



**PATIENT**

Oliver Wyant

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2017

**WEIGHT**

14.5

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Easton Animal Hospital

**REFERRING VET**

Dr. Kelly Craig

**INVOICE**

15626

**DATE**

04/30/26

**PRESENTING CLINICAL SIGNS**

12.2025 - renal lymphoma diagnosis and chemotherapy to remission. Recent weight loss, decreased appetite, palpable urinary bladder thickening, was vomiting on Cerenia per owner

Medication: Cerenia, mirtazapine

**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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The apical urinary bladder wall measured 0.35 cm wall width.

The right kidney was subnormal in size with asymmetrical margination and cortical infarcts. Nonthickened mildly uniform hyperechoic cortex with loss of corticomedullary border demarcation. Reduced medullary volume and areas of medullary mineral to small renoliths were present. The right kidney measured 2.1 cm in length.

The left kidney presented normal in size with primarily symmetrical margination. Mildly thickened hyperechoic cortex with adequate medullary volume and mildly enhanced corticomedullary border demarcation. Mild renolithiasis was present. The left kidney measured. The left kidney measured 4.4 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**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.

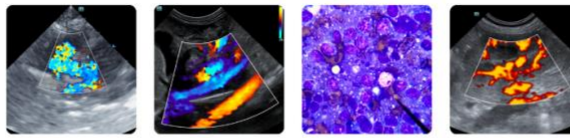
**Liver & Gallbladder**

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. 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 intact normal wall layering noted in the fundus and gastric body. Thickened antrum and pylorus wall exhibiting mural hypoechogenicity and loss of gastric wall layer detail without



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obstruction to pyloric outflow. Mild lumen gas was present. Thickened antrum/pylorus wall measured approximately 1.0 cm wall width.

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. The small intestine wall measured 0.21 cm wall width.

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

***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.

***Free Abdomen***

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Stomach wall mass.
- Sonographically normal visualized small intestine.
- Chronic renal changes exhibiting bilateral medullary mineral/renoliths, more prominent in the right kidney with mild right kidney atrophy and potential compensatory left kidney hypertrophy.
- Normal urinary bladder with urine sediment.
- Sonographically normal liver/spleen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling or biopsy is required for a definitive diagnosis, the thickened stomach wall and loss of wall layer detail is highly consistent with infiltrative round cell neoplastic criteria, i.e. lymphoma given patient history.

Assuming normal clotting status, FNA cytology of thickened stomach wall using a 25-gauge needle could be considered for further clarification, whereas biopsies may be required for a definitive gold standard diagnosis. No overt current evidence of recurrent unilateral/bilateral renal neoplastic criteria, which is thought less likely. Urine culture and sensitivity on sterile urine sample is recommended if inflammatory sediment versus UPC if non-inflammatory proteinuria. An oncology consult is recommended.



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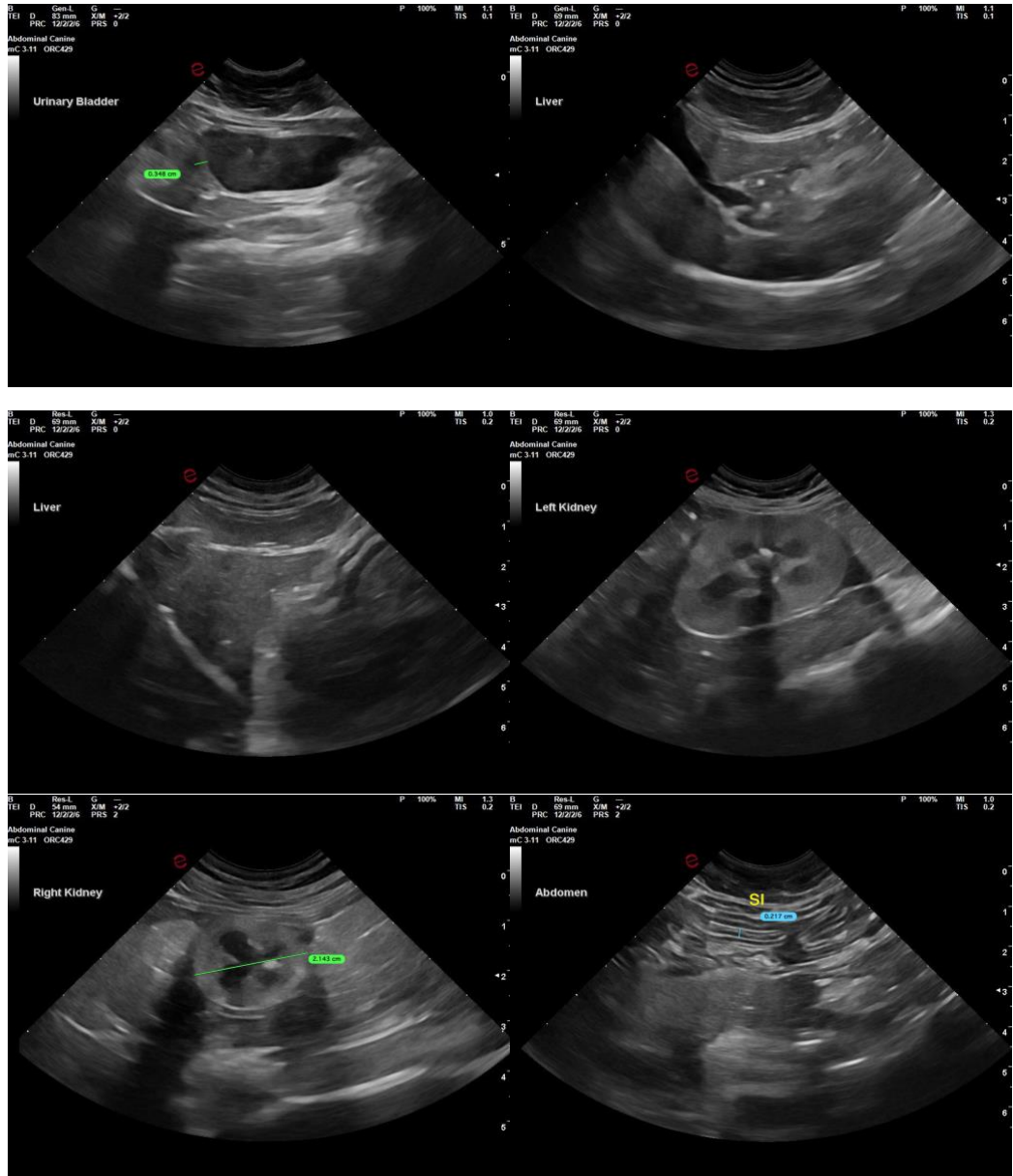
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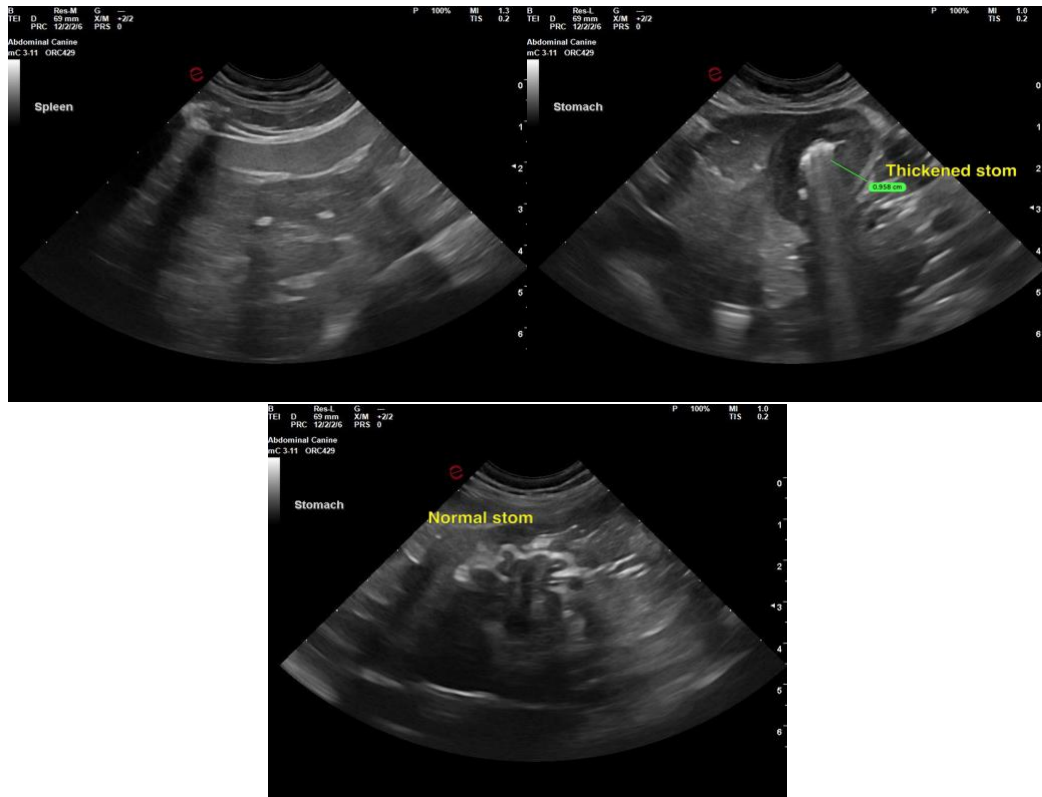
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)