



PATIENT

Luna Kekatos

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Joseph

INVOICE

13686

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- Pet was recently diagnosed with an abdominal mass.

PE: fractious, LS OU, dental calculus. abdominal palpation 2 large irregular 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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild 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.

Normal size 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild cortical hypertrophy with capsule asymmetry and cortical infarcts/fibrosis. Areas of medullary mineral were present with no evidence of pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was normal in size and exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas.



PATIENT

Luna Kekatos

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Joseph

INVOICE

13686

DATE

02/10/26

A moderately sized mid abdomen intestinal mass was present exhibiting significant thickened hypoechoic wall and loss of mural detail measuring approximately 2.5 cm to 3.0 cm in diameter. Adjacent intestinal segments exhibited intact thickened wall layering with altered wall layer ratio owing to thickened muscularis layer. The thickened intestinal wall measured 0.30 cm wall width. Segmental normal appearing intestinal wall measured 0.25 cm wall width. No evidence of intestinal obstructive pattern to the level of the colon.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Markedly enlarged hypoechoic to swollen mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the lymph nodes measured 3.5 cm x 2.6 cm. Potential for proliferative intestinal mural pathology mimicking lymph nodes thought less likely yet not excluded. Minor peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Intestinal mural mass with associated intact thickened adjacent intestinal segments.
- Marked hypoechoic to swollen mesenteric lymphadenopathy.
- Minor peritoneal effusion.

Secondary Findings

- Chronic renal changes exhibiting medullary mineral and cortical infarcts/fibrosis.
- Moderate gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric intestinal and lymphatic neoplastic criteria is met with multicentric round-celled neoplasia i.e. potential high-grade lymphoma favored. Assuming normal clotting status and using a 25-gauge needle, intestinal mass wall and accessible lymph node FNA cytology is warranted for further clarification with potential for oncology consult. Three view chest radiographs are recommended if not done.



PATIENT

Luna Kekatos

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

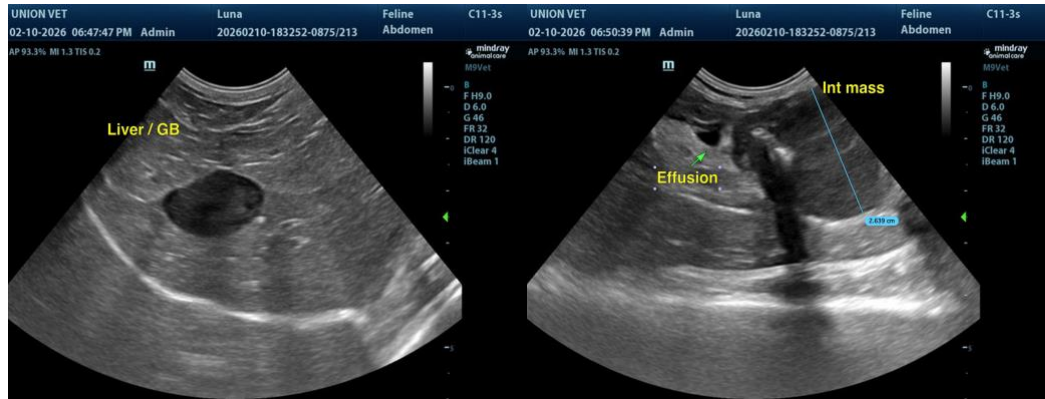
Dr. Joseph

INVOICE

13686

DATE

02/10/26





PATIENT

Luna Kekatos

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Dr. Lara Cabugawan

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

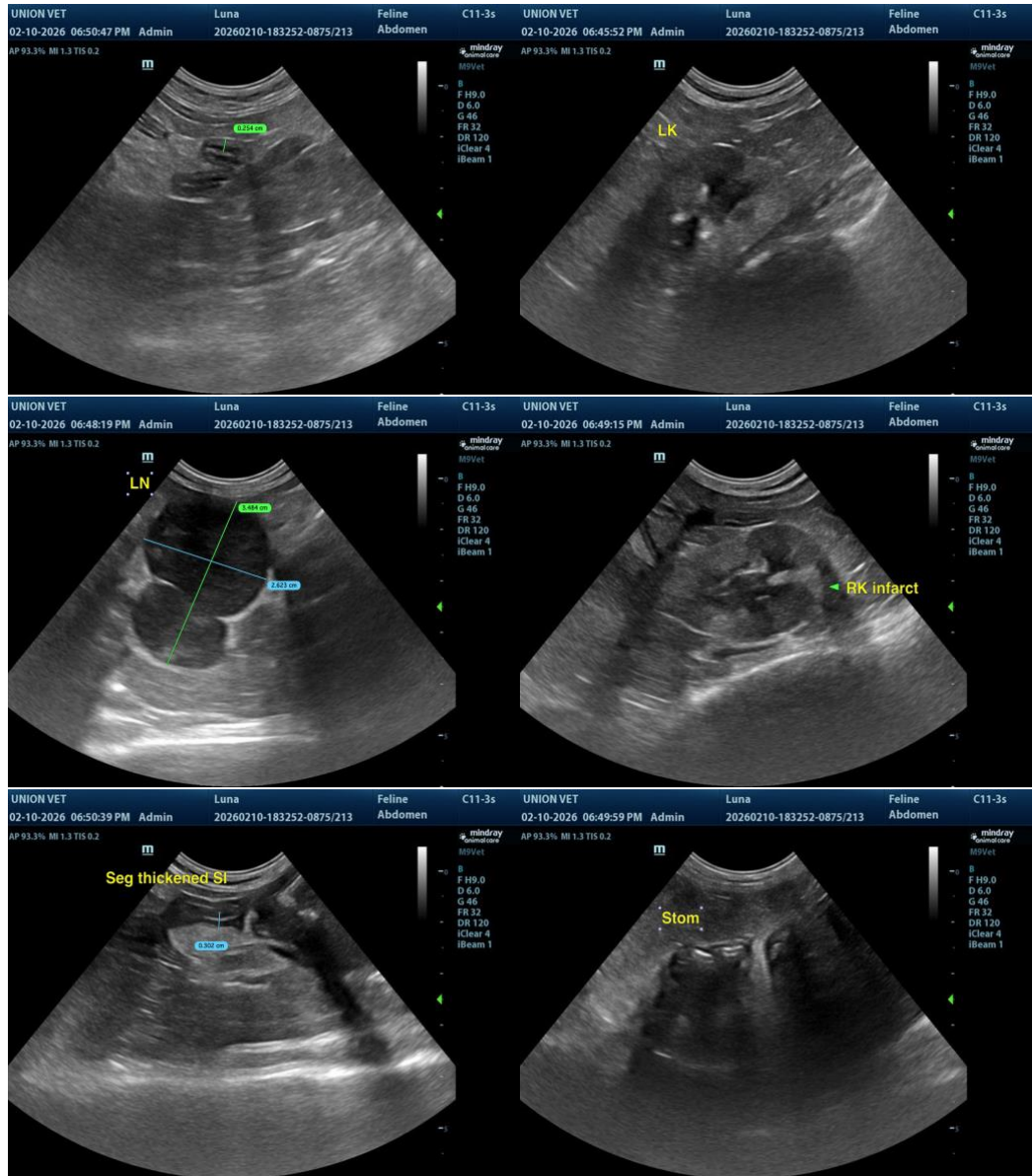
Dr. Joseph

INVOICE

13686

DATE

02/10/26



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