



## PATIENT

Sushi Bommer

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

13yr

## WEIGHT

3.2kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kerri Becker

## HOSPITAL NAME

BondVet Edgewater

## REFERRING VET

Dr Ordonez

## INVOICE 24563

DATE  
04/22/2026

## PRESENTING CLINICAL SIGNS

Hw of v+ decr. Appetite. Mass effect in the abd. No improvement with antibiotic therapy

Abnormal PE/Chem/CBC/UA Results: Elev. wbc - neut

## 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 moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The bilateral adrenal glands were indistinctly visualized without overt pathology. The left adrenal gland subjectively measured 0.33 cm width. The right adrenal gland subjectively measured 0.4 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. The spleen was mildly subnormal in size, suggestive of volume contraction.

### 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. Normal vascular volume. 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.

### Gastrointestinal

The stomach presented overtly normal intact wall layering. The stomach was markedly distended with retained echogenic fluid and chyme. No obvious definitive obstruction to pyloric outflow.

Ill-defined mid-cranial abdomen intestinal mass exhibiting indistinctly thickened yet hypoechoic intestinal wall with loss of intestinal wall layer detail was present. The intestinal mass potentially



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measured ~ 5 cm x 2 cm although possibly larger with indistinct mass borders. Concurrent segmental intestinal distension with fluid / chyme.

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

## SPECIES

### *Pancreas*

Feline

The pancreas was indistinctly visualized owing to distended stomach and peripancreatic and omental artifact.

## BREED

### *Free Abdomen*

DSH

Peri-intestinal to generalized hyperechoic omentum.

Definitive associated mesenteric lymphadenopathy not obvious yet not excluded.

## SEX

## ULTRASONOGRAPHIC FINDINGS

MN

### Primary

- Ill-defined yet subjective extensive intestinal mass with concurrent gastrointestinal obstructive pattern

## AGE

### Secondary

13yr

- Bilateral chronic renal changes
- Moderate urine sediment

## WEIGHT

3.2kg

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

Ill-defined intestinal mass considerations may include favored neoplasia, i.e. carcinoma, round cell neoplasia, or other. Less likely fibroplasia or FIP given patient age. FNA cytology into indistinct intestinal mass wall assuming normal clotting status could be considered for further clarification.

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

If no pathology on three view chest radiographs, abdominal CT would be ideal for further assessment and clarification of the intestinal mass as mass extent could not be definitively ascertained.

## IMAGING PERFORMED BY

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Dr Ordenez

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24563

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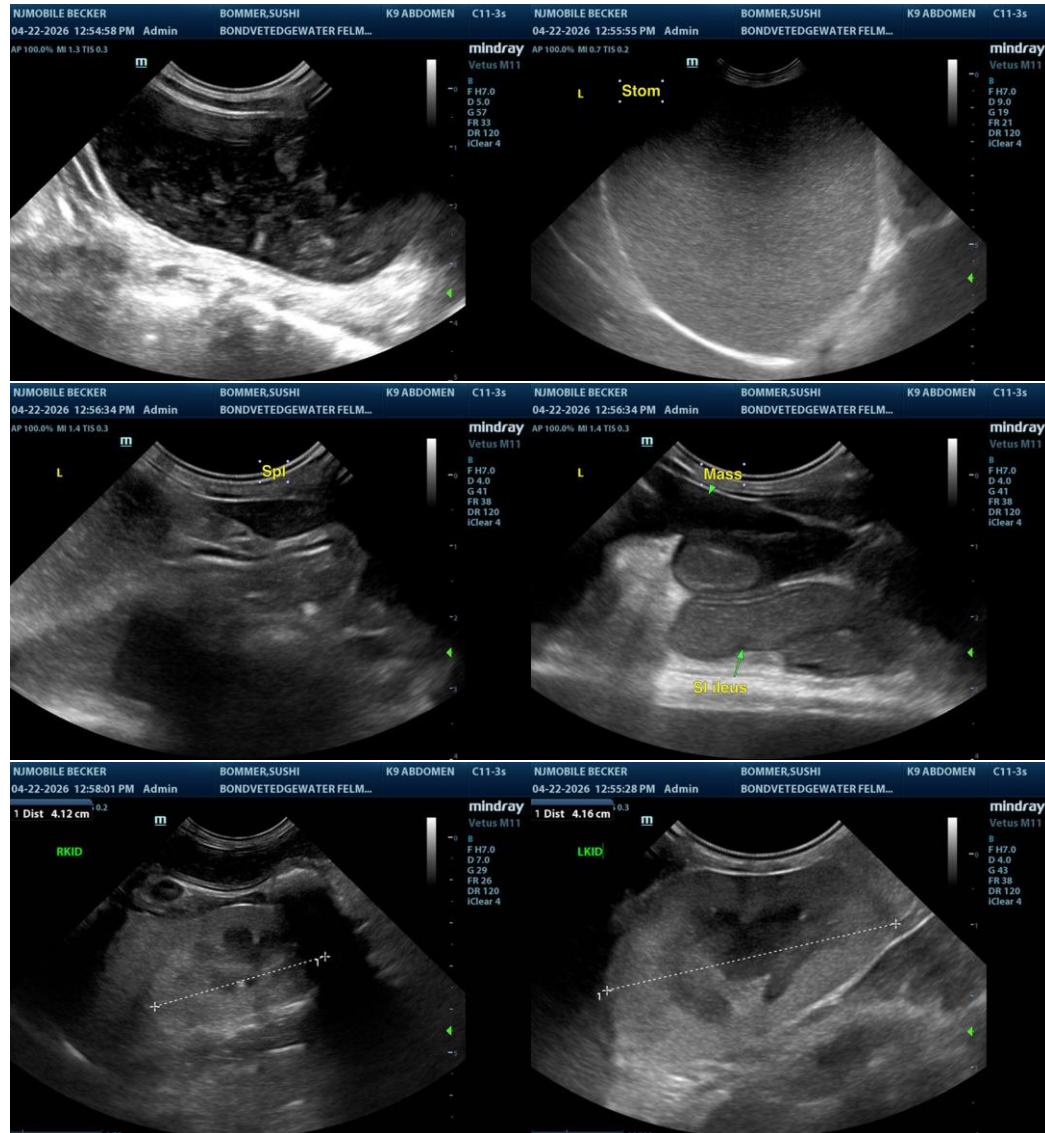
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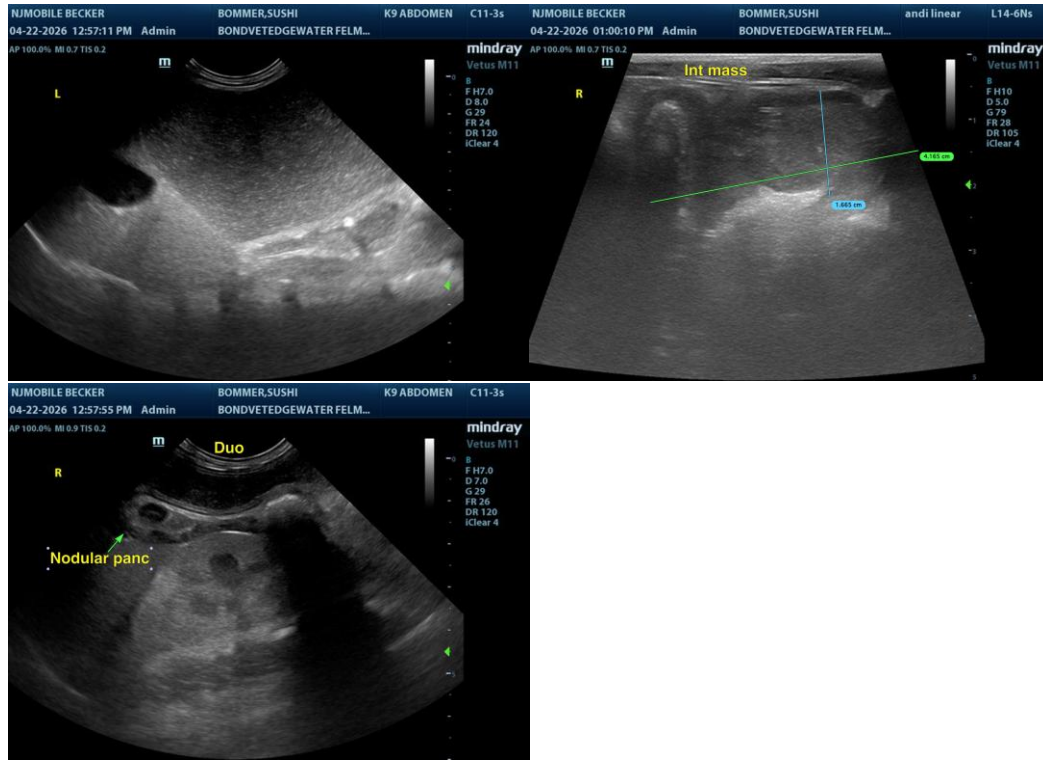
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)