



PATIENT

Daphne Barbosa

SPECIES

Feline

BREED

Russian Blue

SEX

FS

AGE

13

WEIGHT

9.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

INVOICE

24880

DATE

05/20/2026

PRESENTING CLINICAL SIGNS

decreased appetite , vomiting

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited normal size and contour with non-homogenous mildly hypoechoic parenchyma. No visualized masses or nodules were present. The spleen measured 0.85 cm in width at the level of the mid spleen.

Liver/Gallbladder

Borderline to mild hepatomegaly with lobar biliary tree mineralization. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild 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 mild, dependent to non-dependent hyperechoic, focally mineralized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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.

The small intestine presented diffuse, variably thickened wall with moderate to variably altered wall layer ratio, including segmental small intestine mural mass exhibiting thickened hypoechoic wall and loss of mural detail. No evidence of obstructive pattern. Thickened intact small intestine wall measured 0.36 cm in width. The intestinal mass measured ~ 2.1 cm in diameter. The ileocolic wall measured 0.46 cm in width.

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

Pancreas



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The area of the right pancreas was sonographically normal.

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Free Abdomen

SPECIES

Indistinct to irregular non-homogenous to significant mesenteric lymphadenopathy or possible ill-defined non-homogenous omental mass measuring ~ 4.6 by 2.4 cm.

Feline

Generalized non-homogenous omental hyperechogenicity and mild volume peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

BREED

Primary

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- Diffuse enteropathy with segmental intestinal mural mass
- Significant irregular non-homogenous mesenteric lymphadenopathy vs ill-defined mass
- Lobar biliary tree mineralization
- Mild non-obstructive mineralized gallbladder debris
- Non-enlarged hypoechoic spleen
- Omental hyperechogenicity and mild volume effusion

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Secondary

- Bilateral chronic renal changes
- Mild urinary bladder lumen mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, multi-centric intestinal neoplastic criteria is met, likely suggestive of high grade neoplasia given segmental intestinal mass and associated metastatic omental lymphadenopathy with potential for omental seeding, i.e. lymphomatosis, carcinomatosis or similar. Further assessment may include assuming normal clotting status, FNA cytology of intestinal mass wall and lymph node vs unspecified omental mass with oncology consult. Curative surgical options appear precluded.

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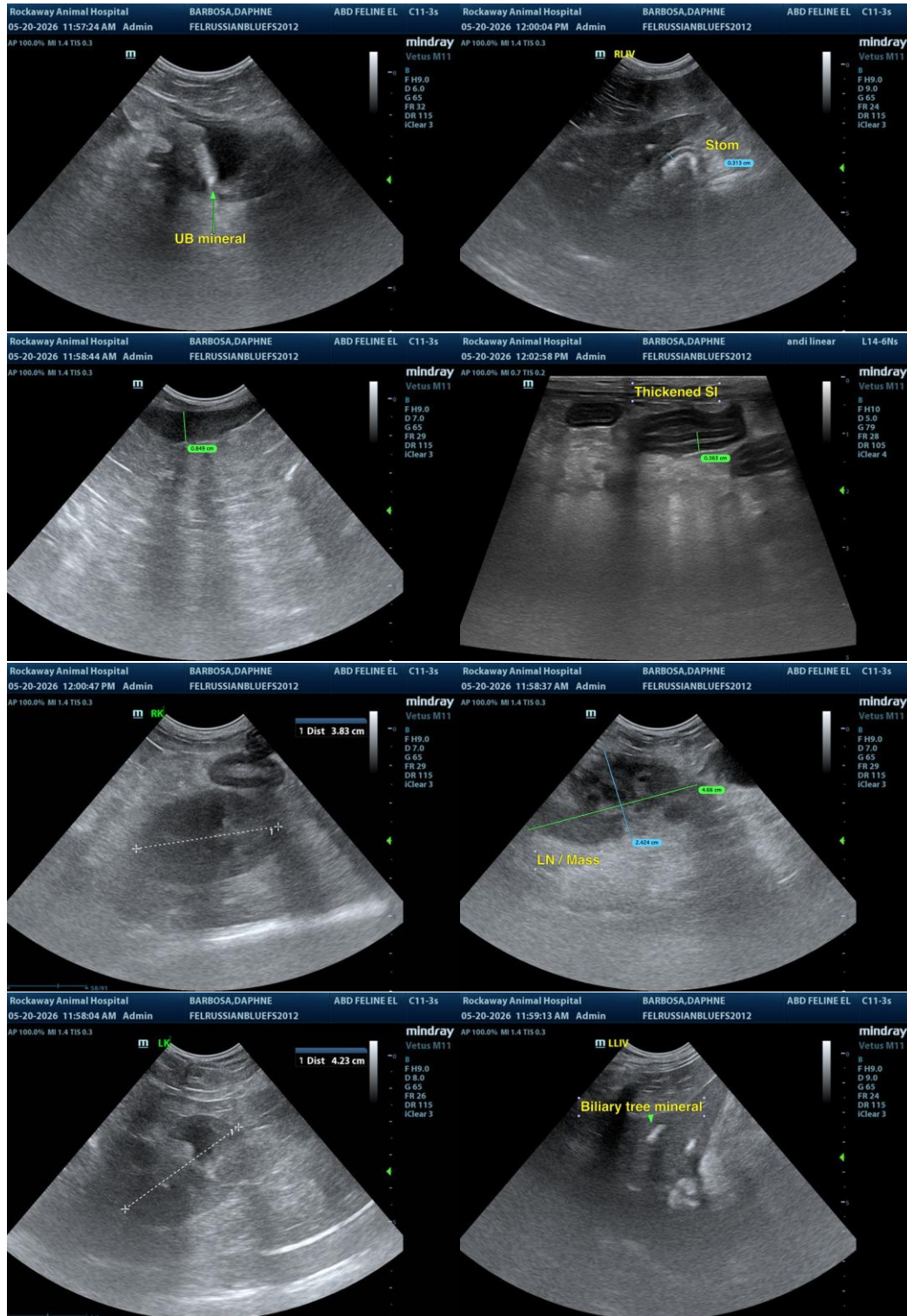
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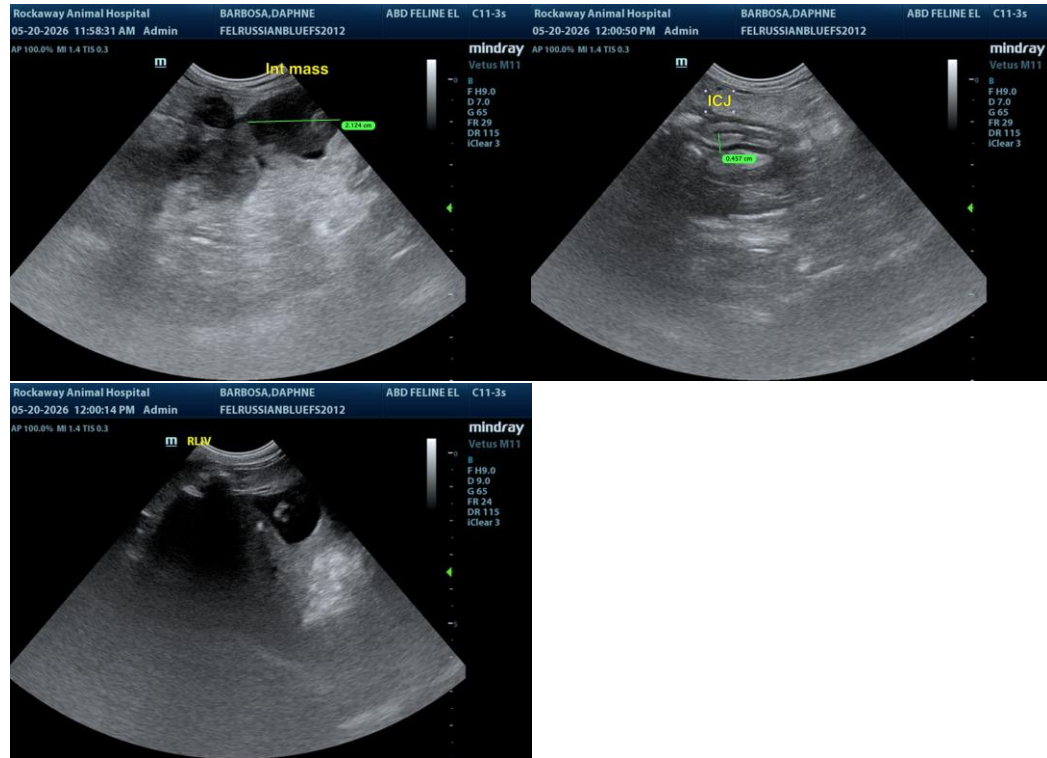
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com