

PATIENT

Wookie Brown

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2021

WEIGHT

14

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley Animal
Hospital

REFERRING VET

Dr. Meyer

INVOICE

15622

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Decreased appetite, painful, palpable abdominal mass

Medication: mirtazapine, gabapentin, Cerenia

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 change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 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. The spleen measured 0.91 cm width level of the mid spleen.

Liver & Gallbladder

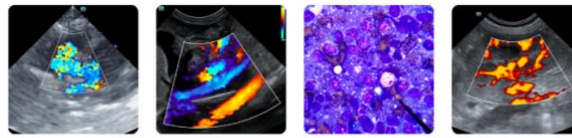
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

A segmental intestinal mural mass was present exhibiting asymmetrical to variable thickened hypoechoic wall and loss of intestinal wall layer detail., subjective mid to cranial abdomen and visualized medial to the right kidney. The intestinal mural mass measured at least 5.0 cm to 6.0 cm in length with a wall width measuring approximately 1.1 cm. The visualized segments of definitive small intestine exhibited intact wall layering and maintained wall layer ratio with empty intestinal lumen. Intact normal small intestine measured 0.23 cm wall width.



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No obvious pathology in the area of the descending colon, dorsal to craniodorsal to the urinary bladder.

Pancreas

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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.

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Free Abdomen

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Regional peri-intestinal nonuniform hyperechoic omentum and intermittent variably swollen to hypoechoic lymph nodes were present with an example of lymph nodes measuring 1.6 cm x 1.2 cm exhibiting abnormal width: length ratio (>0.5). Concurrent scant peri-intestinal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Extensive intestinal mural mass with associated peri-intestinal nonuniform hyperechoic omentum and variable swollen lymphadenopathy.
- Normal empty stomach.
- Normal liver/spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The intestinal mural mass and associated lymphadenopathy may indicate favored neoplastic criteria with metastatic lymphadenopathy i.e. round cell neoplasia such as lymphoma, mast cell neoplasia, carcinoma or other, FIP or fibroplasia as primary considerations. Definitive intestinal segments involved in the mass was difficult to ascertain yet given location medial to the right kidney, distal small intestine to ileocolic involvement is suspected.

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Further assessment may include (assuming normal clotting status and using a 25-gauge needle) FNA cytology into thickened intestinal mass wall as well as accessible mesenteric lymph node. Oncology and/or surgical consult is recommended. Three view chest radiographs are suggested if not recently done.

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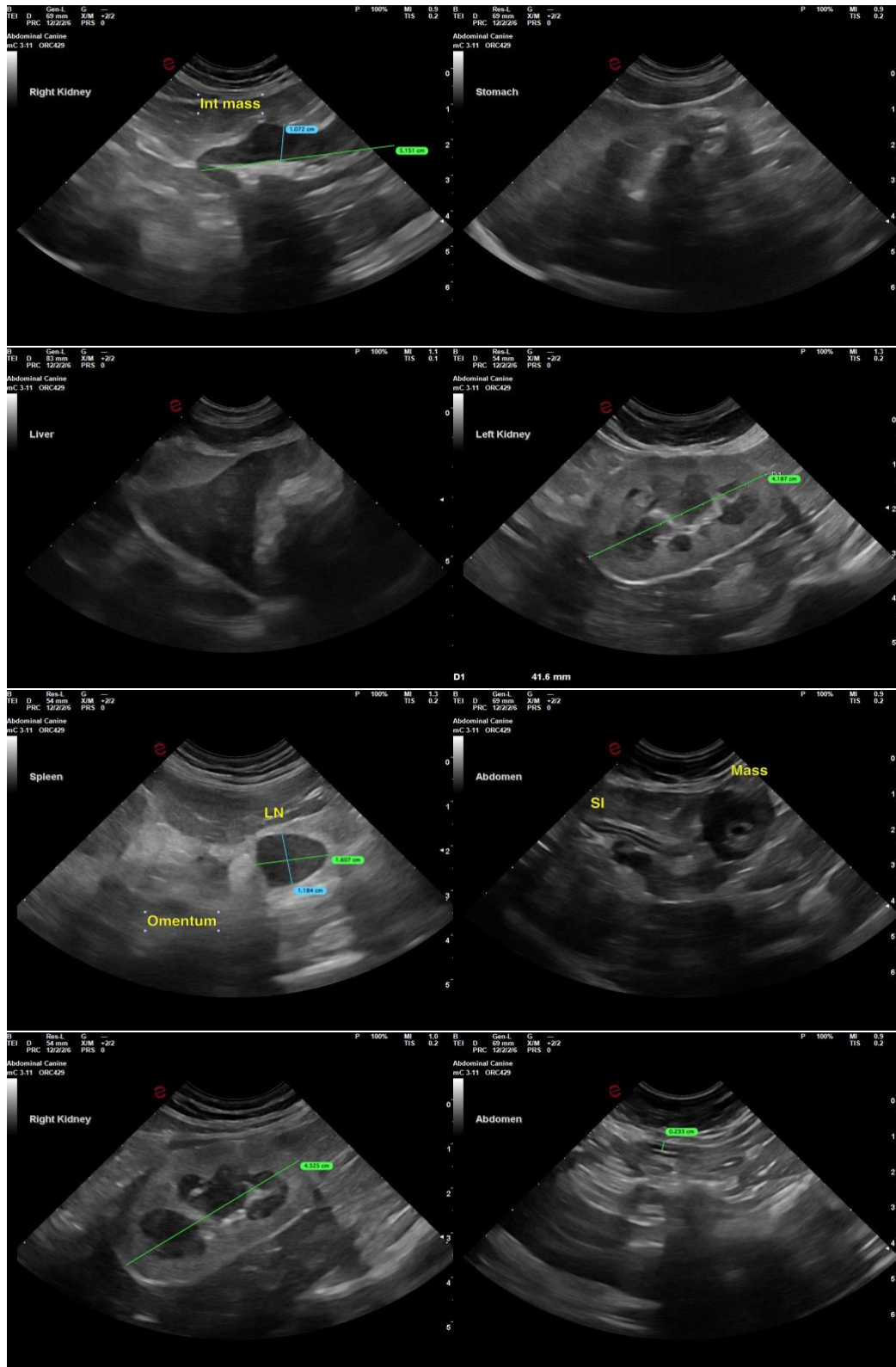
Dr. Meyer

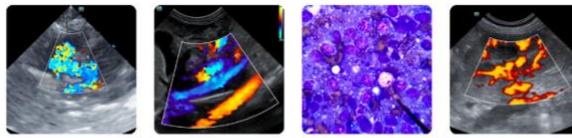
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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