



## PATIENT

Rosemary Farley

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

8y

## WEIGHT

9.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Nicole Gotfredson,  
CVT

## HOSPITAL NAME

Buffalo VC

## REFERRING VET

Dr. Crocker

## INVOICE

13453

## DATE

4/30/26

## PRESENTING CLINICAL SIGNS

History: 4/27/26 Radiographs WNL, possible hepatic enlargement, margin extending beyond ribs. No evidence of obstruction. A-FAST: No free fluid, bladder mostly empty but some visible debris, recommended urinalysis and O consented. Urinalysis showed a significant bacterial UTI. Blood work showed elevations in ALP, ALT and bilirubin. Bilirubin was also detected on urine dip stick. Platelet count was reportedly low on CBC, but manual count appeared to be adequate with some aggregates found. Auto agglutination test negative, macro and micro.

\*Assessment\* 1. Bacterial UTI 2. Hepatic Lipidosis (Fatty Liver), secondary to anorexia. 4/30-cat not wanting to eat or move, patient is icteric today

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes were noted.

Normal in size and margination was 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 to subnormal loss of corticomedullary symmetry and definition. No evidence of pelvic dilation was present. The left kidney measured 2.9 cm in length. The right kidney measured – cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm. The right adrenal gland was not definitively visualized.

### Spleen

The spleen was borderline enlarged in size with maintained symmetrical contour and homogeneous, mildly hypoechoic parenchyma. The spleen measured 1.1 cm width level of the mid spleen.

### Liver

The liver presented mildly enlarged in size with normal vascular volume. Mildly hypoechoic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Mildly increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion. No mass or nodules visualized. 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 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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Segmental small intestine mural mass present in the mid cranial abdomen subjectively medial to the right kidney exhibiting variably thickened hypoechoic wall and loss of segmental wall layer detail. Mild associated metabolic to paralytic ileus and obstructive pattern. Adjacent intact segments exhibited mildly thickened wall and mild altered wall layer ratio owing to mildly thickened muscularis layer. Thickened adjacent intact wall measured 0.27 cm.

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

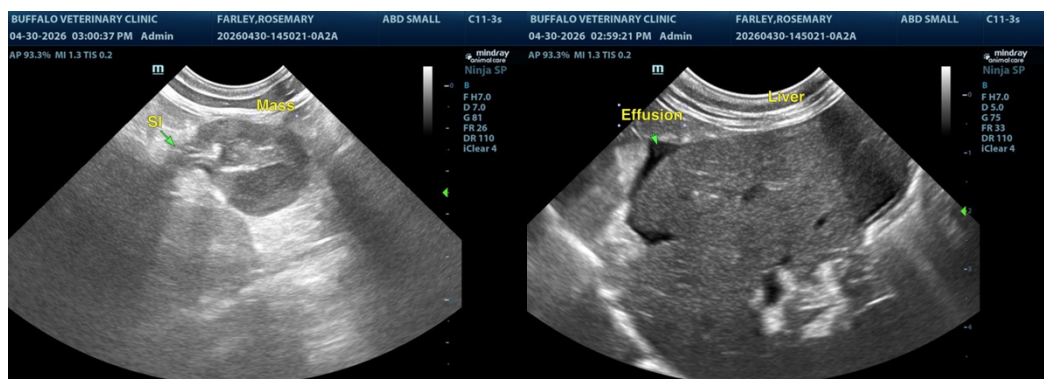
Regional associated peri intestinal non-homogeneous hypoechoic to potentially nodular omentum and associated ill-defined probable mesenteric lymphadenopathy. Example of probable lymph node measured 2.7 cm x 1.5 cm. Mild volume peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Segmental intestine mural mass, intact thickened adjacent intestinal segments
- Peri intestinal non-homogeneous indistinctly nodular omentum and probable non-homogeneous swollen mesenteric lymphadenopathy
- Borderline/mild hepatosplenomegaly
- Mild volume peritoneal effusion
- Sonographically normal non-distended gallbladder

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal mural mass is consistent with neoplastic criteria with highly suspected regional omental involvement and metastatic peri intestinal lymphadenopathy. Strong potential for multicentric neoplasia involving the spleen and liver indicated such as multicentric lymphoma or other round cell neoplasia. Non-neoplastic etiologies such as FIP thought less likely. Further assessment may include, assuming normal clotting status and using 25-gauge needle, hepatosplenic and intestinal mural mass wall FNA cytology and +/- effusion analysis. Unfortunately, unfavorable prognosis.





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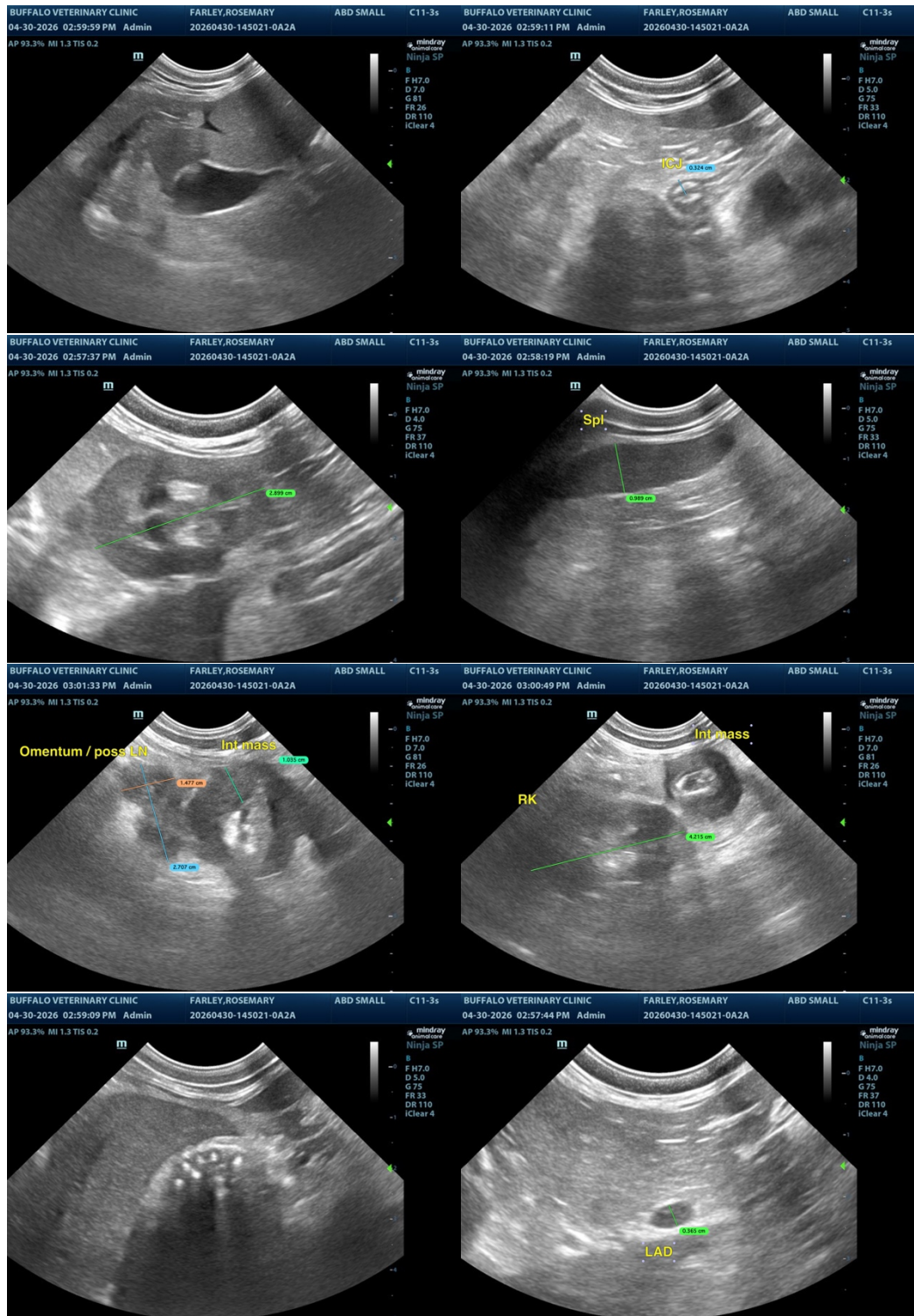
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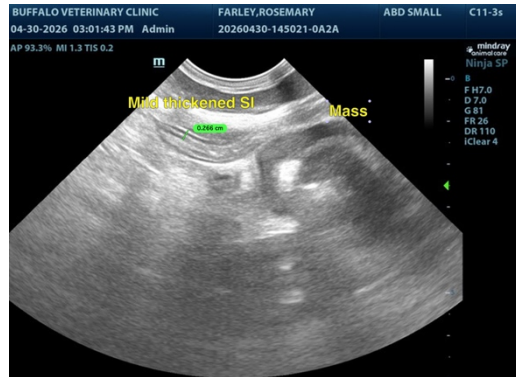
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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