



PATIENT

Jack Hayes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6yr

WEIGHT

6.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Lisa Miller

INVOICE 24607

DATE
04/25/2026

PRESENTING CLINICAL SIGNS

*About 2-2.5 weeks ago p started vomiting. P seen at AERC on 4/10, rads and CBC/Chem was WNL. They did SQ fluids, Cerenia injection, then scripted Cerenia tablets and i/d diet. P was eating. continued vomiting. rdvm prescribed mirataz and cerenia. 4/14 had recheck with rDVM; fpl normal. rdvm scripted Mirtazapine and gave SQ fluids. P did well for about a week, no vomiting and was acting normal. P started vomiting again so seen again at rDVM on 4/23. rdvm did radiographs and AFAST and noted an abdominal mass and major changes from rads done at AERC (wasn't missed). P prior history of Cystotomy in 2/2024, Cystitis 2/2025, Anxiety (on Gabapentin), Heart Murmur dx at rDVM 4/23. P admitted for supportive care: iv fluids, buprenorphine, cerenia.

*concern for partial fb, inflammation, IBD, neoplasia, pancreatitis, other

Abnormal PE/Chem/CBC/UA Results: PE: subtle pain 1/4, to palpate mid abdomen; heart murmur 2/4; Reactive to abdominal palpation, palpates slightly thickened cbc, chem, and epoc: all unremarkable proBNP (vcheck): 475 abnormal fPL: 5.0 normal 4/23 rdvm abdominal rads and afast: concern for abdominal mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

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 4.8 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic



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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.

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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.

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The small intestine presented thickened intestinal wall exhibiting segmental intact discernible wall layering with altered wall layer ratio. Concurrent segmental to primarily diffuse thickened intestine exhibiting hypoechoic wall and loss of discernible wall layer detail. Intact thickened small intestine measured 0.31 cm in width. Thickened intestine with loss of wall layer detail measured 0.63 cm in width. Primarily overall empty intestinal lumen without overt obstructive pattern.

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

Pancreas

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The pancreas was not definitively visualized owing to increased peripancreatic omental artifact.

Free Abdomen

Hypoechoic non-homogenous swollen mid abdomen mesenteric lymphadenopathy. An example measured 2.3 cm in diameter.

WEIGHT

6.9kg

Perilymphatic to peri intestinal mid abdomen hyperechoic omentum and mild volume peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enteropathy with diffuse intestinal mural mass
- Associated hypoechoic non-homogenous swollen mesenteric lymphadenopathy
- Peri intestinal/ perilymphatic to mid-abdomen hyperechoic omentum and mild effusion
- Normal empty stomach

Secondary

- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling required for further clarification, the diffuse enteropathy and intestinal mural mass with associated lymphadenopathy is consistent with multicentric, potentially high-grade neoplasia, i.e. lymphoma or other. Technically significant inflammatory disease or FIP also potentials yet considered less likely. Further assessment may include FNA cytology of thickened intestinal wall and accessible lymph node with potential for oncology consult. Curative surgical options unfortunately appear precluded.

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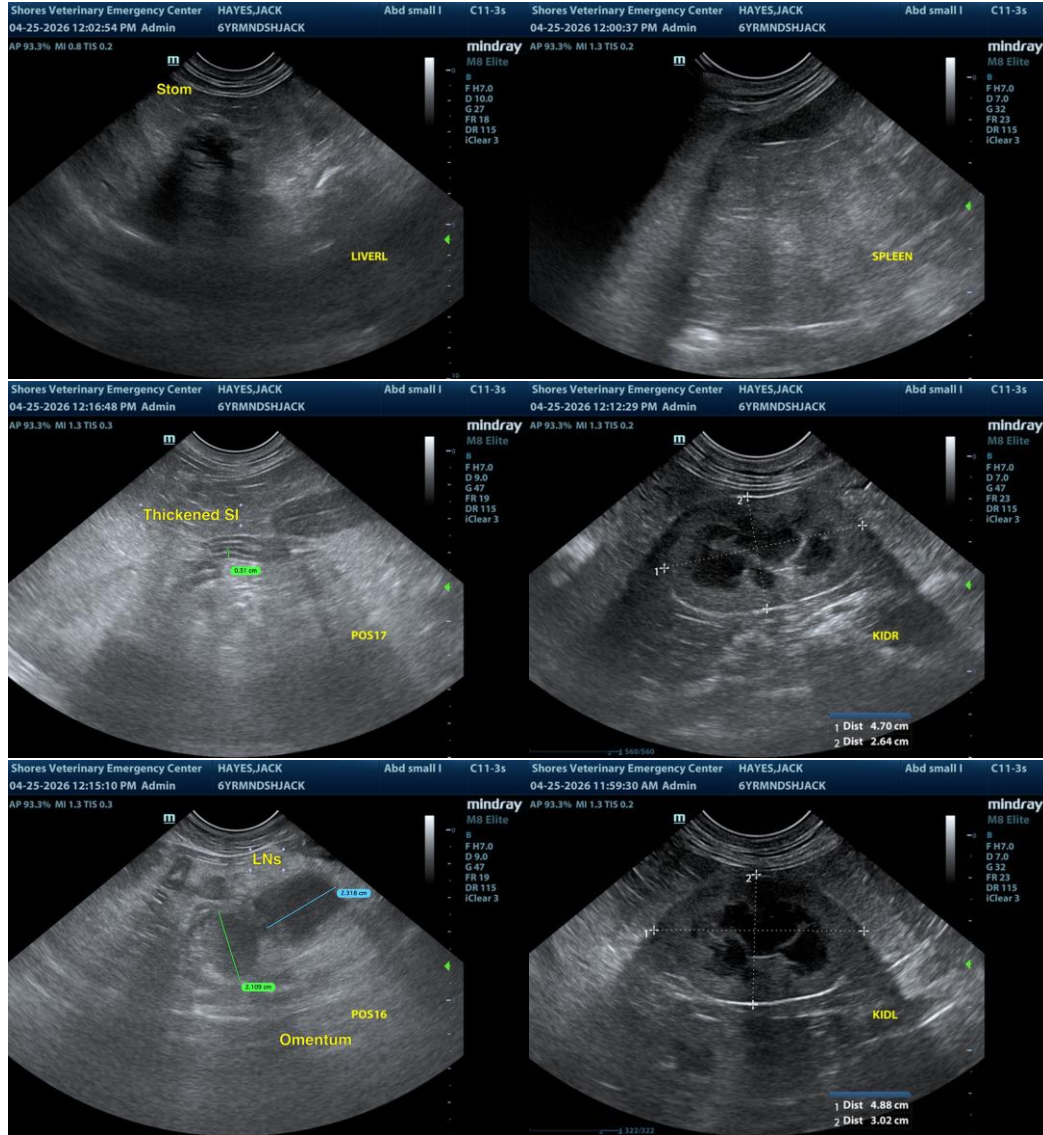
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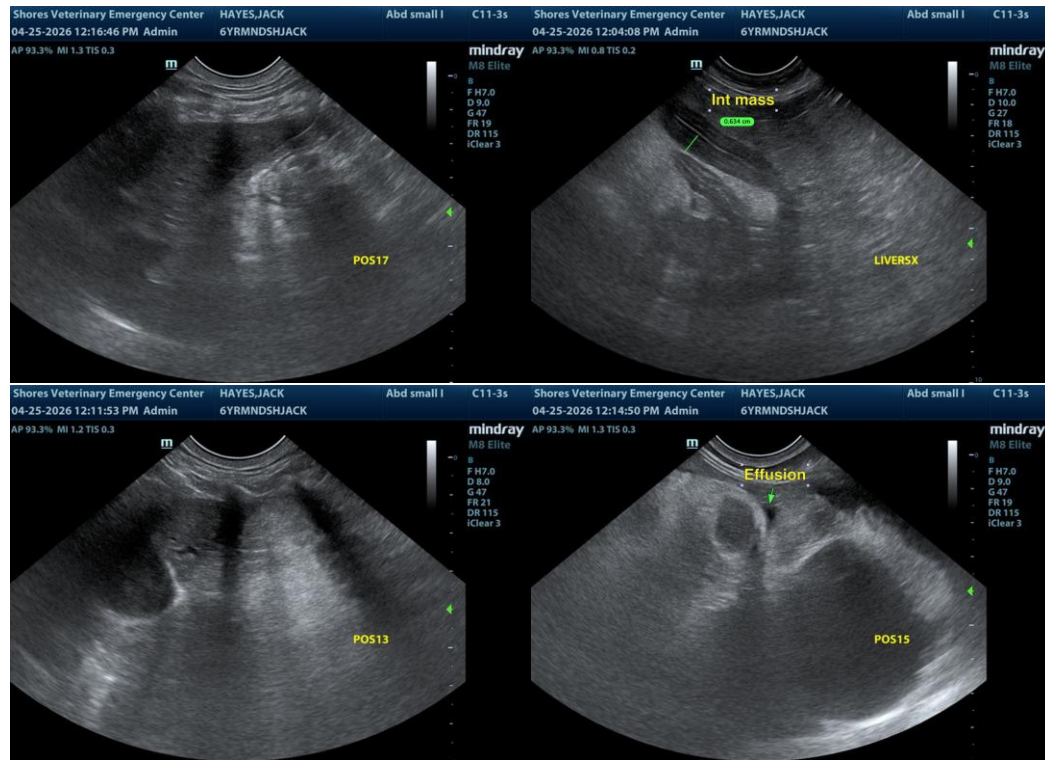
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com