

PATIENT

Barry Michael

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: harsh airway sounds, all else wnl

SPECIES

Feline

HR/RR/BP: HR 180 (stressed), RR sniff/44

Is there a Heart Murmur? If so, please grade: No murmur heard but enlarged heart noted on rads

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

AGE

9.5 Years

The area of the aortic trifurcation was free of pathology.

WEIGHT

16.53 pounds

Normal renal size with asymmetrical margination was present in both kidneys. 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 corticomedullary distinction was also present. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

INTERPRETED BY

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

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.43 cm width. The right adrenal gland measured 0.51 cm width.

IMAGING PERFORMED BY

Sara Hansen

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 0.60 cm width level of the mid spleen.

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 Animal Hospital

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Bugarovich

INVOICE

14810

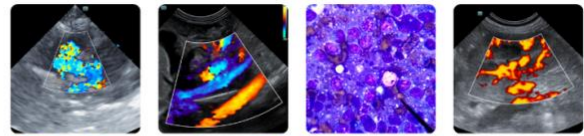
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

04/02/26

Gastrointestinal

Thickened hypoechoic stomach wall most notable in the area of the subjective mid gastric body wall extending into the pylorus and loss of gastric wall layer detail was present. Concurrent regional intact nonthickened stomach wall in the area of the fundus. Moderate retained anechoic fluid was present in the gastric lumen without evidence of foreign material. The thickened stomach wall measured 1.2 cm



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wall width. By comparison, the normal intact stomach wall measured 0.30 cm wall width. Regional perigastric hyperechoic omentum. A solitary visualized mildly swollen to hypoechoic gastric lymph node was present measuring 1.4 cm in diameter adjacent to the pylorus.

SPECIES

Feline

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. An example of small intestine wall measured 0.23 cm wall width.

BREED

DLH

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

SEX

Neutered Male

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.

AGE

9.5 Years

Free Abdomen

No peritoneal effusion was present.

WEIGHT

16.53 pounds

ULTRASONOGRAPHIC FINDINGS

- Stomach mass with retained gastric fluid.
- Perigastric hyperechoic omentum and mildly swollen hypoechoic gastric lymphadenopathy.
- Normal small intestine.
- Nonspecific mild chronic renal changes.

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DVM, DABVP (Canine / Feline Practice)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the stomach mass and gastric lymphadenopathy are consistent with neoplastic criteria with round cell neoplasia such as lymphoma favored. Significant gastric inflammation and gastric lymphadenitis are thought less likely.

IMAGING PERFORMED BY

Sara Hansen

If accessible, FNA cytology of thickened stomach wall and accessible lymph node is recommended for initial clarification. Biopsies may be required for a definitive diagnosis.

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The thickened gastric wall appears to at least be somewhat obstructive to pyloric outflow given retained gastric fluid. Correlation with clinical signs is recommended.

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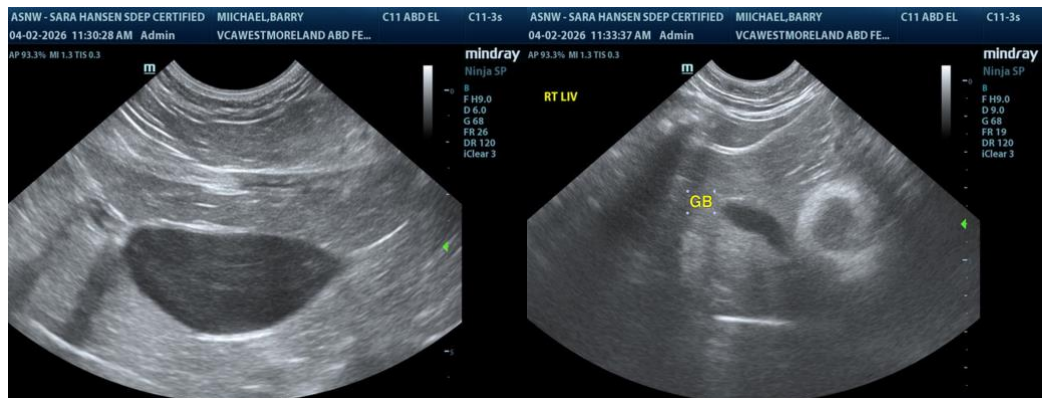
Dr. Bugarovich

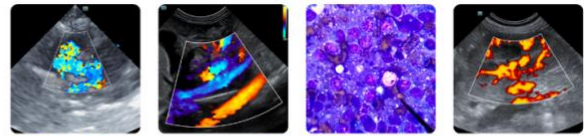
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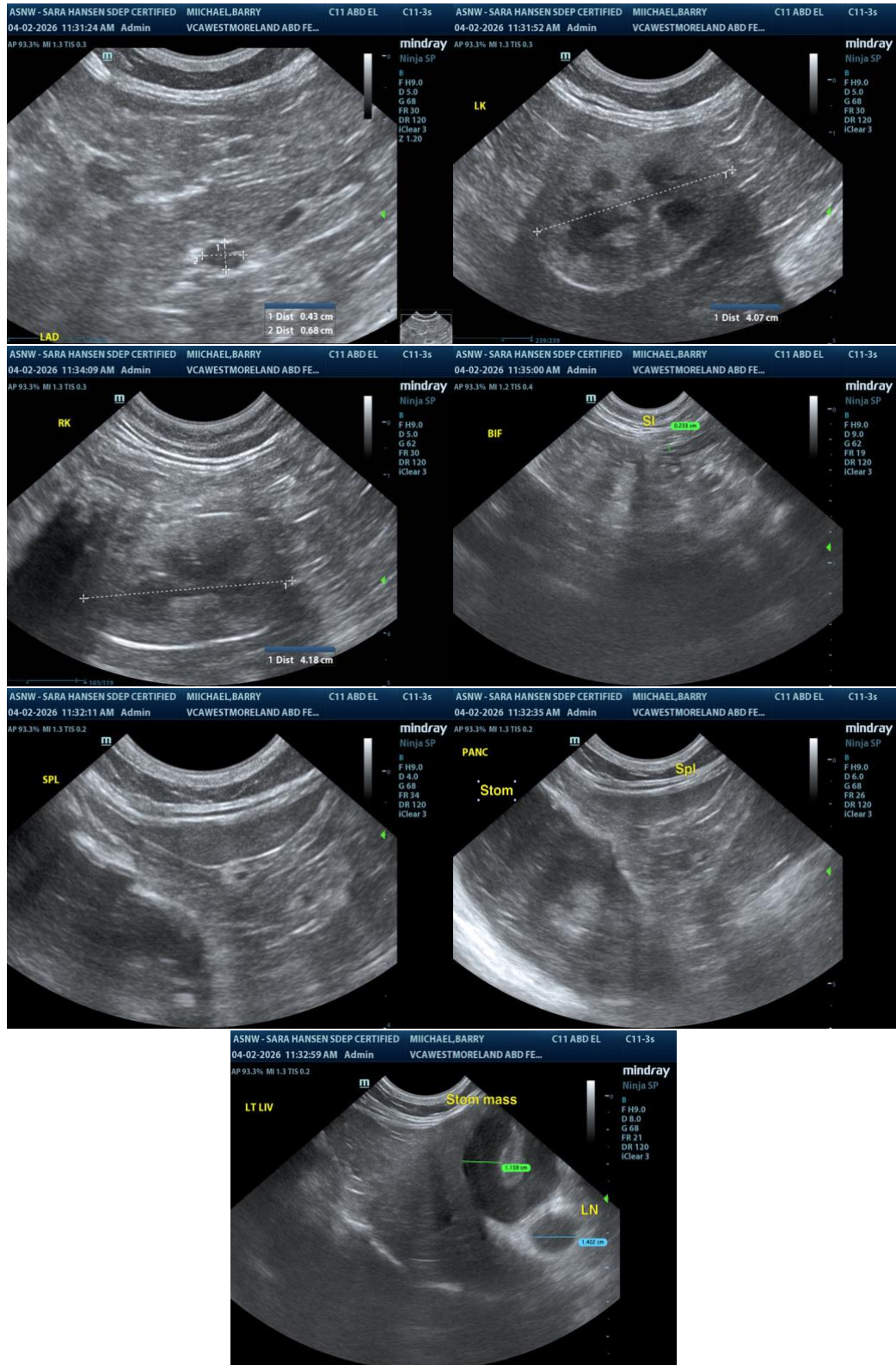
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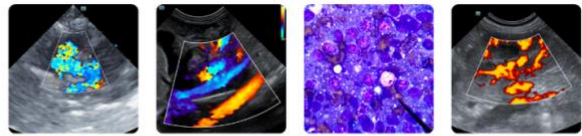
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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)

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info@SonoPath.com

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AGE

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