



## PATIENT

Sammy Tenaglia

## SPECIES

Feline

## BREED

Siamese

## SEX

Male Neutered

## AGE

12Y

## WEIGHT

7.05lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Ziegler-Post

## HOSPITAL NAME

For Cats Only  
Veterinary Clinic

## REFERRING VET

Renee Ziegler-Post

## INVOICE

74039

## DATE

3-3-26

## PRESENTING CLINICAL SIGNS

- Not eating
- Vomiting and weight loss
- Possible gastric wall mass

Abnormal PE/Chem/CBC/UA Results: RBC 3.5, Hct 15.8/PCV 18, WBC 35.73 SDMA 18, Crea 1.3, BUN 24 albumin 2.1

## 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. Mild to moderate particulate nondependent 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.

The area of the residual prostate appeared normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

The left kidney was subnormal in size. The right kidney was normal in size with asymmetrical margination. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomdullary distinction was also present. Pinpoint dystrophic medullary mineral and mild pyelectasia was present. The left kidney measured 2.4 cm in length. The right kidney measured 4.7 cm in length.

### *Adrenal Glands*

The left and 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*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was nonuniform and hypoechoic to the spleen with a 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 indistinctly visualized yet nondistended in appearance without overt post-hepatic stasis or obstruction.

### *Gastrointestinal*



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Diffuse, markedly to expansively thickened stomach wall exhibiting mural hypoechogenicity and loss of gastric wall layer detail. Mild retained gastric ingesta, fluid, and gas was present in the gastric lumen without evidence of foreign material. Overall stomach mass measured approximately 7.0 cm in diameter with gastric wall width 3.0-3.5 cm.

The visualized segmental small intestine exhibiting intact wall layering, normal wall layer ratio, and empty intestinal lumen.

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

### *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.

### *Free Abdomen*

No visualized significant omental lymphadenopathy.

Regional perigastric hyperechoic omentum was present.

No definitively visualized significant or swollen mesenteric lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Extensive to expansive stomach mass.
- Overtly normal visualized small intestine.
- Mild hepatic parenchymal remodeling.
- Chronic renal changes exhibiting subnormal left kidney size, dystrophic medullary mineral, and bilateral pyelectasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the stomach mass is consistent with neoplasia with considerations including lymphoma, carcinoma, or other. Stomach wall FNA cytology could be considered for further clarification and potential for oncology consult. Unfortunately, curative surgical options appear precluded. Unfavorable prognosis.



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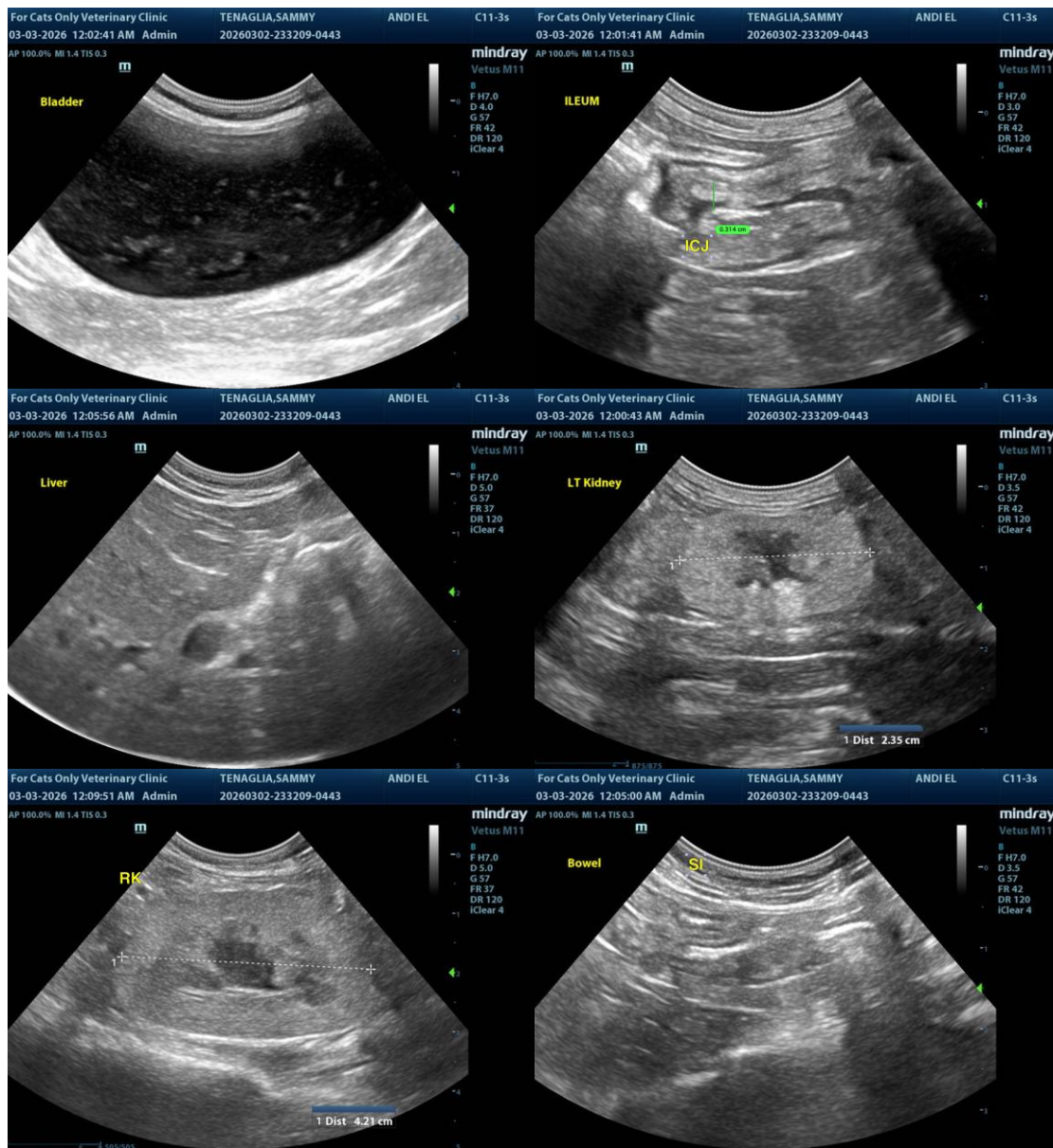
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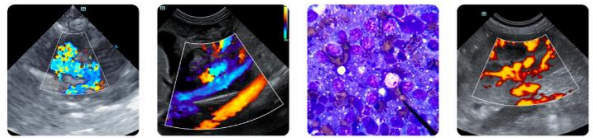
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)