



PATIENT	PRESENTING CLINICAL SIGNS
Grizabella Montes	Clinical Exam Findings: Gradual weight loss
SPECIES	Cranial abdominal mass found 5/18/26, movable and feels around 3 cm and lobulated
Feline	ABNORMAL Labwork Values
BREED	Albumin 2.1
DSH	ALT 249
SEX	BUN 14
FS	Na 170
AGE	WBC 26,280
7Y	Neut 23,930
WEIGHT	Current Medications
7.61lbs	Convenia 0.35mL SC 5/18/26
INTERPRETED BY	Radiographic Findings
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	R caudal thoracic mass
IMAGING PERFORMED BY	Partially mineralized egg shell mass ventral and to the right of L4-L5
Sara Hansen	Poor serosal detail
HOSPITAL NAME	Notes to Specialist (if any)
Oregon Coast Humane Society Veterinary Clinic	Pet owned by Dr Janel Montes. Attending veterinarian for ultrasound Dr Tamay Guevara.
REFERRING VET	Seeking advice for home based palliative care if aggressive type of neoplasia
Dr. Montes	Clotting times normal 5/18/26. Hopeful for FNA to be diagnostic but do not want to risk causing a life threatening disturbance
INVOICE	
75097	
DATE	
5-21-26	

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. Primarily anechoic urine was present in the lumen. Mild particulate nondependent 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size was present in both kidneys with mild asymmetrical margination. 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 indistinct corticomedullary border demarcation. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.8 cm width at the level of the mid spleen. 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.



PATIENT

Grizabella Montes

SPECIES

Feline

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Liver/ Gallbladder

The liver was mildly enlarged in size and non-congested. The liver parenchyma presented mildly nonhomogeneous. The hepatic and portal vasculature were normal in appearance.

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 contained mild, nonshadowing ingesta without signs of obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered wall layer ratio. The small intestine wall measured up to 0.37 cm. The ileocolic wall measured 0.42 cm.

Thickened mildly irregular proximal to generalized colon wall with the colon wall measuring 0.30 cm. The colon was nondistended with soft fecal matter.

Pancreas

The pancreas was not definitively visualized owing to increased peripancreatic omental artifacts and mid to cranial abdomen mass.

Free Abdomen

An irregular to lobulated nonhomogeneous hypoechoic mid to cranial abdomen mass was adjacent to the level of the ileocolic junction measuring 5.0-6.0 cm in diameter. The mass potentially exhibited sectorial fluid component, regional to generalized mild hyperechoic omentum, and mild volume effusion.

Transdiaphragmatic view of the caudal thorax revealed hypoechoic caudal thoracic to peri diaphragmatic mass measuring approximately 3.0 cm in diameter. No obvious visualized pleural effusion.

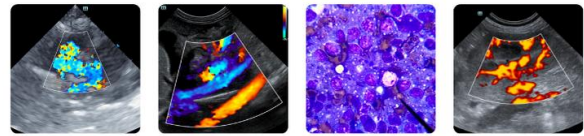
No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Irregular lobulated nonhomogeneous mid to cranial abdomen mass adjacent level of ileocolic junction.
- Generalized diffusely thickened small intestine.
- Mildly enlarged nonhomogeneous non-congested liver.
- Omental hyperechogenicity and mild volume peritoneal effusion.
- Transdiaphragmatic caudal thoracic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric neoplastic criteria is met. Further assessment may include FNA cytology of the mass and liver using a 25-gauge needle and assuming normal clotting status with potential for oncology consult. Palliative care may include gastrointestinal support and consideration for steroid trial.



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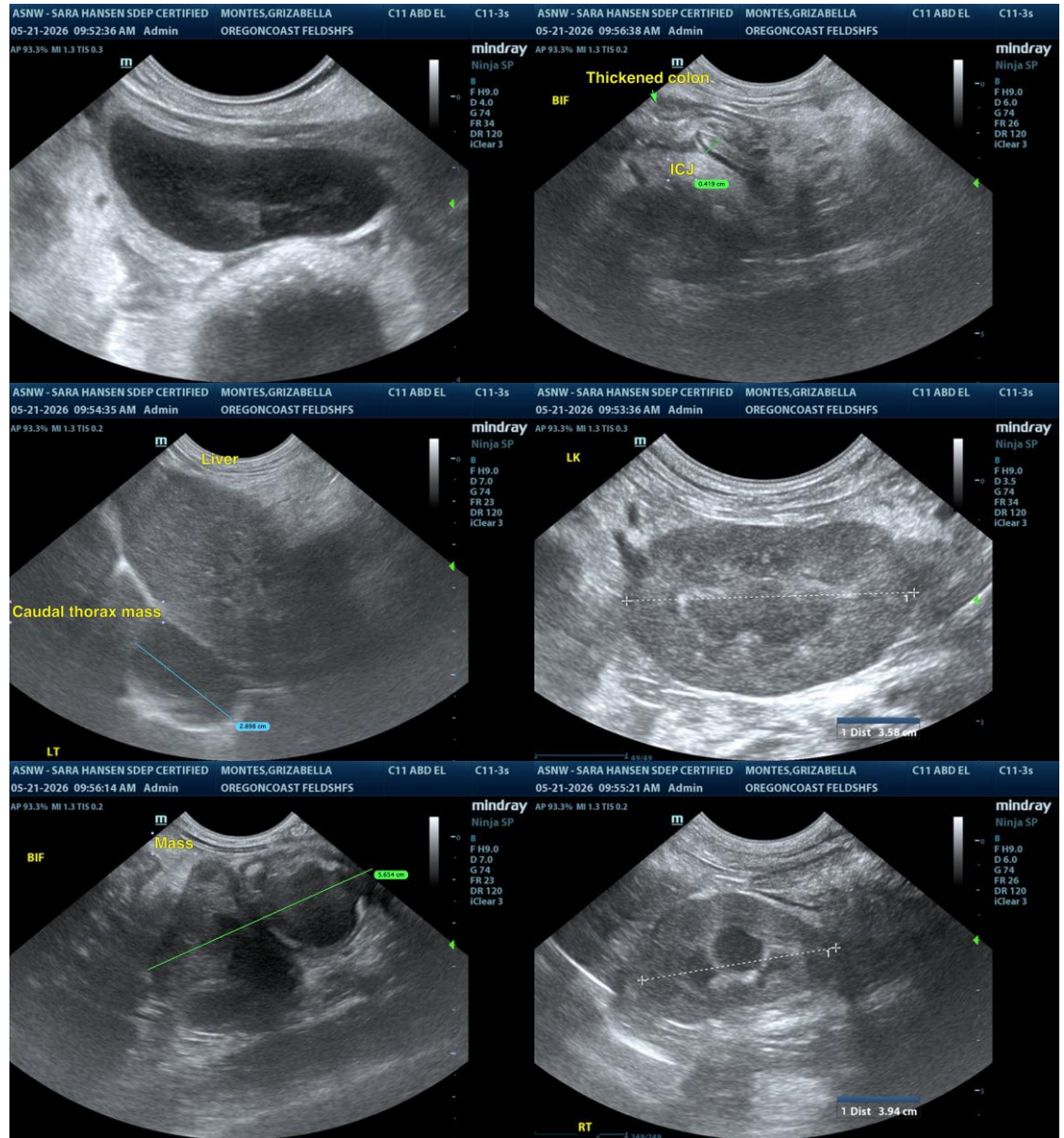
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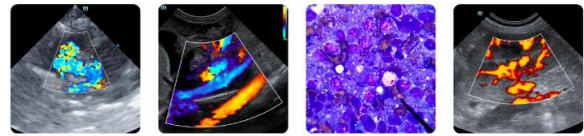
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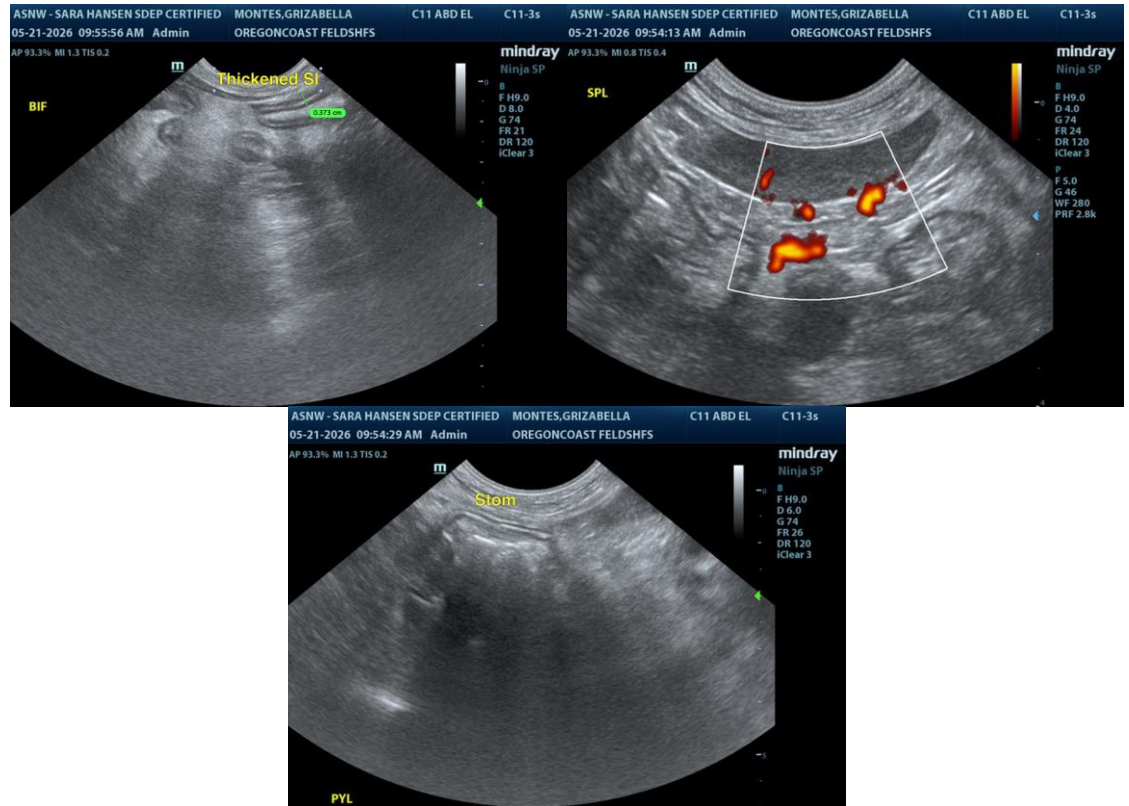
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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