



PATIENT

Finn Nieczyporowicz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna Veterinary
Hospital

REFERRING VET

Dr. Chhetri

INVOICE

14322

DATE

03/13/26

PRESENTING CLINICAL SIGNS

- History of Chronic URI responsive to prednisolone, history of constipation
- Current complaint: Onset of Persistent vomiting- morning vomiting: white foamy vomit occurring daily around 7 AM since January second week.
- Has been on lowest effective dose of prednisolone (0.4mg q24-48hrs) for chronic rhinitis.
- CBC/Chemistry/Tt4 - Monocytosis/neutrophilia.
- Rads - suspect mass effect in cranial abdomen
- Current Tx: Cerenia 2mg/kg PO sid, Solensia 7mg SQ q30d (previously on Prednisolone, L-lysine, b12, Provable)

Abnormal PE/Chem/CBC/UA Results: QAR, generalized muscle wasting, pale MM HCT 32.9% WBC 19.09 (2.87-17.02) Neut 16.27 Mono 0.71 T4 and Chem all WNL. No UA reported

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 change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and mild hyperechoic cortex with enhanced corticomedullary border demarcation were present. No evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

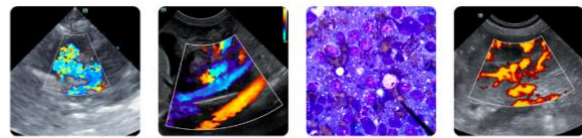
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.68 cm width level of the mid spleen.

Liver & Gallbladder

The liver presented primarily normal in size with maintained symmetrical contour and homogenous parenchyma. Intermittent non-capsule deforming, nonhomogenous to variably echogenic liver nodules were present exhibiting subtle hypoechoic periphery with an example of liver nodule measuring 1.4 cm in diameter. A homogenous cranial abdomen mass was present appearing to derive from the caudal liver measuring approximately 5.3 cm x 3.5 cm.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach exhibited regional asymmetrical to irregular thickened non-homogenous potential mildly mineralized wall, measuring approximately 3.6 cm x 3.0 cm. Empty gastric lumen with mild lumen gas. No obvious obstruction to pyloric outflow.

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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. The jejunum wall measured 0.23 cm wall width. The ileocolic wall measured 0.31 cm wall width.

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

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Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

A solitary, irregular enlarged non-homogenous cranial mesenteric lymph node was present medial to the spleen, measuring 1.0 cm x 0.6 cm. No obvious peritoneal effusion.

WEIGHT

6 kg

ULTRASONOGRAPHIC FINDINGS

- Stomach mass.
- Caudal liver mass with separate intraparenchymal liver nodules.
- Nonhomogenous cranial mesenteric/perisplenic lymphadenopathy.
- Mild chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multi-centric neoplastic criteria involving the stomach, liver and probable cranial mesenteric lymph nodes is met.

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Assuming normal clotting status, hepatic mass +/- stomach mass FNA cytology could be considered for further assessment and potential for oncology consult. Pending sampling, gastrointestinal support is recommended.

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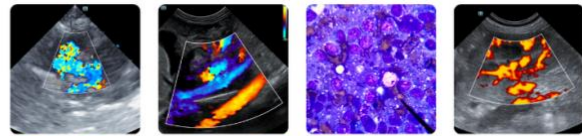
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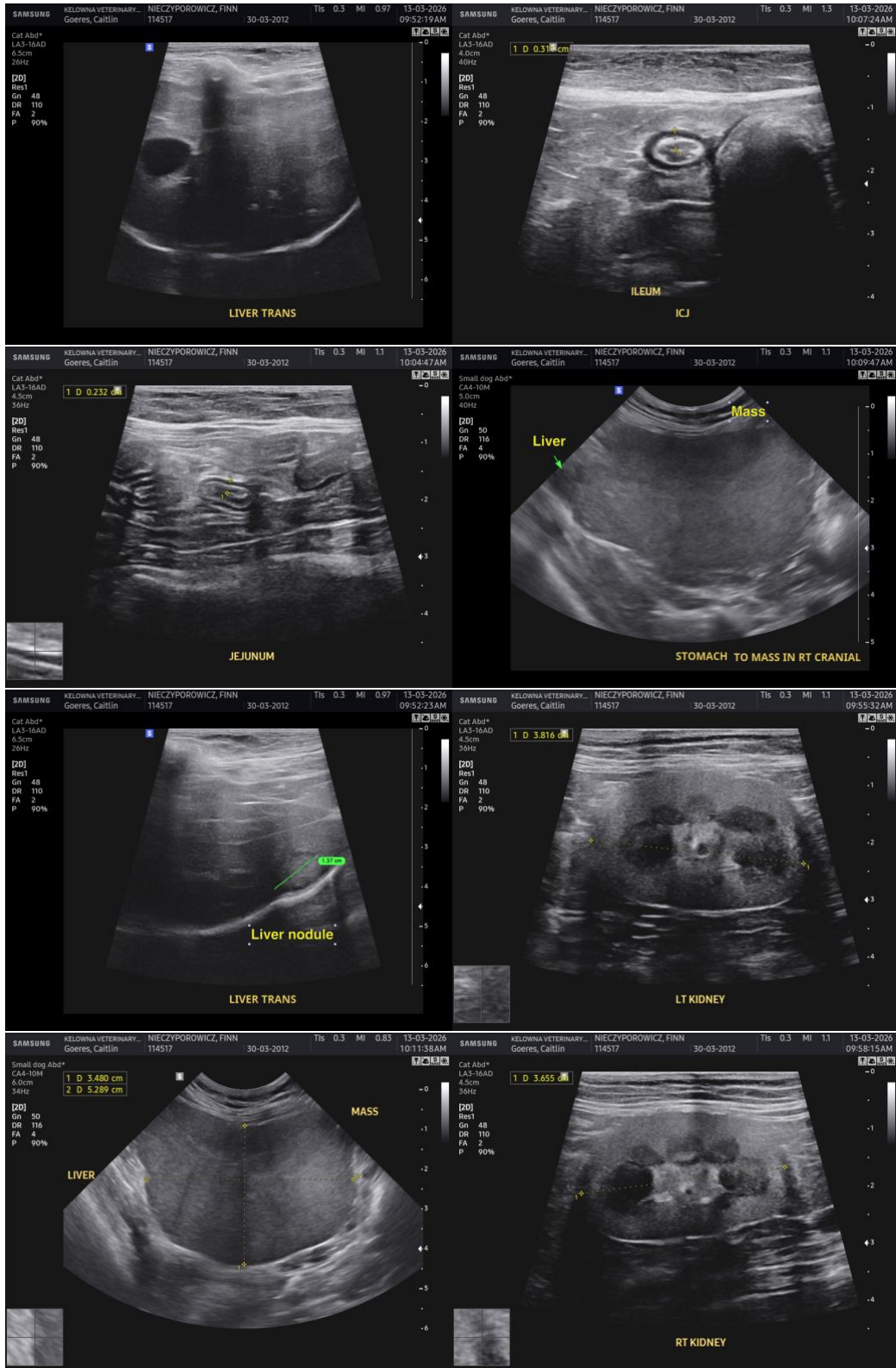
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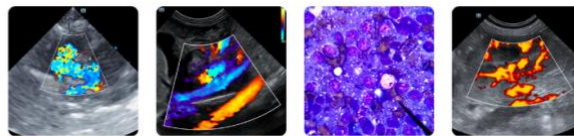
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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