

PATIENT

Nova Maguire

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

14 Years 4 Months

WEIGHT

5.64 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Brandywine Valley
Veterinary Hospital

REFERRING VET

Robert Cafaro VMD

INVOICE

15265

DATE

04/20/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate a large spherical mid to caudal abdominal mass found on senior exam. BW shows mild non-regenerative anemia, monocytosis and hypoalbuminemia. Liver enzyme changes including low ALT, elevated AST, normal ALP. Elevated CK. Decreased appetite, one episode of vomiting, and O reported dropping food from mouth when trying to eat. AUS sedation: Sevo-gas due to behavior. Tolerated well and with good effects. Meds: Pregabalin & Buprenorphine

Abnormal PE/Chem/CBC/UA Results: 3-View CXR completed after AUS: results pending. - CBC: HCT 20.3 % L, HGB 6.4 L, normocytic, normochromic, non-regenerative, RBC 4.91 L, MONOS 0.855H, Plts 83 L- mild clumping. Platelets estimated to be 50,000 to 100,000/uL on the blood film - T4: 2.4-n - Chem: Alb 2.5 L-mild, ALT 14 L, AST 70 H, CK 1,920 H, K 2.7 L, TP 5.7 L, Glob 3.2-n, remainder NSF - Fecal: NPS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mildly hyperechoic cortex with mildly enhanced indistinct mild corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.33 cm width. The right adrenal gland measured 0.35 cm width.

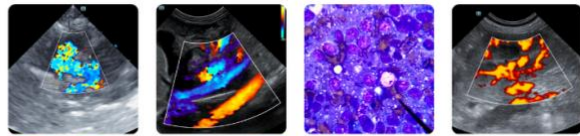
Spleen

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 revealed mild subjective hepatomegaly. 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. Intermittent small cystic intraparenchymal nodules were present with nonhomogenous cranial liver intraparenchymal mass. An example of the nodules measured 1.8 cm in diameter. The cranial liver mass measured 3.1 cm in diameter.

The gallbladder was non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine revealed a large mid abdomen intestinal mural mass exhibiting variably thickened hyperechoic wall and loss of wall layer detail measuring approximately 8.0 cm x 5.5 cm. A separate smaller intestinal mass was present exhibiting mild thickened wall and loss of wall layer detail measuring 1.2 cm in diameter. Overall intact thickened small intestine with altered wall layer ratio. Example of small intestine wall measured 0.25 cm to 0.30 cm wall width.

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

Pancreas

The pancreas presented normal in size with asymmetrical contour and heterogeneous remodeled to mildly nodular parenchyma.

Free Abdomen

Asymmetrically enlarged hypoechoic to nonhomogenous mesenteric lymphadenopathy was present with an example measuring 2.6 cm x 2.0 cm exhibiting abnormal width: length ratio (>0.5). Minor peritoneal and transdiaphragmatic pleural effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large intestinal mural mass with separate small intestinal mural mass.
- Associated hypoechoic to swollen nonhomogenous mesenteric lymphadenopathy.
- Heterogeneous remodeled mildly nodular pancreas.
- Hepatomegaly with cranial intraparenchymal mass and intermittent cystic intraparenchymal nodules.
- Minor bi-cavitary effusion.

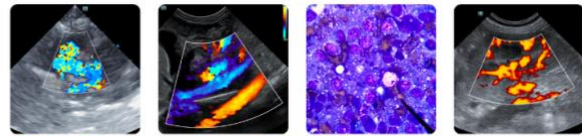
Secondary Findings

- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal masses and lymphadenopathy are consistent with neoplastic criteria with high-grade round cell neoplasia such as high-grade lymphoma suspected. Correlation with intestinal mass and lymph node FNA cytology and oncology consult could be considered.

Correlation with three view chest radiographs is recommended. The nonhomogenous nodular pancreas is suggestive of chronic to remodeled pancreatitis and suspect areas of pancreatic nodular hyperplasia although early metastatic criteria is not definitively excluded.



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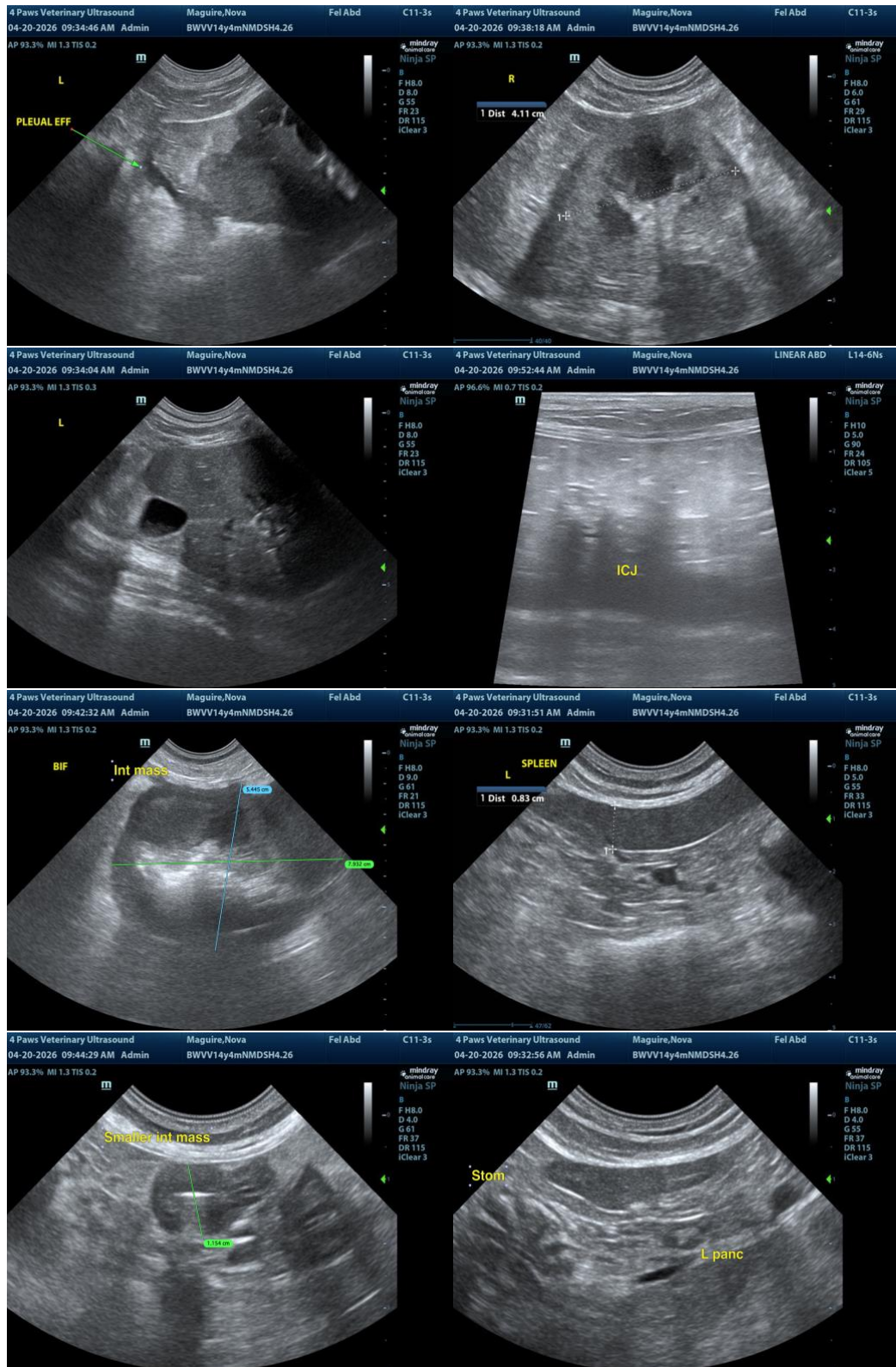
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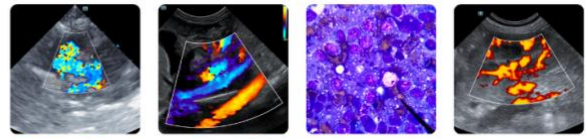
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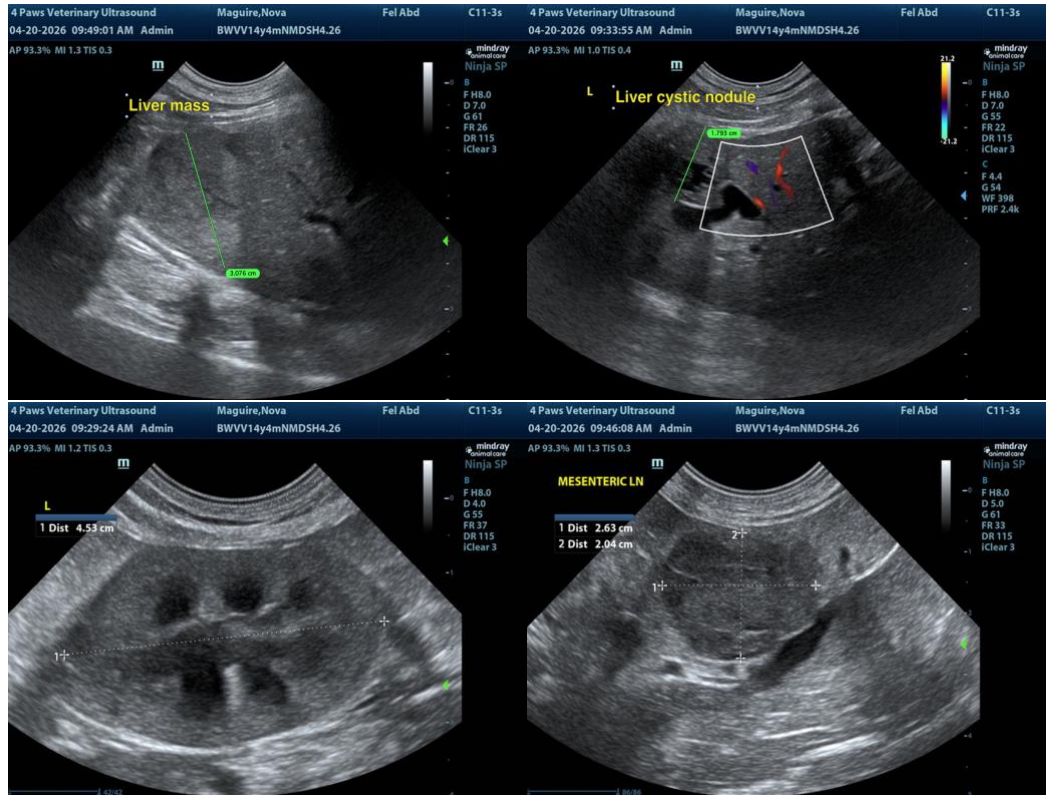
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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