



PATIENT

Salem Henley

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

11y

WEIGHT

6.94 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Sundholm

INVOICE

13380

DATE

4/7/26

PRESENTING CLINICAL SIGNS

History: P presented on 3/35/26 for weight loss and diarrhea. He has been having difficulty eating food and does better on a wet diet. Temp 102.2. Liver palpated irregular with potential masses or cysts.

ABNORMAL Lab work Values: CBC/Chem/T4/UA. Marked mature neutrophilia, no bands. ALB 2.3. USG 1.020. Otherwise, NSF.

Current Medications: Mirtazapine, Gabapentin

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. Moderate, echogenic to particulate dependent to non-dependent 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 area of the aortic trifurcation was free of pathology.

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, hypoechoic corticomedullary band was present consistent with nonspecific medullary rim. Loss of corticomedullary distinction was also present. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left and right adrenal glands were indistinctly visualized without overt pathology. The left adrenal gland subjectively measured 0.47 cm. The right adrenal gland subjectively measured 0.40 cm.

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

The liver presented normal in size and contour with normal vascular volume. Homogeneous, mildly hypoechoic hepatic parenchyma with increased echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. 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.



PATIENT

Salem Henley

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

11y

WEIGHT

6.94 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Sundholm

INVOICE

13380

DATE

4/7/26

Gastrointestinal

Generalized moderately, hypoechoic gastric wall thickening and loss of gastric wall layer detail was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. Stomach wall measured 1.4 cm width.

The small intestine presented intact mildly thickened wall exhibiting propensity for a mildly thickened intestinal mucosa layer. Duodenum wall measured 0.34 cm width and jejunum wall measured 0.29 cm width

Normal visible colon wall layers were present with apparent semi-formed feces and lumen gas.

Pancreas

The pancreas was mildly prominent in size with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Swollen hypoechoic to non-homogeneous cranial mesenteric to perigastric lymph node was present measuring 3.5 cm x 2.6 cm. Generalized hypoechoic omentum and mild to moderate volume peritoneal effusion.

PRIMARY FINDINGS

- Stomach mass with non-obstructive gastric stasis
- Intact generalized mildly thickened small intestine
- Non-homogeneous hypoechoic swelling perigastric lymphadenopathy
- Mildly hypoechoic liver
- Peritoneal effusion and generalized hypoechoic mesentery

SECONDARY FINDINGS

- Bilateral chronic renal changes exhibiting nonspecific medullary rim
- Moderate urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach mass and perigastric lymphadenopathy meet neoplastic criteria with sonographic evidence of multicentric probable round cell neoplasia, i.e. lymphoma and potential for lymphomatosis. Assuming normal clotting status, FNA cytology of thickened stomach wall and lymph node in conjunction with effusion analysis and oncology consult may be considered. Curative surgical options appear precluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.



PATIENT

Salem Henley

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

11y

WEIGHT

6.94 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

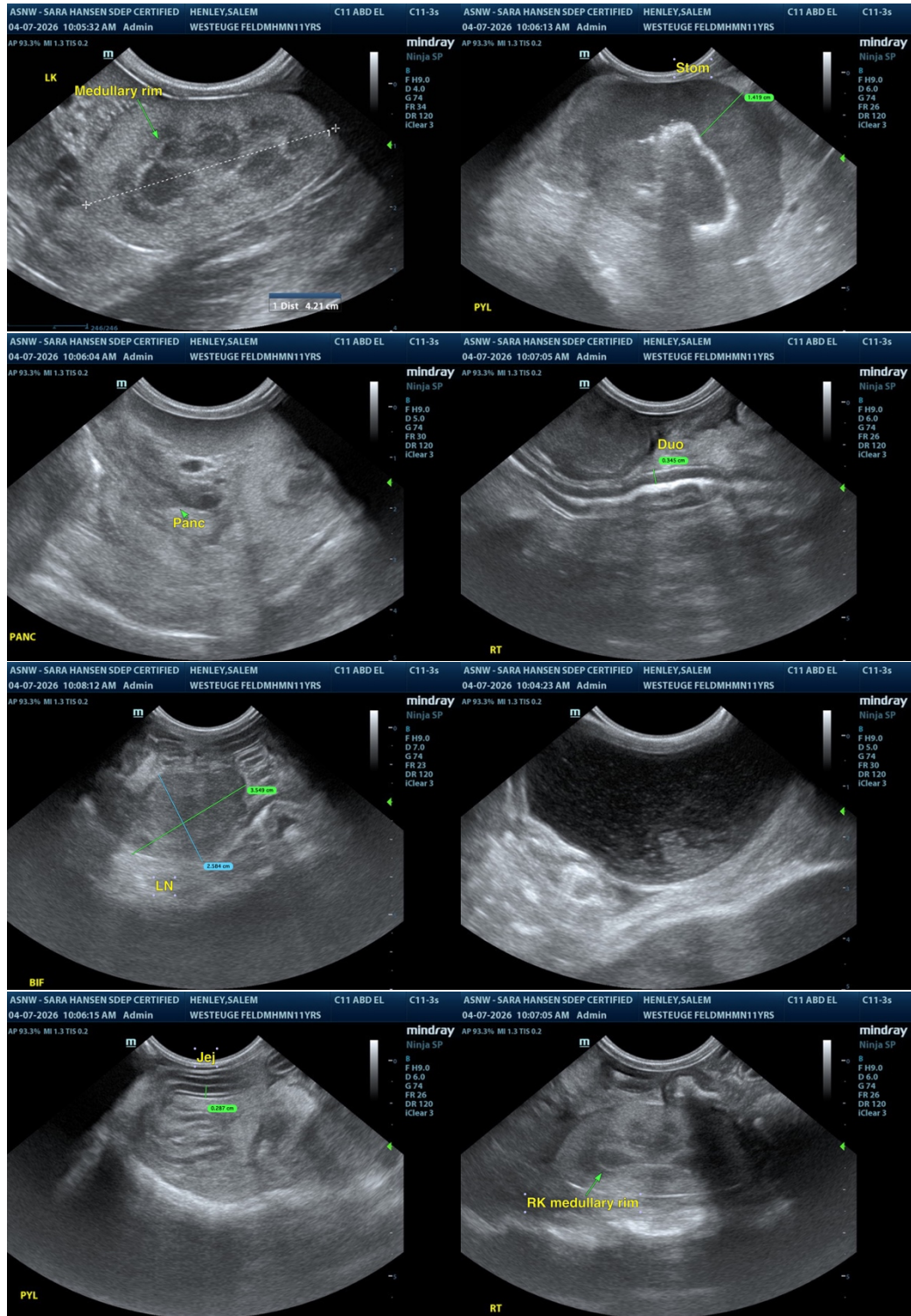
Dr. Sundholm

INVOICE

13380

DATE

4/7/26





PATIENT

Salem Henley

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

11y

WEIGHT

6.94 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

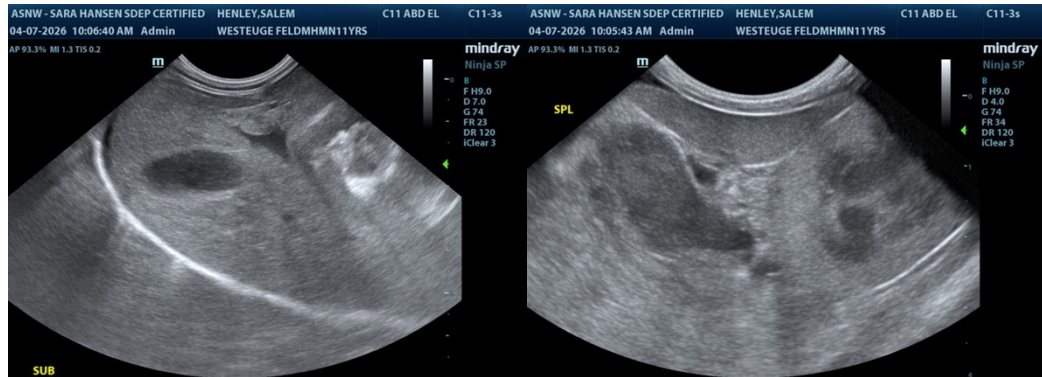
Dr. Sundholm

INVOICE

13380

DATE

4/7/26



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