



PATIENT

Josephine Dowler

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14y

WEIGHT

5.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

Oakbank AH

REFERRING VET

Dr. Fleming

INVOICE

12997

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Hx of intermittent vomiting. Referred for abdominal u/s after concern for gastric neoplasia during work-up.

Meds: Prednisolone 5mg daily - has responded well - clinical signs resolved

Abnormal PE/Chem/CBC/UA Results: CBC: NAF Chem: mild elevation GGT U/A: NAF sedated oral exam: inflamed/hyperemic tonsils chest rad (lateral) - possibly hyperinflated lungs AFAST ** possible gastric mass vs food material in stomach

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. Small dorsal polyp was present measuring ~0.2 cm in diameter.

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 3.7 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 0.3 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 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 0.81 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

Regional, significantly thickened, hypoechoic gastric wall thickening and loss of gastric mural detail was present. Concurrent intact non-thickened to mildly thickened stomach wall without evidence of obstruction to pyloric outflow. Pylorus wall measured 0.25 cm. Thickened stomach wall measured ~1.7 cm. The lumen of the stomach contained a mild amount of retained anechoic fluid and lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Surrounding perigastric hypoechoic omentum was noted. Intermittent, swollen to hypoechoic gastric to perigastric cranial mesenteric lymph nodes were present with an example measuring 1.3 cm in diameter. No evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Stomach mass
- Normal small intestine
- Possible chronic pancreatitis
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling or biopsy is required for definitive diagnosis, the stomach mass is consistent with neoplastic criteria with lymphoma, carcinoma, or other neoplasia possible. Significant inflammatory or granulomatous etiology considered less likely. Stomach wall and accessible lymph node FNA cytology and oncology consult is recommended. 3-view chest radiographs suggested if not done. Continued gastrointestinal support and gastro protectants are recommended.





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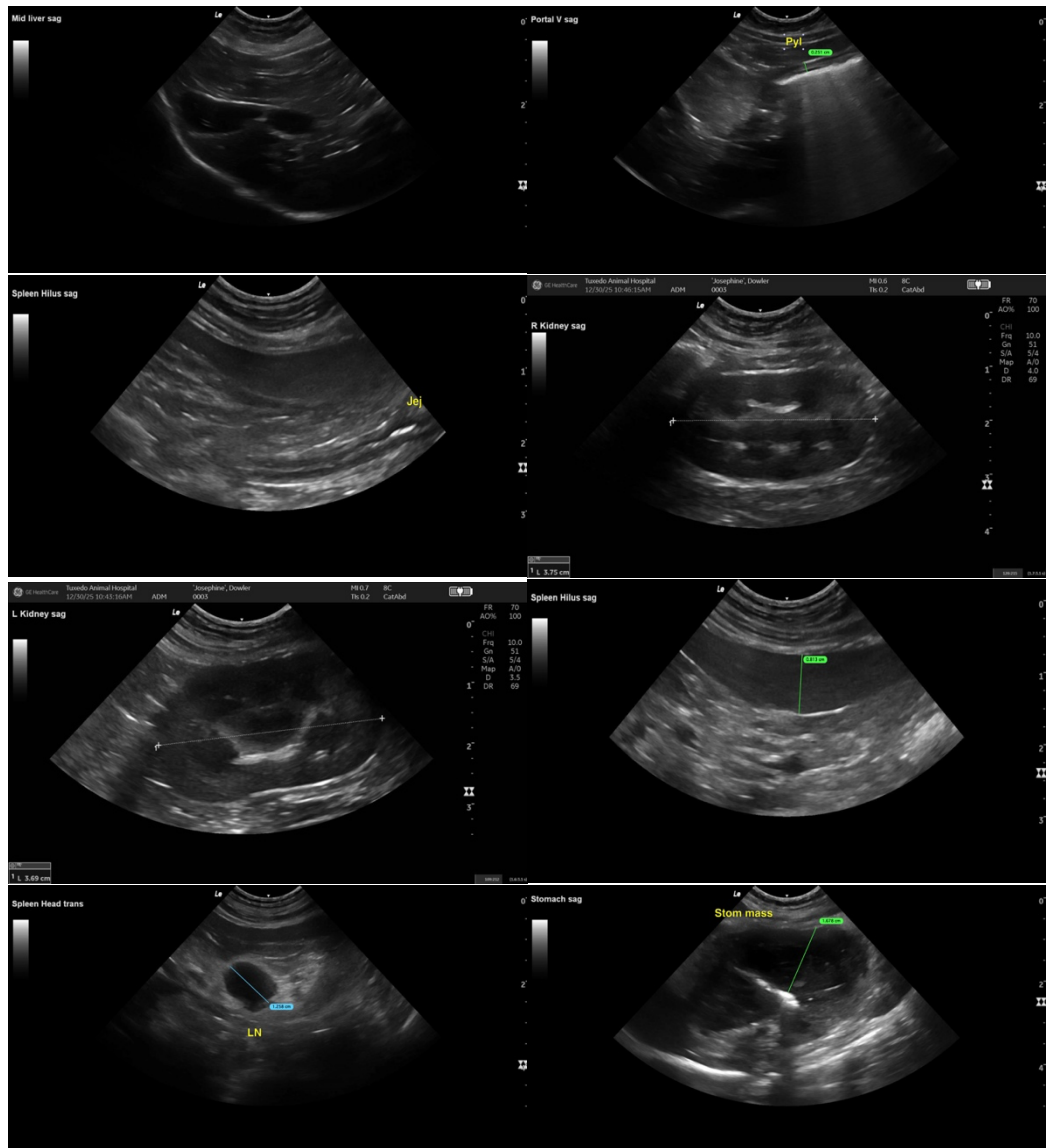
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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