



## PATIENT

Minnie Kobayashi

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

10

## WEIGHT

8.65

## INTERPRETED BY

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

## IMAGING PERFORMED BY

M Santiago

## HOSPITAL NAME

Alison Animal Hospital

## REFERRING VET

V Karachun

## INVOICE 24072

**DATE**  
03/02/2026

## PRESENTING CLINICAL SIGNS

Pt initially presented for inappetance. Stated it initially started to decrease at the end of last year and is slowly worsening. O states occasional vomiting. Pt was icteric during exam. PLT 80 (151-600), ALT 207 (12-130), ALKP 333 (14-111), TBIL 6 (0.0-0.9), FPL 46.3 (0.0-4.4).

## 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 no evidence of urine/lumen sediment, mineral, or calculi. 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 is primarily visualized in transverse plane. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### Spleen

The spleen exhibited mild to moderate generalized splenomegaly with mild asymmetrical capsule contour. Subtle heterogeneous micronodular splenic parenchyma was present. The spleen measured 1.8 cm width at the level of the mid spleen.

### Liver/Gallbladder

The liver presented moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine exhibited variably thickened wall with segmental altered wall layer ratio. A segmental small intestinal mass in the mid to caudal abdomen exhibiting variably thickened hypoechoic wall and loss of intestinal mural detail measuring ~ 5-6 cm in length with wall thickness measuring 1.0



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cm. Mild thickened small intestinal wall measured 0.30 cm. Segmental intestinal non-shadowing chyme without mechanical obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with semi formed to soft feces in lumen.

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### *Pancreas*

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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### *Free Abdomen*

Multiple mild to variably enlarged swollen non-homogenous mesenteric lymph nodes were present, an example measured 2.0 cm in diameter.

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Minor volume peritoneal effusion.

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### **Primary**

- Hepatosplenomegaly exhibiting subtle micronodular splenic parenchyma
- Variably thickened small intestine with segmental intestinal mural mass
- Variable enlarged non-homogenous mesenteric lymphadenopathy
- Minor peritoneal effusion
- Heterogeneous pancreas
- Non-shadowing gastric ingesta- consistent with food echogenicity
- Non-obstructive gallbladder with mild bile sediment

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### **ULTRASONOGRAPHIC FINDINGS**

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### **Secondary**

- Mild chronic renal changes

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### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, multicentric neoplastic criteria is met with significant multicentric inflammatory disease or FIP thought less likely. Assuming normal clotting status and using 25ga needle hepatosplenic, accessible lymph node +/- intestinal mass wall FNA cytology is recommended for further assessment and potential for oncology consult.

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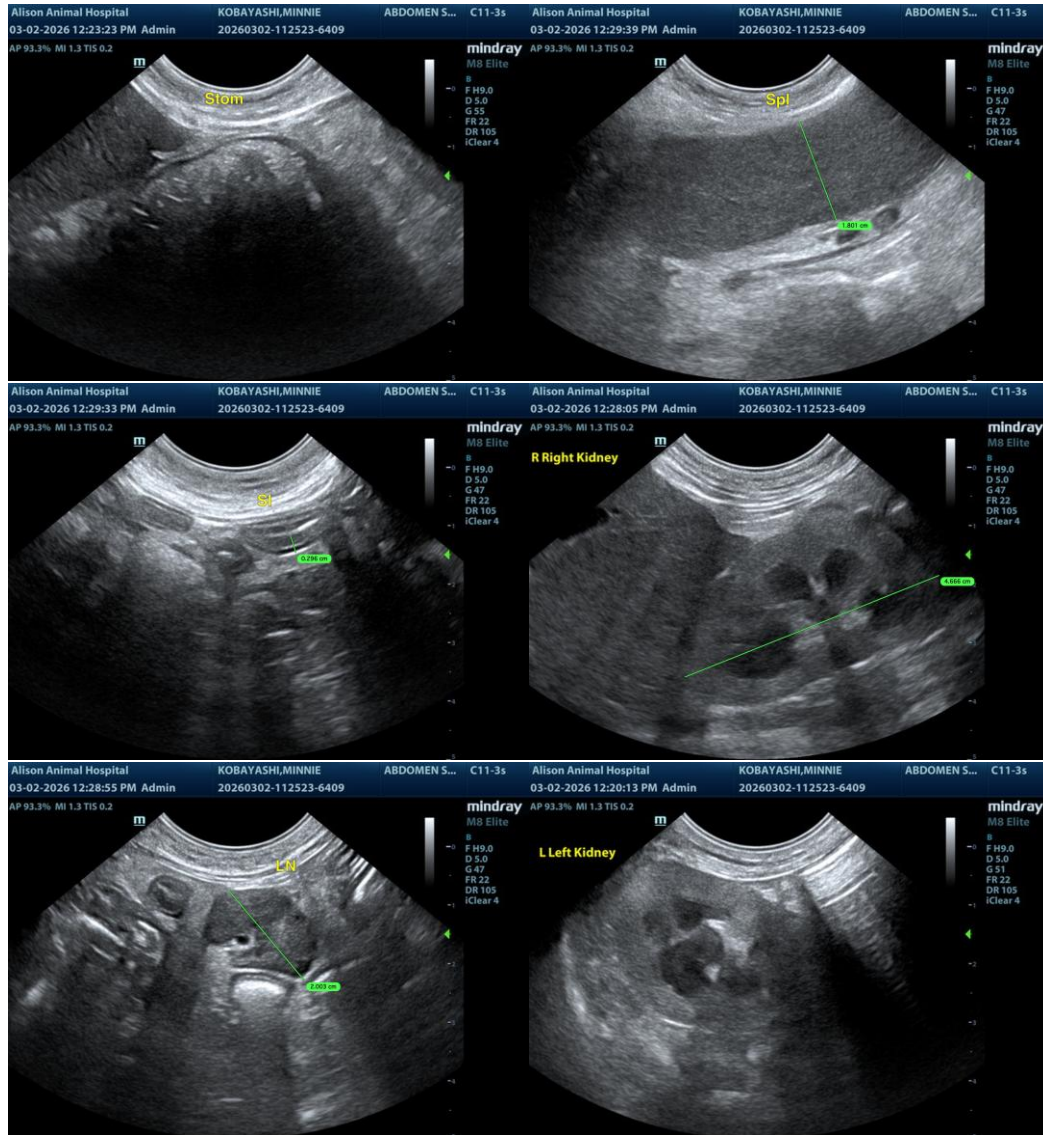
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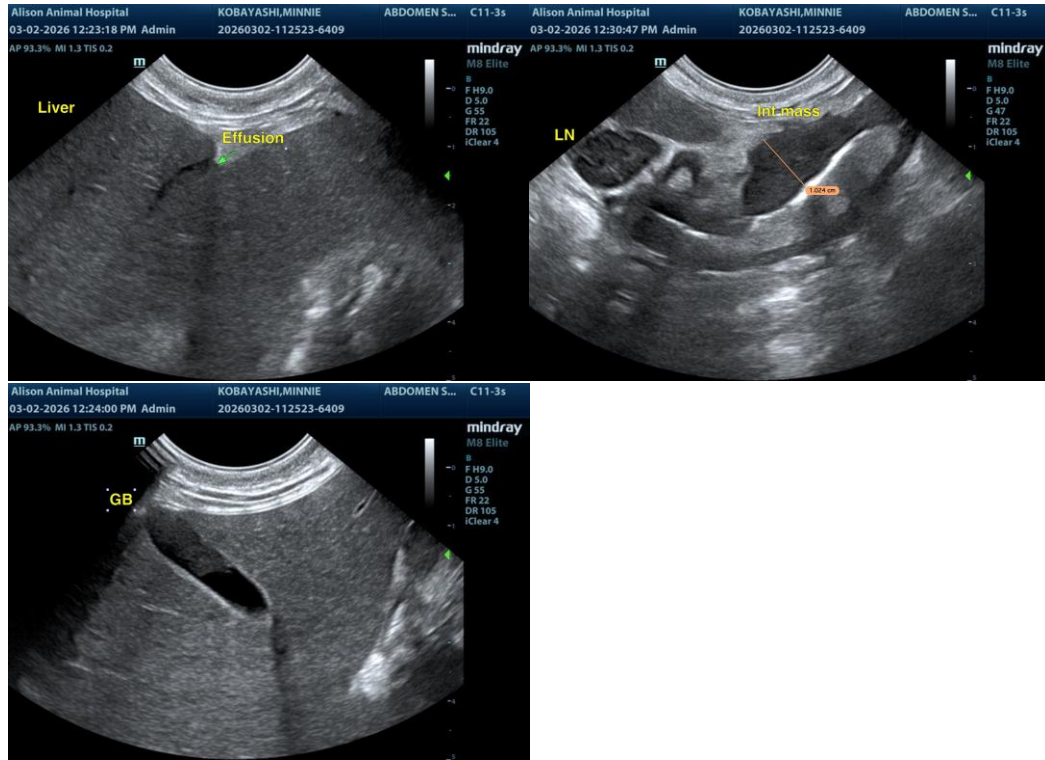
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)