



## PATIENT

Jeter Fernands

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

17yr

## WEIGHT

9.9lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Scott

## HOSPITAL NAME

Wyckoff Veterinary  
Hospital

## REFERRING VET

Dr Scott

## INVOICE

23982

## DATE

02/24/2026

## PRESENTING CLINICAL SIGNS

- ravenous app, some weight loss,
- vomits with hard food
- Abnormal PE/Chem/CBC/UA Results: CBC/Chem- T4 3.3, Crea 3.1, BUn 54, SDMA elevated, glucose 208, Neut 16K, WBC 19K UA- USG 1.015, UPC 0.6, 1+ \_glucose free t4 pending

## 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. Solitary dorsal lumen accumulated sediment, mineral or mucus vs small dorsal bladder mural lesion measuring ~ 0.64 cm in diameter was present. The ureteral papillae were normal. The ureters were not visible which is normal.

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 moderate loss of corticomodullary symmetry and definition expected for the age of the patient. Minor left kidney pyelectasia, moderate right kidney pyelectasia. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.47 cm width. The right adrenal gland was not definitively visualized.

### 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.

### Liver/Gallbladder

Generalized hepatomegaly. Multiple variably sized non-homogenous hepatic nodules to small masses were present with some nodules exhibiting mild central hyperechogenicity with mild hypoechoic periphery consistent with target lesion criteria. An example of a nodule to small mass measured 2.7 cm in diameter.

The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained anechoic to echogenic fluid with no signs of obstruction or foreign material.



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Variably thickened small intestine wall exhibiting intact to indistinct wall layer detail. A mid abdomen intestinal mass appearing to extend peripherally from mid abdomen intestinal segments measuring 2.0 cm in diameter.

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

### *Pancreas*

The left pancreas was prominent in size with capsule asymmetry and moderate non-homogenous cystic to nodular left pancreatic limb parenchyma.

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### *Free Abdomen*

Peripancreatic to cranial abdomen non-homogenous omental lymph nodes vs omental or potential pancreatic nodules were present, an example measured 1.3 cm in diameter.

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Mild volume perihepatic to peritoneal effusion was present.

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## ULTRASONOGRAPHIC FINDINGS

### Primary

- Hepatomegaly with non-homogenous to target lesion type nodules / small masses
- Moderate hypomotile stomach
- Variably thickened small intestine with mid abdomen intestinal mass
- Prominent non-homogenous nodular to cystic left pancreas
- Peripancreatic non-homogenous omental lymph nodes vs nodules
- Mild perihepatic / peritoneal effusion
- Chronic renal changes exhibiting variable pyelectasia
- Possible dorsal urinary bladder lesion vs accumulated sediment, mucus or mineral

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric hepatic and intestinal neoplastic criteria is met with strong potential for regional lymphatic or omental metastasis. Assuming normal clotting status and using a 25ga needle, hepatic and intestinal lesion +/- omental lymph node vs nodule FNA cytology could be considered for further clarification and potential oncology consult. Curative surgical options are precluded.

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The hypomotile stomach may indicate metabolic or functional gastric ileus given intestinal pathology. Some degree of partial to non-visualized upper intestinal obstruction cannot be definitively excluded.

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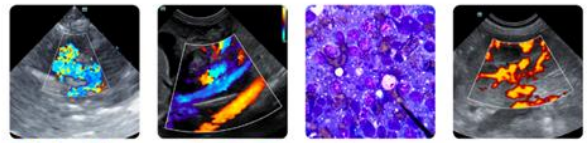
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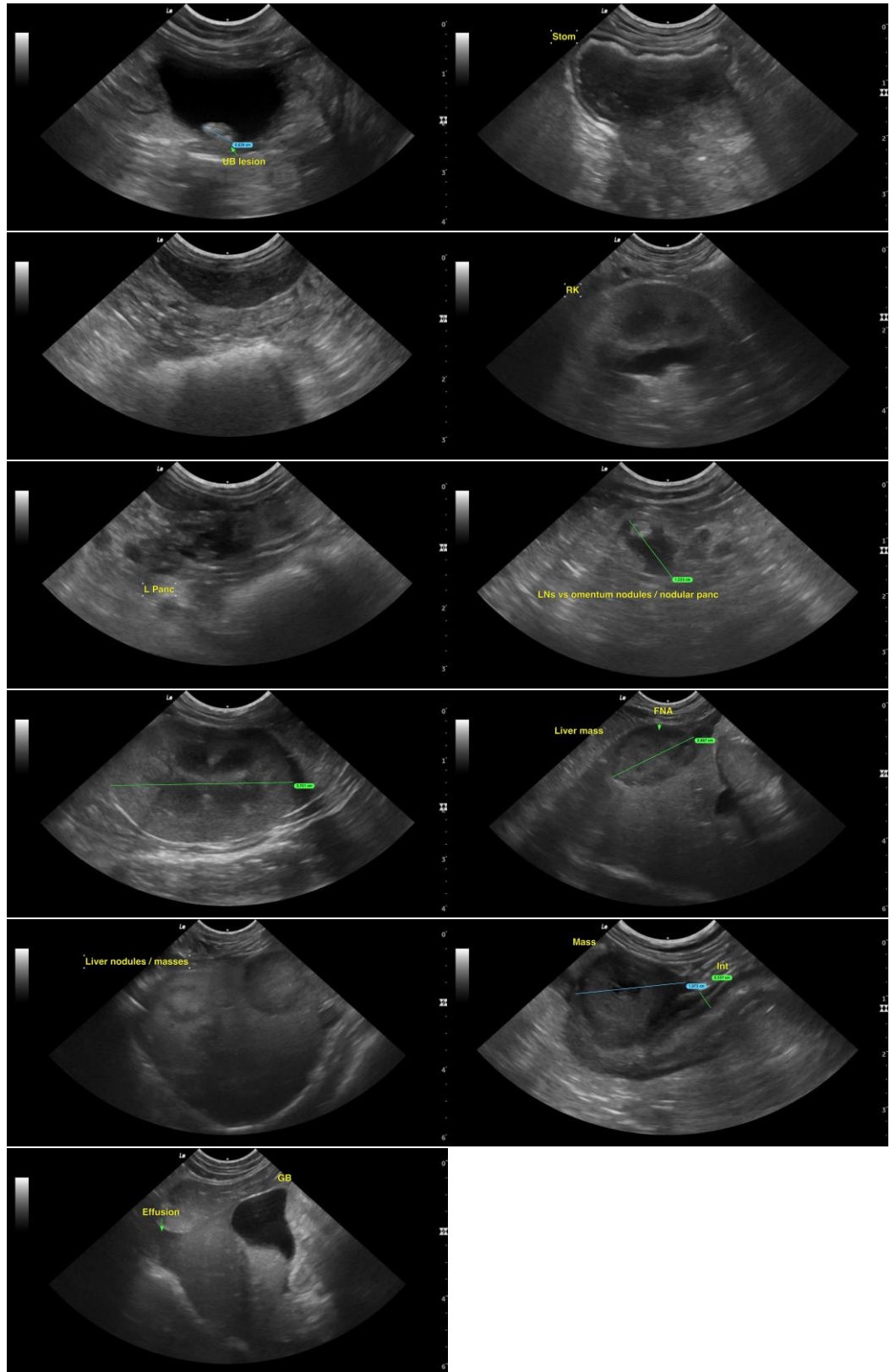
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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[info@sonopath.com](mailto:info@sonopath.com)

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