



**PATIENT**

Bane Gambatese

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

59 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe CVT

**HOSPITAL NAME**

Animal Hospital of  
 Roxbury

**REFERRING VET**

Dr. Elia

**INVOICE**

16229

**DATE**

05/15/26

**PRESENTING CLINICAL SIGNS**

Weight loss and inappetence for past few weeks. Weight loss 8lbs since Feb.

Abnormal PE/Chem/CBC/UA Results: Anemia, chem normal

**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.

No obvious pathology in the area of the residual prostate.

Normal 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 loss of corticomedullary symmetry and definition expected for the age of the patient. A thinly walled left kidney cyst was present measuring 2.1 cm in diameter. The left kidney measured 6.3 cm in length. The right kidney measured 6.1 cm in length.

**Adrenal Glands**

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.72 cm width at the caudal pole.

The right adrenal gland was not definitively visualized owing to adrenal depth and surrounding periadrenal omental artifact.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

**Liver & Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.



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An extensive mid abdomen intestinal mass was present exhibiting variably thickened hypoechoic intestinal wall and loss of intestinal wall layering measuring at least 6.0 cm in length. Concurrent variably thickened segmental intestine exhibiting variable intact to indistinct wall layering and additional emerging intestinal mural masses.

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**

Peri-intestinal nonhomogenous nodular omentum with subjective peri-intestinal infiltrative omental mass, measuring approximately 8.0 to 9.0 cm in diameter. Concurrent minor volume of effusion with markedly enlarged hypoechoic to swollen mid-abdomen jejunal lymph nodes with an example measuring 4.7 cm x 2.2 cm.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

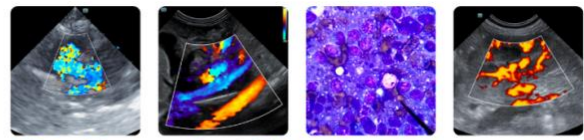
- Extensive intestinal mass with concurrent variably thickened intestinal segments exhibiting indistinct to loss of wall layering.
- Peri-intestinal nodular omentum and subjective associated infiltrative omental mass.
- Marked hypoechoic to swollen mesenteric lymphadenopathy.
- Minor peritoneal effusion.
- Non-enlarged mildly nonhomogenous liver/spleen.

**Secondary Findings**

- Chronic renal changes with left kidney cyst

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, extensive intestinal, omental and lymphatic neoplastic criteria is met, likely indicative of a high grade to an aggressive round cell neoplastic process such as lymphoma or similar. Curative surgical options appear precluded. Further assessment may include lymph node cytology with potential for oncology consult, however unfavorable prognosis is indicated.



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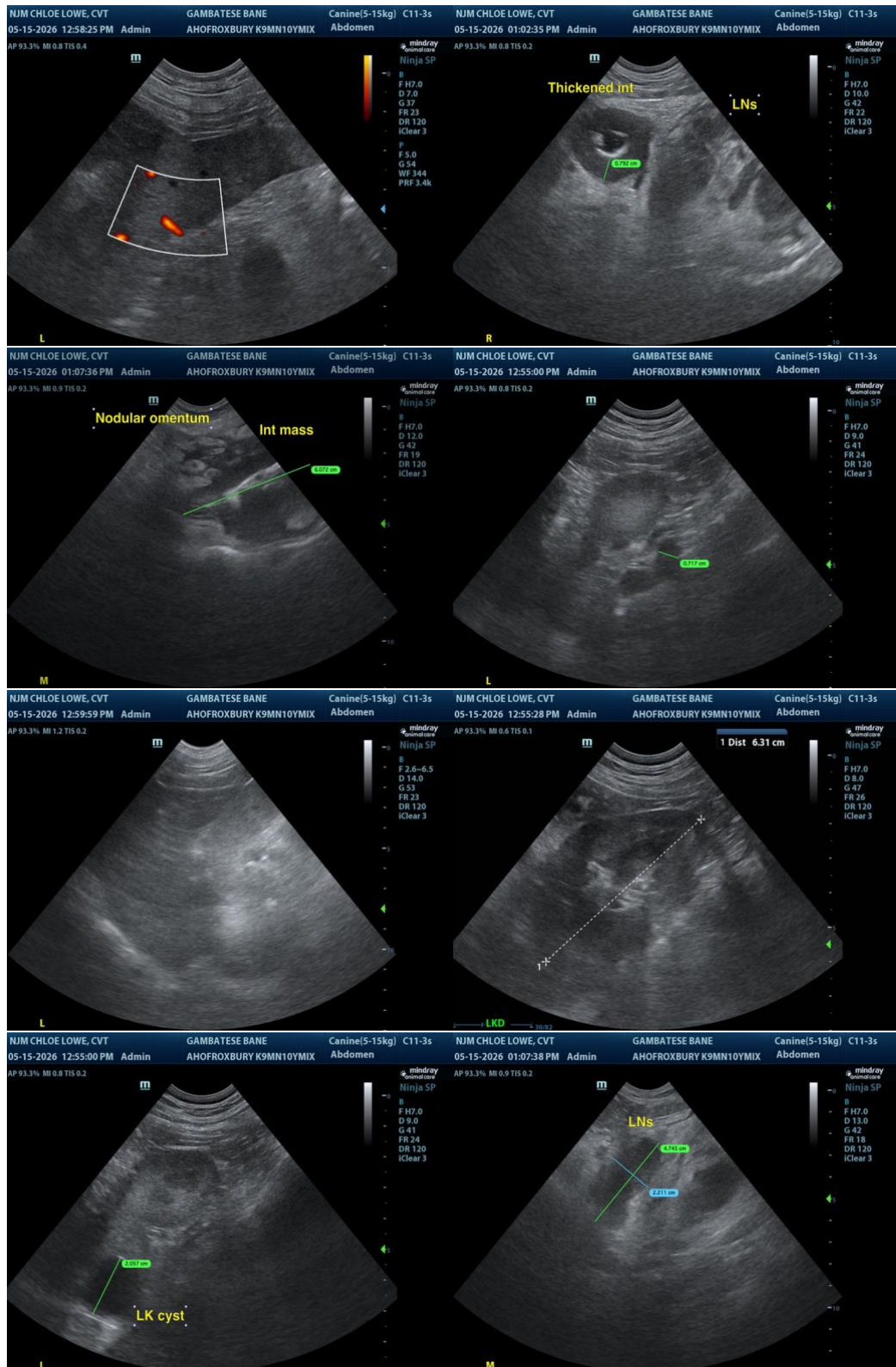
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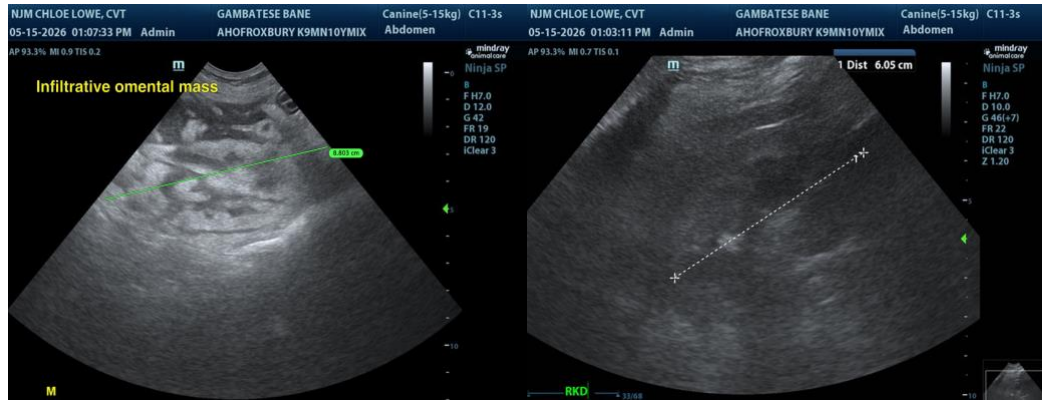
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)