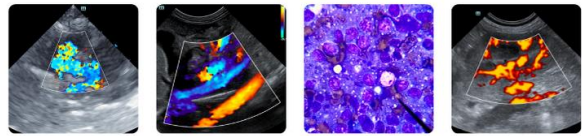




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Tess Thormahlen	Clinical Exam Findings: -palpable abdominal mass that has increased in size over a few months - increased frequency of vomiting -Increased weight loss
<b>SPECIES</b>	ABNORMAL Labwork Values: Elevated Amylase 1292 (100-1200)- urine: USG 1.058 , pH 7.0 , Protein 1+ Current Medications -Cerenia was sent home on 04/17/2026 and pt uses revolution plus
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DSH	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 evidence of urine or 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.
<b>SEX</b>	
FS	
<b>AGE</b>	No evidence of pathology in the area of the aortic trifurcation.
12 yrs	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 measured 3.8 cm in length. The right kidney measured 4.0 cm in length.
<b>WEIGHT</b>	
6.9 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width and the right adrenal gland measured 0.46 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Sara Hansen	The spleen was enlarged in size, exhibiting asymmetrical medial capsule contour and homogeneous hypoechoic parenchyma. The spleen measured 1.8 cm width at the level of the mid-spleen. Normal splenic vascularity was noted.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Ark AH	The liver was subjectively borderline to mildly enlarged in size with normal contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Mitchell	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with lumen gas without evidence of retained ingesta, fluid, or foreign material.
<b>INVOICE</b>	
10820	
<b>DATE</b>	
4/21/26	



<b>PATIENT</b>	Diffuse intestinal mass exhibiting significantly thickened wall, mural hypoechogenicity, and loss of wall layering was noted, measuring ~7.0 cm in length x 2.1 cm in diameter. Additional, segmentally thickened small intestine exhibiting indistinct to loss of intestinal wall was noted with thickened intestine measuring 0.35 cm wall width. Segmental, nonshadowing to partially shadowing intestinal ingesta and lumen gas were noted without an intestinal obstructive pattern to the level of the colon.
Tess Thormahlen	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed fecal matter in lumen.
Feline	
<b>BREED</b>	<b><i>Pancreas</i></b>
DSH	The pancreas was normal in size with mild asymmetrical margination and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
FS	Intermittent mild to asymmetrically swollen nonhomogeneous mesenteric lymph nodes were present. Scant peritoneal effusion was noted.
<b>AGE</b>	
12 yrs	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<b><i>Primary Findings</i></b>
6.9 lbs.	<ul style="list-style-type: none"><li>• Diffusely thickened small intestine with intestinal masses</li><li>• Splenomegaly exhibiting hypoechoic parenchyma</li><li>• Mildly enlarged nonhomogeneous liver</li><li>• Associated generally mild mesenteric lymphadenopathy and scant effusion</li><li>• Suspect concurrent mild chronic pancreatitis</li></ul>
<b>INTERPRETED BY</b>	<b><i>Secondary Findings</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"><li>• Age-related renal changes</li></ul>
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Sara Hansen	Multicentric hepato-intestinal and lymphatic neoplastic criteria are met with potential involvement of the liver. Multicentric round cell neoplasia, i.e., lymphoma or other, is probable. Assuming normal clotting status, using a 25-gauge needle, and with Benadryl pretreatment, splenic and intestinal mass wall FNA cytology could be considered for further clarification with oncology consult. Curative surgical options are precluded.
<b>HOSPITAL NAME</b>	
Ark AH	
<b>REFERRING VET</b>	
Dr. Mitchell	
<b>INVOICE</b>	
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<b>DATE</b>	
4/21/26	



**PATIENT**

Tess Thormahlen

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

12 yrs

**WEIGHT**

6.9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Ark AH

**REFERRING VET**

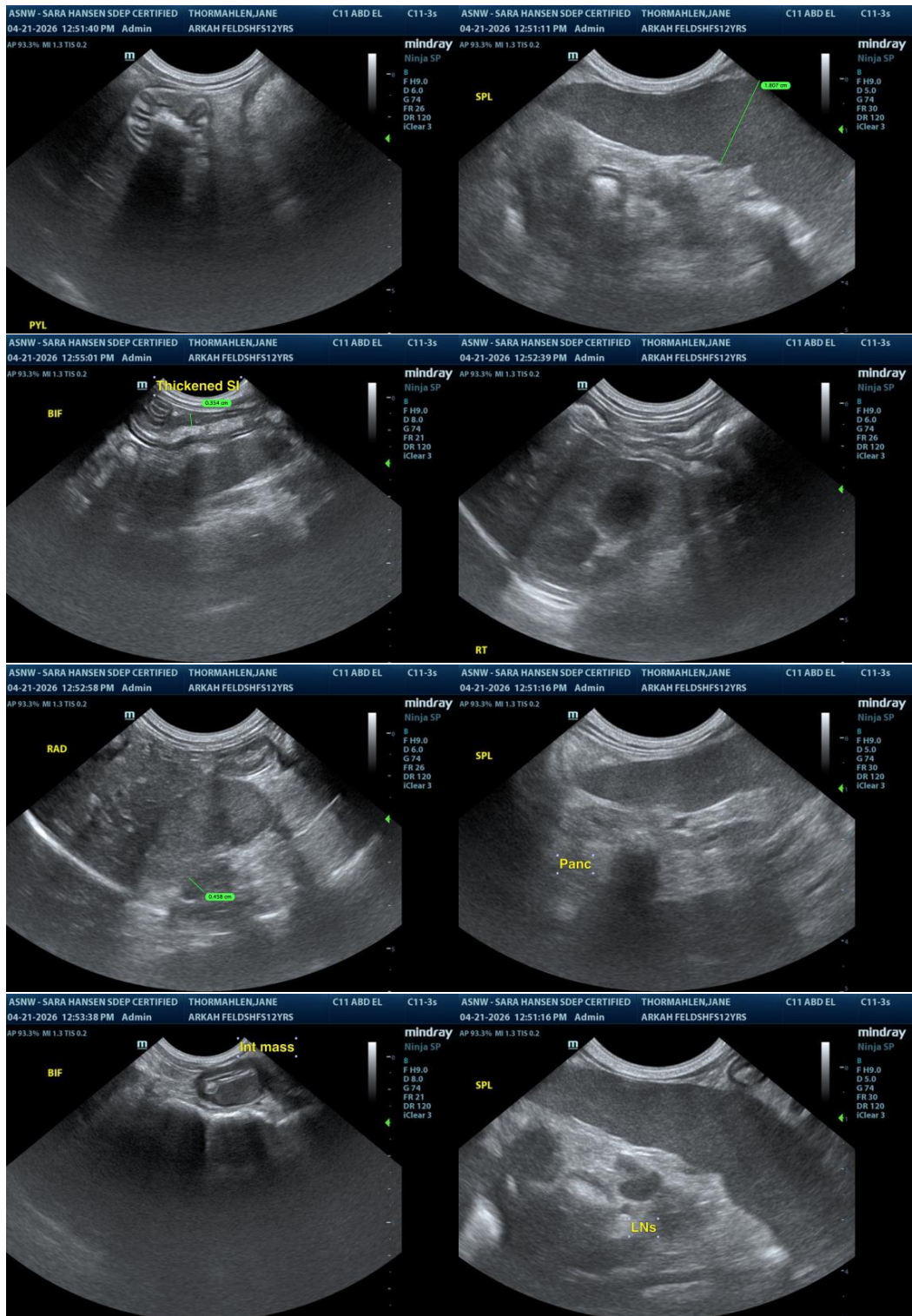
Dr. Mitchell

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**PATIENT**

Tess Thormahlen

**SPECIES**

Feline

**BREED**

DSH

**SEX**

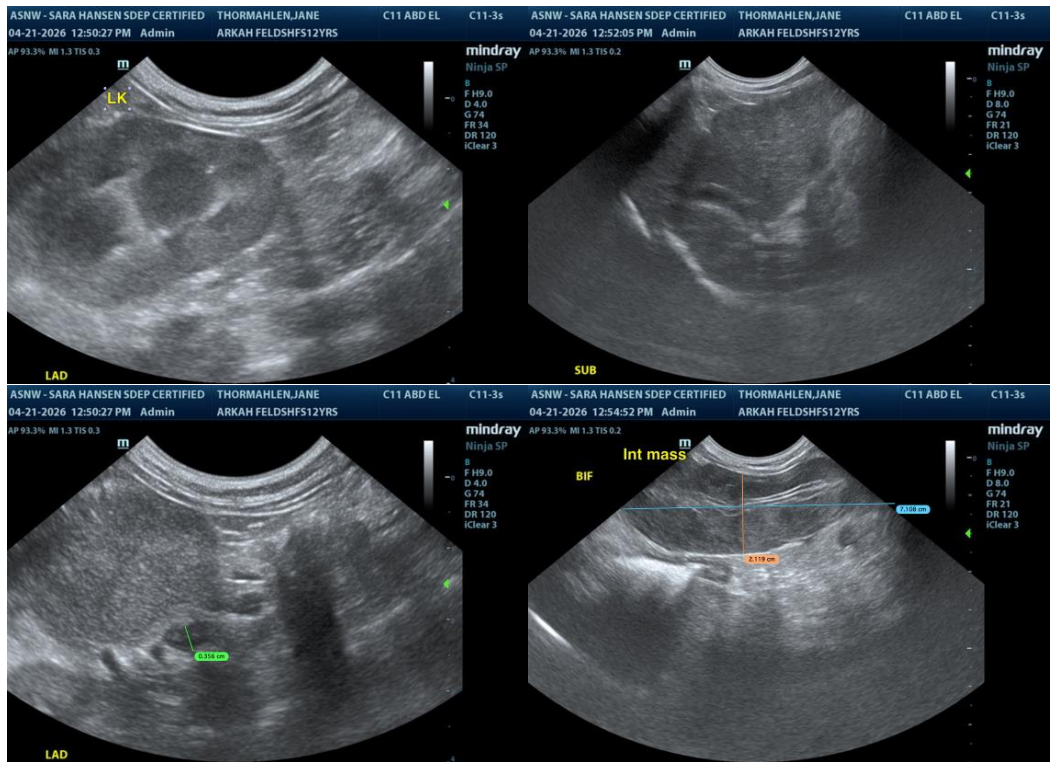
FS

**AGE**

12 yrs

**WEIGHT**

6.9 lbs.



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Ark AH

**REFERRING VET**

Dr. Mitchell

**INVOICE**

10820

**DATE**

4/21/26

**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)