



PATIENT

Gabby Schultz

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14yr

WEIGHT

9lb

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings:
- Decreased appetite
- Abdominal Mass
- ABNORMAL Labwork Values Albumin 1.9
- Current Medications Entyce
- Notes to Specialist (if any)
- Owner most interested in learning the origin of the mass, and if surgical removal is feasible.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 3.4 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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 0.54 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Variably sized, non-capsule deforming hepatic cysts were present, an example of larger cyst in the caudate liver measured 2.1 cm in diameter. The gallbladder was non-distended in size with thin walls and minor non-organized debris. The cystic and common bile ducts were normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal
 Clinic

REFERRING VET

Dr Heider

INVOICE
 23754

DATE

02/02/2026



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

The small intestine presented diffusely thickened intestinal wall with altered wall layer ratio, owing to propensity for primarily thickened muscularis layer. Cranial abdomen intestinal mass exhibiting markedly thickened hypoechoic intestinal wall and loss of mural detail measuring ~ 6.4 cm x 3.8 cm. The mass was non-obstructive.

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

Pancreas

The left pancreas was normal in size with capsule asymmetry and mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No visualized overt lymphadenopathy or peritoneal effusion was present.

Generalized mild hyperechoic omentum most notable around the intestinal mass.

ULTRASONOGRAPHIC FINDINGS

Primary

- Diffusely thickened small intestine with segmental significant mural mass
- Peri intestinal to generalized hyperechoic omentum
- Hepatic cysts
- Bilateral chronic renal changes
- Possible concurrent chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mass is consistent with neoplastic criteria such as round cell neoplasia, carcinoma or other. The diffusely thickened intestine not involved in the mass suggests diffuse intestinal disease, likely precluding surgical cure with intestinal mass resection. Further assessment may include assuming normal clotting status, intestinal mass FNA cytology with possible oncology consult.

Pending additional assessment, gastrointestinal support recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.



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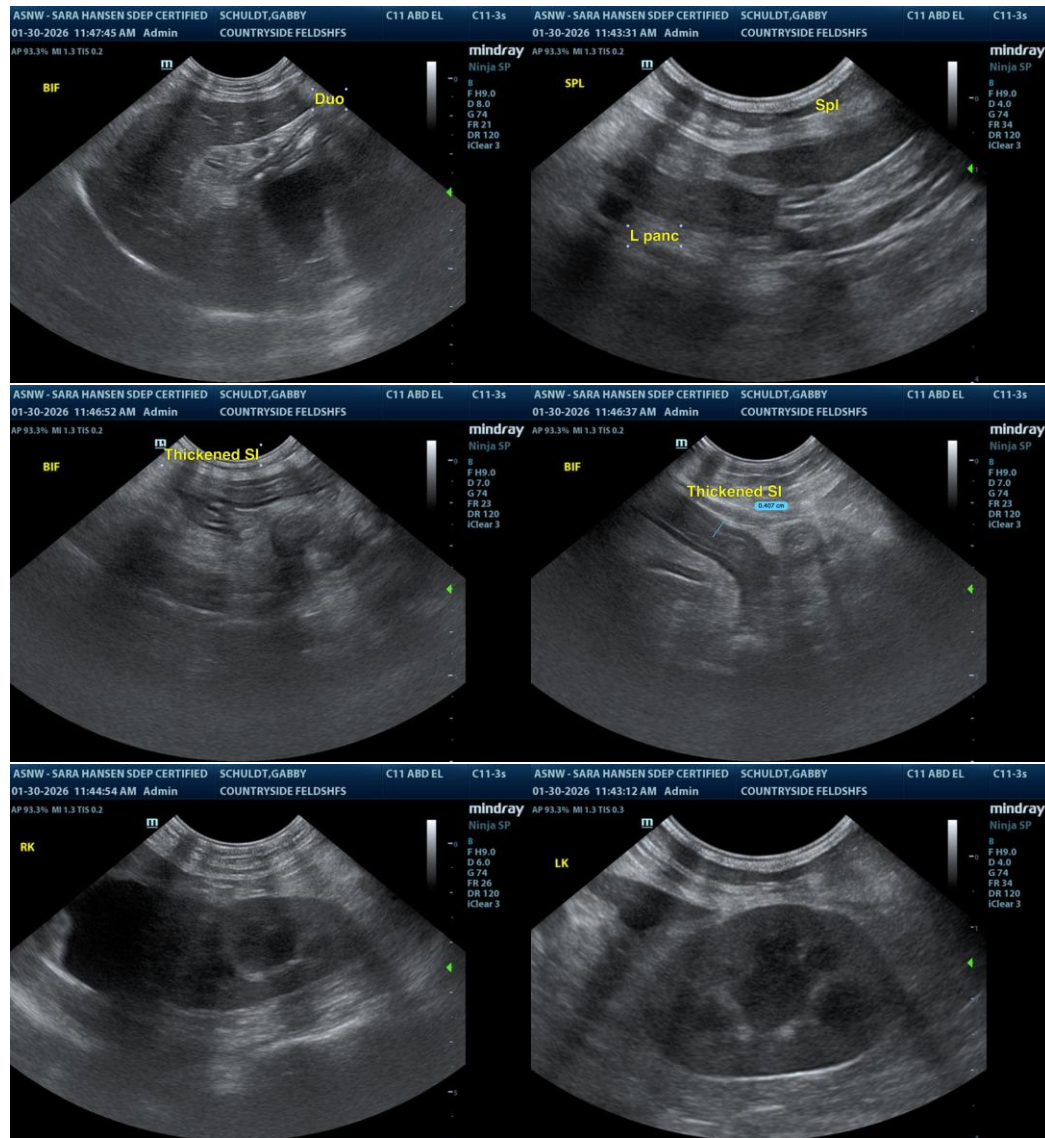
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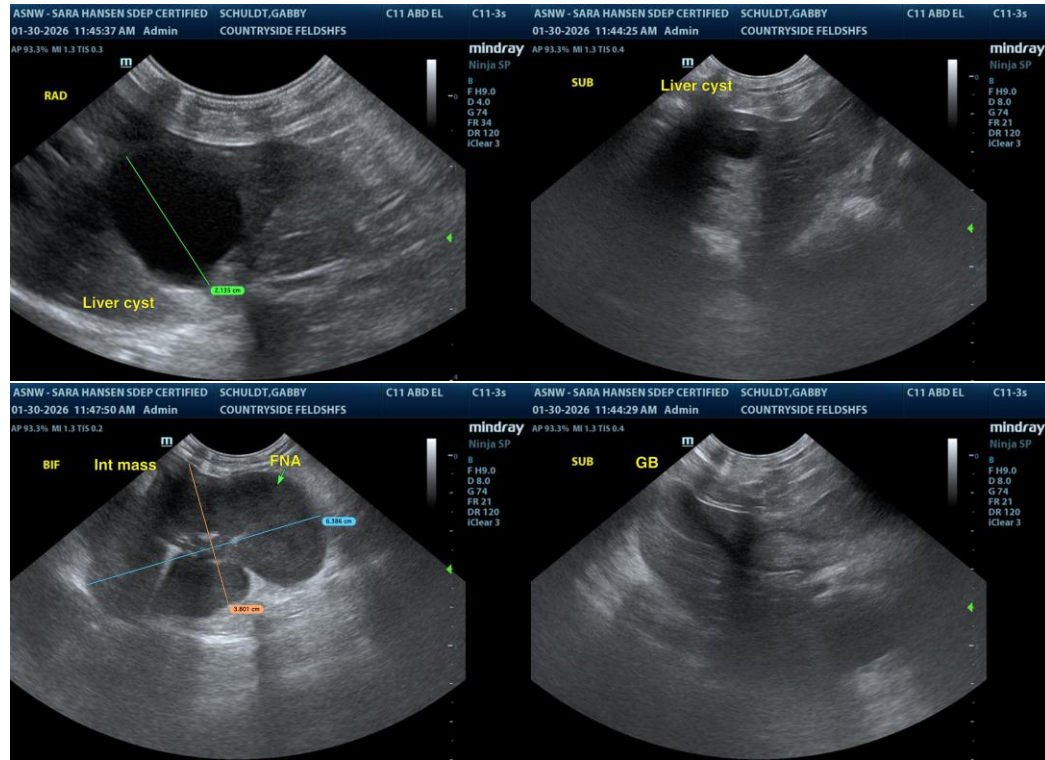
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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