

## PATIENT

Yogi Burkart

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

14y

## WEIGHT

10.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Elakbawy

## HOSPITAL NAME

Lincoln ACDH

## REFERRING VET

Dr. Elakbawy

## INVOICE

12990

## DATE

12/26/25

## PRESENTING CLINICAL SIGNS

History: History of intermittent vomiting for one months, X- rays showed a soft tissue caudal abdominal mass. All blood is normal. Seems to have constipation. Enema is given after ultrasound.

## 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. Primarily anechoic urine was present in the lumen. Moderate, non-dependent particulate mobilized 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.

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 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 3.6 cm in length. The right kidney measured 3.8 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 0.40 cm.

### Spleen

The spleen was normal in size to borderline volume contracted appearance measuring 0.53 cm width. 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

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 mild, non-organized, echogenic, nonmineralized 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 contained mild retained anechoic fluid with no evidence of obstruction to pyloric outflow.

The majority of the visualized small intestine exhibited intact wall layering with maintained wall layer ratio. The lumen of the small intestine was empty. Irregular, mixed, echogenic intestinal mass noted potentially in mid abdomen exhibiting thickened intestine wall and loss intestinal mural detail



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measuring ~4.0 cm in diameter. Concurrent subjective thickened adjacent colon wall measuring 0.44 cm width. Duodenum wall measured 0.27 cm and jejunum wall measured 0.24 cm.

The generalized colon exhibited distention with formed to shadowing fecal matter. Overtly normal intact visible colon wall in the adjacent colon segments.

### 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

Associated regional peri intestinal hypoechoic omentum and mildly enlarged non-homogeneous hypoechoic colic lymphadenopathy with an example of lymph node measuring ~1.2 cm x 0.5 cm. Mild volume peritoneal effusion was present.

## PRIMARY FINDINGS

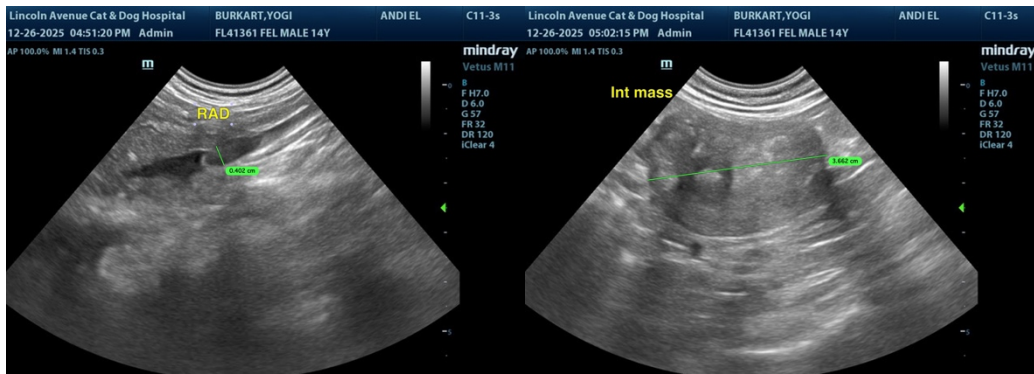
- Mass suspected to be involving the ileocolic junction/proximal colon
- Generalized distended colon with foreign fecal matter
- Overall, sonographically unremarkable gastrointestinal tract with mild retained gastric fluid – no gastrointestinal obstructive pattern
- Associated regional peri intestinal hypoechoic omentum, mild lymphadenopathy and mild volume peritoneal effusion

## SECONDARY FINDINGS

- Urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass is highly consistent with neoplastic criteria, i.e. carcinoma round cell neoplasia or other. Assuming normal clotting status, intestinal mass FNA cytology, +/- lymph node FNA or if possible, effusion analysis may be considered for further clarification. Assuming no pathology on 3-view chest radiographs and if surgery is a potential, abdominal CT is ideal for further assessment and surgical planning.





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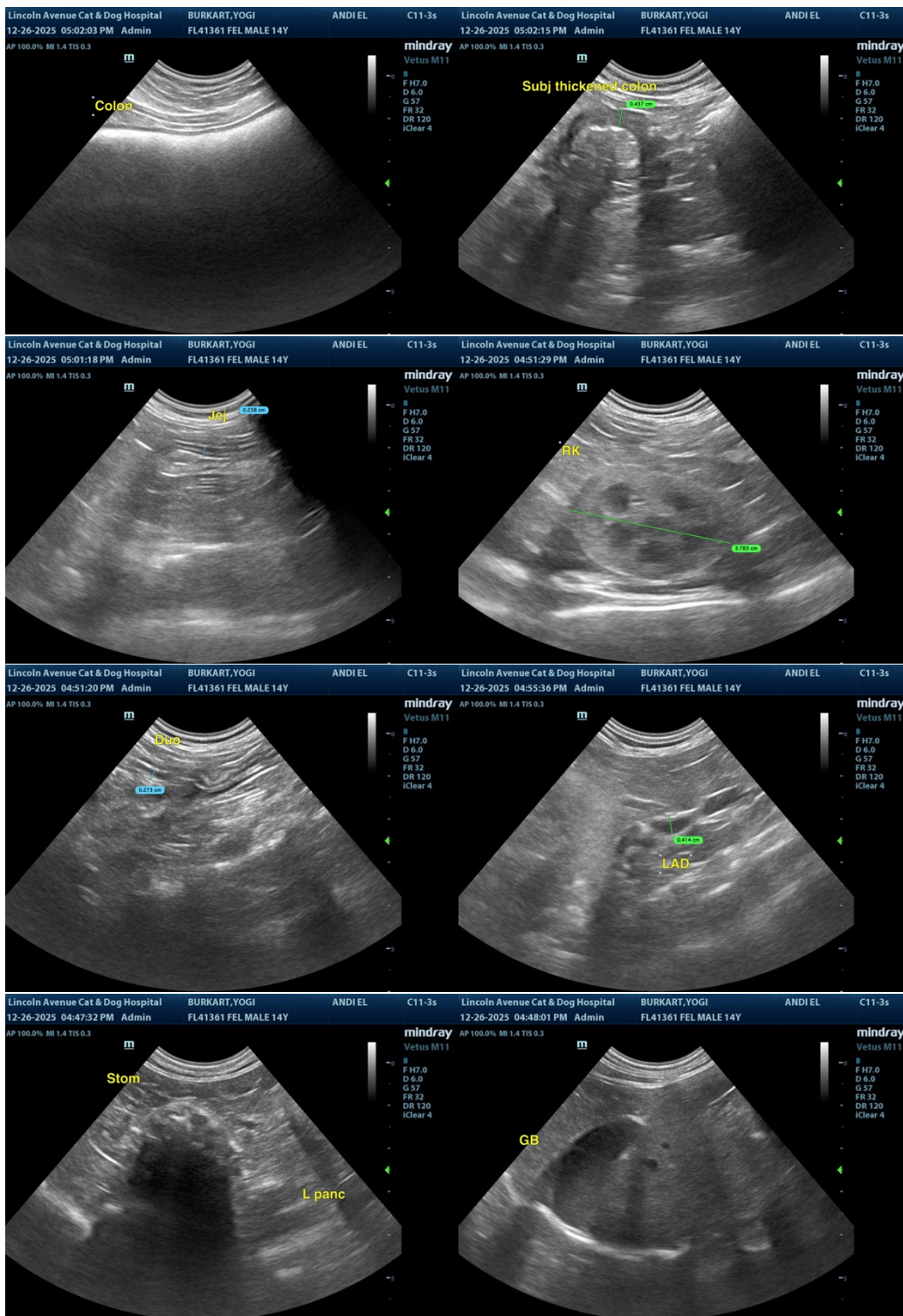
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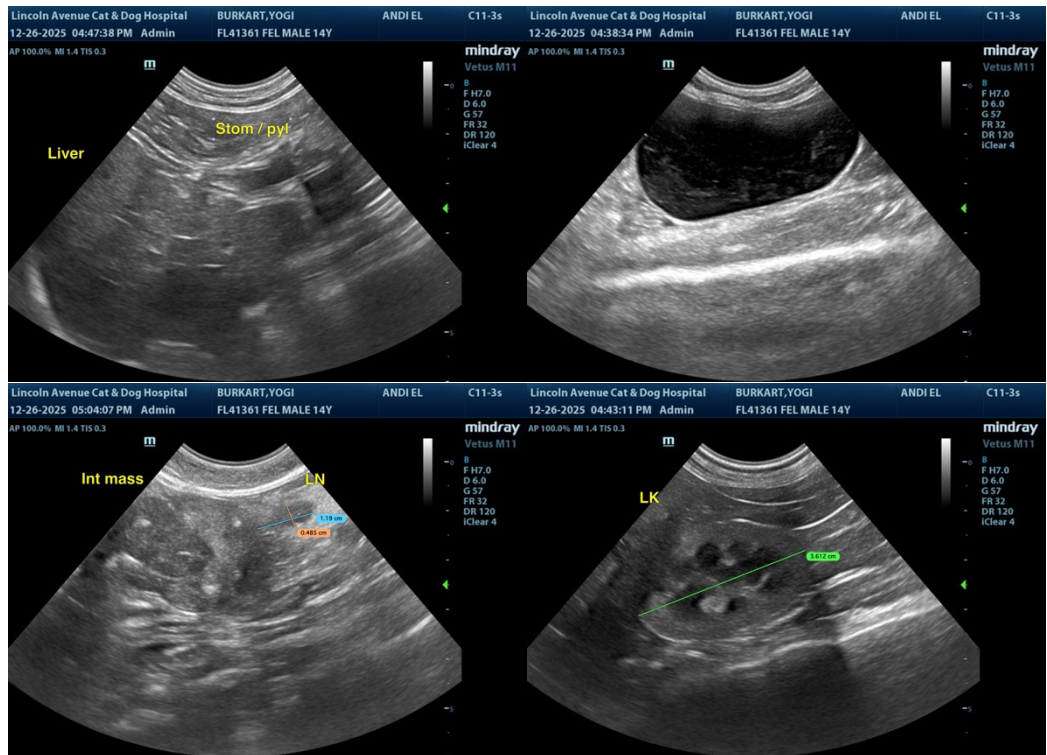
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)