



PATIENT	PRESENTING CLINICAL SIGNS
Catty Finley	Seen at the family veterinarian for constipation. A large mid-abdominal mass was palpated. Appetite is normal. No vomiting or diarrhea
SPECIES	Abnormal PE/Chem/CBC/UA Results: High BUN (39)and SDMA (24.7), normal creatinine (1.8). Normal T4
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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. Nondependent, particulate 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.
MN	
AGE	
16 years	
WEIGHT	Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.
7.5 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width and the right adrenal gland measured 0.32 cm width.
IMAGING PERFORMED BY	Spleen
Dr. Suci	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.
HOSPITAL NAME	Liver/ Gallbladder
Animal Clinic of Queens	The liver was subjectively mildly enlarged in size. Normal hepatic vascular volume was present. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The proximal to visualized mid-common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.
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PATIENT	<i>Gastrointestinal</i>
Catty Finley	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. There was no definitive evidence of obstruction to pyloric outflow visualized.
SPECIES	
Feline	The small intestine presented primarily intact, variably thickened small intestinal wall with segmental variable altered wall layer ratio. The small Intestinal wall width measured up to 0.30 cm. The ileocolic wall measured 0.46 cm width.
BREED	
DSH	Normal visible colon wall layers were present. The colon exhibited mild generalized distended size with formed fecal matter.
SEX	
MN	<i>Pancreas</i>
AGE	The left pancreas was normal to mildly prominent in size with capsule asymmetry and heterogeneous remodeled parenchyma. Mildly prominent left limb pancreatic duct was noted.
16 years	<i>Free Abdomen</i>
WEIGHT	A large, midabdomen, nonhomogeneous, hypoechoic mass was present. Surrounding subjective separate hypoechoic to swollen mesenteric lymphadenopathy was present. An example of a mesenteric lymph node measured 2.4 cm x 1.5 cm. The mass measured ~7.0 cm x 4.0 cm. Segments of intestine were visualized directly effacing the mass. Surrounding hyperechoic omentum and pockets of minor volume peritoneal effusion were present.
7.5 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Primary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Large abdominal mass with adjacent hypoechoic to swollen mesenteric lymphadenopathy • Variably thickened intact small intestine • Retained nonshadowing gastric ingesta • Subjective mild hepatomegaly • Mild gallbladder debris with nonobstructive proximal to mid common bile duct dilation • Mild distended colon containing formed fecal matter • Minor peritoneal effusion
Dr. Suciu	
HOSPITAL NAME	<i>Secondary Findings</i>
Animal Clinic of Queens	<ul style="list-style-type: none"> • Suspect left limb chronic pancreatitis • Chronic renal changes • Mild urine sediment
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Catty Finley

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WEIGHT

7.5 lbs.

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Suci

HOSPITAL NAME

Animal Clinic of
Queens

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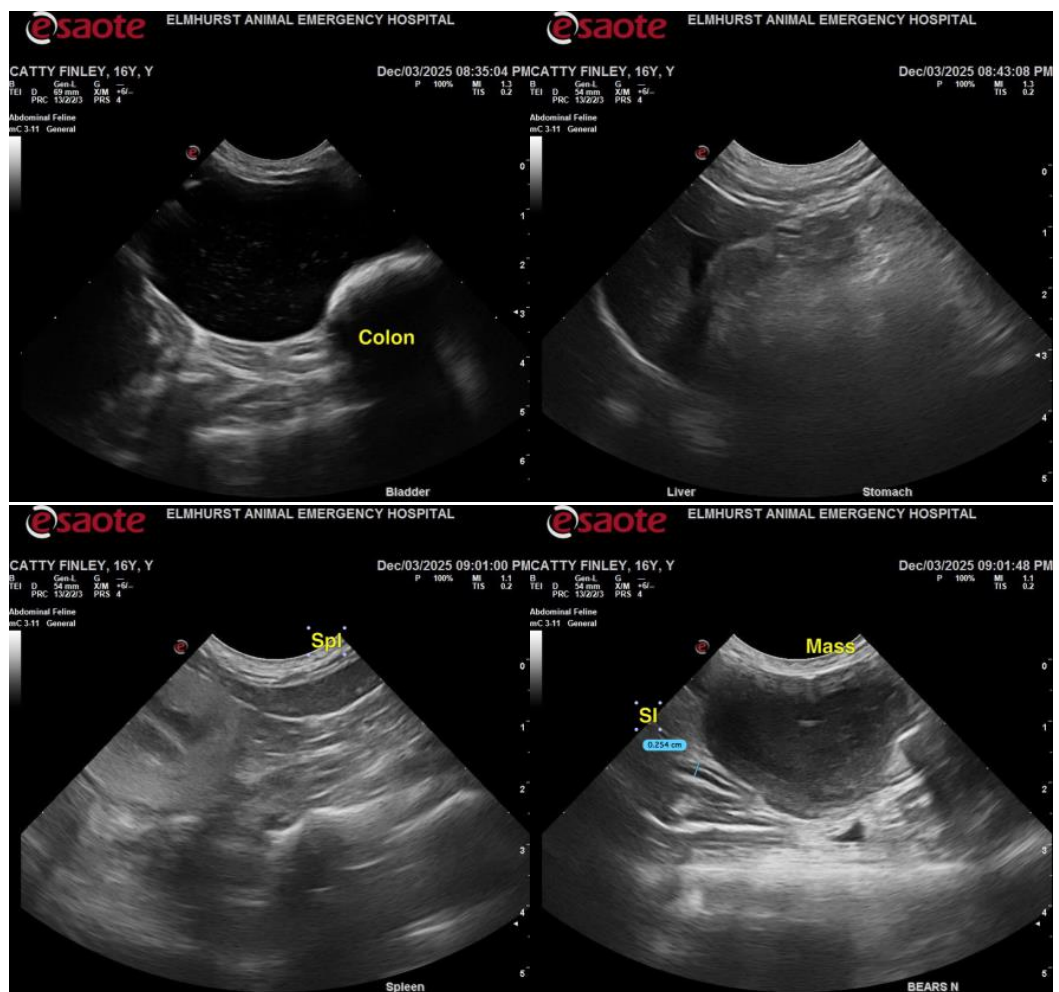
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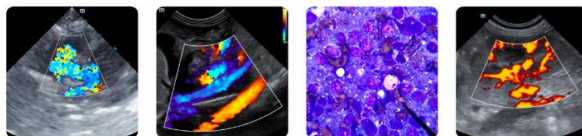
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal mass is suspected to be lymphatic in origin, although a non-obvious enterocolic mass origin is not definitively excluded. Multicentric neoplastic criteria is met with non-neoplastic etiology, i.e., inflammatory or granulomatous (FIP) etiology thought less likely. Mass and accessible lymph node +/- hepatic FNA cytology using a 25-gauge needle and assuming normal clotting status, could be considered for further clarification and potential for oncology consultation.





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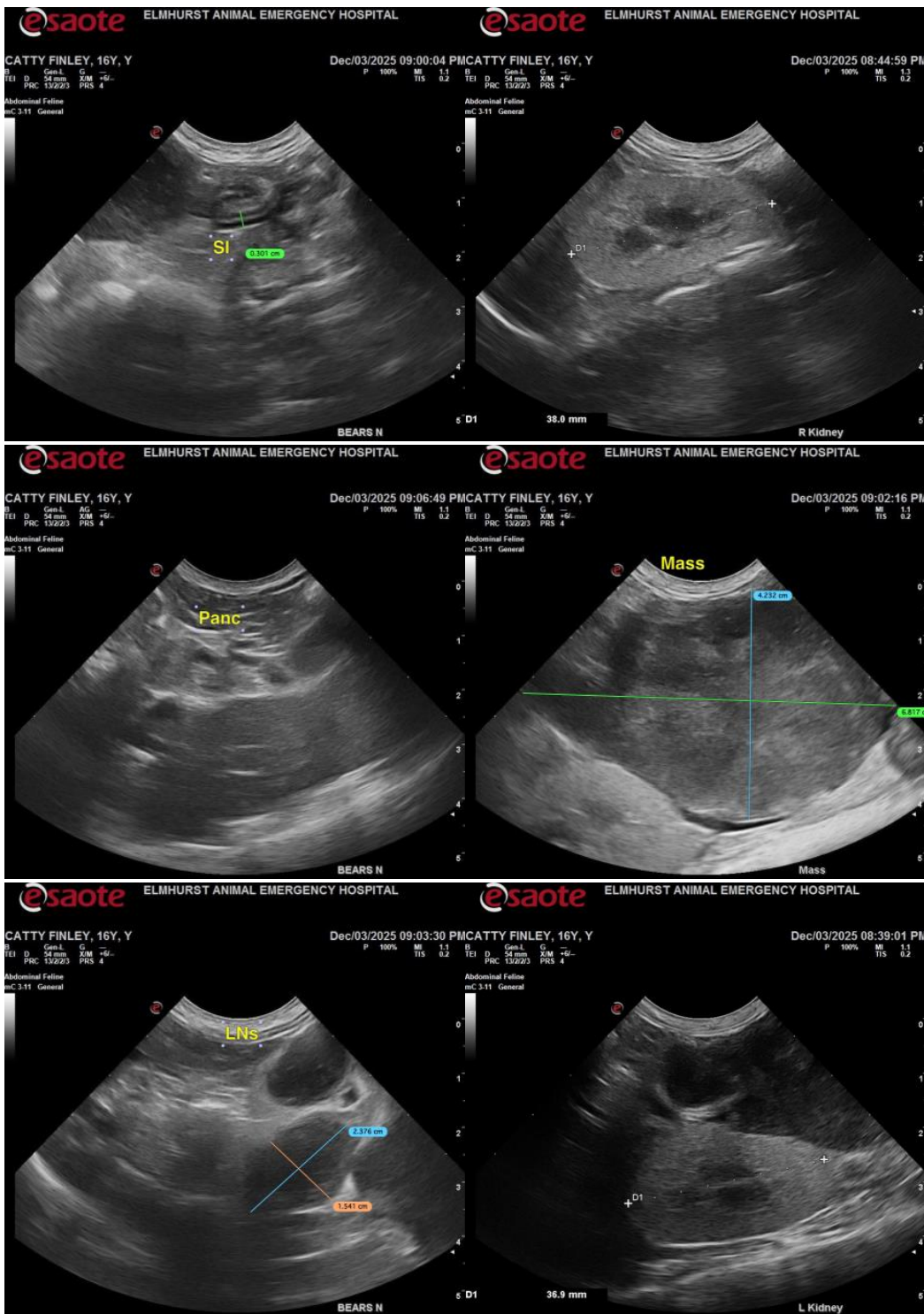
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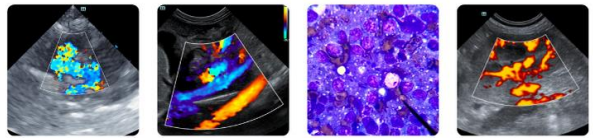
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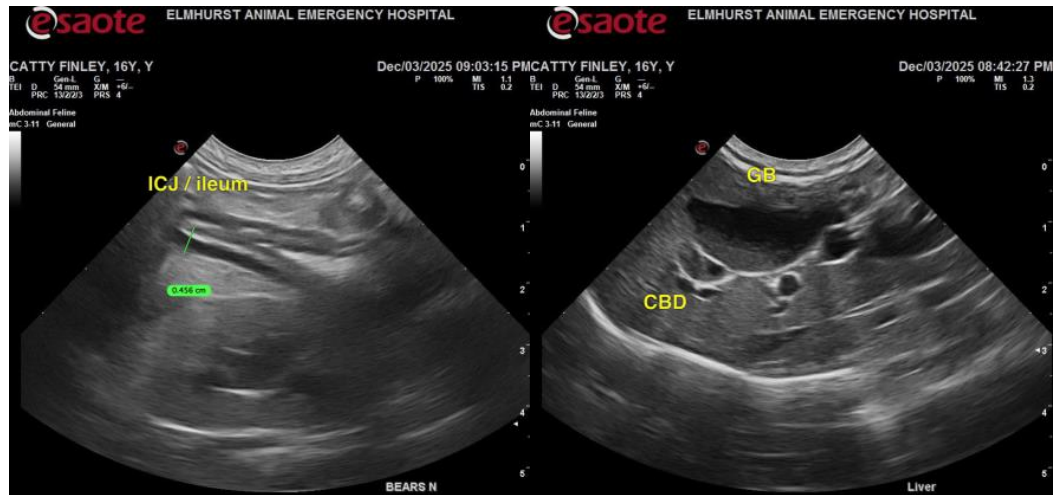
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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