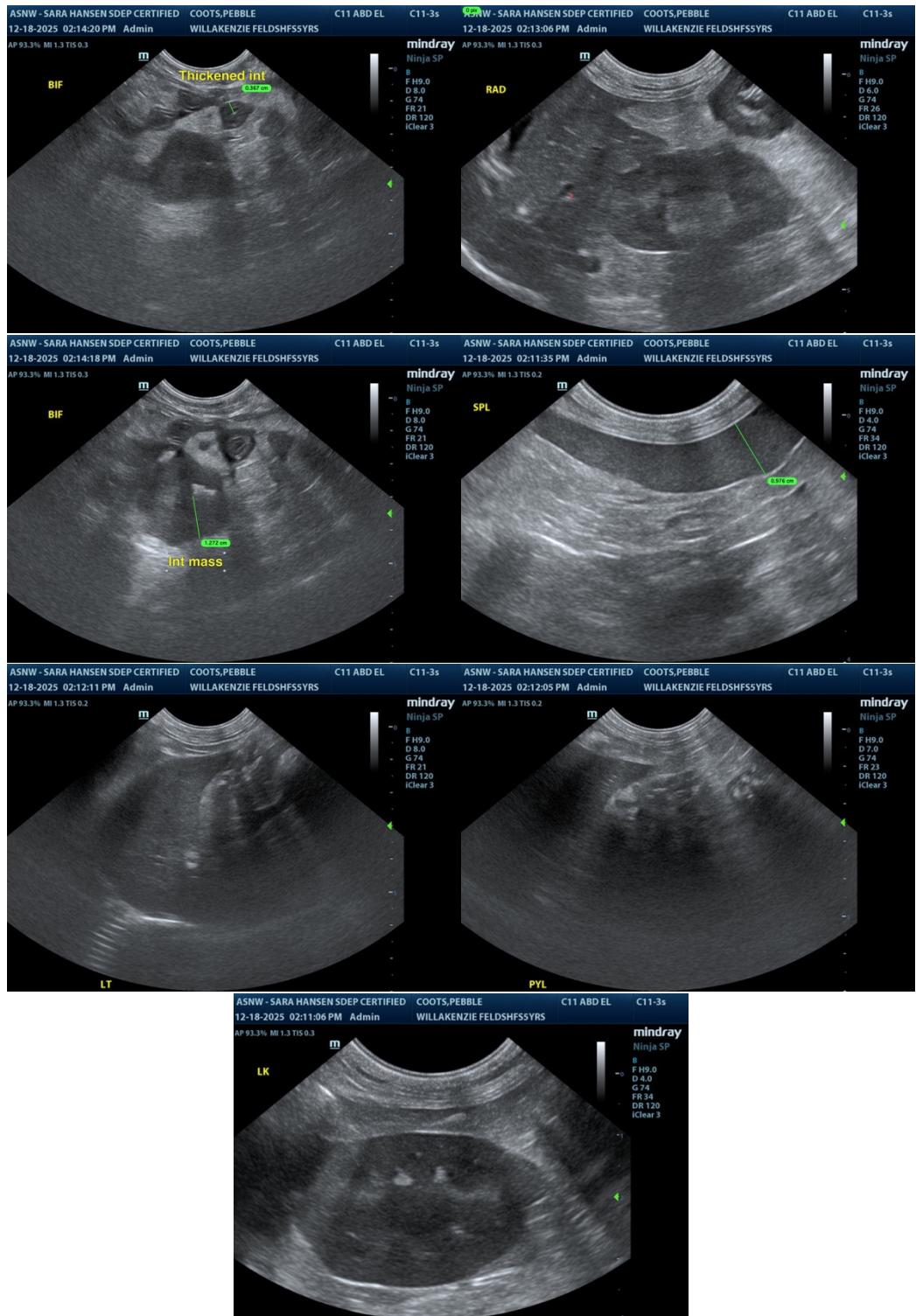
Dr. Kairis

**INVOICE**

12968

**DATE**

12/18/25





**PATIENT**

Pebble Coots

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

11 y

**WEIGHT**

10.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

Dr. Kairis

**INVOICE**

12968

**DATE**

12/18/25

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)