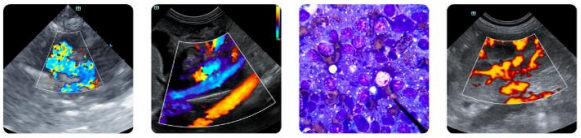




**PATIENT**

Smokey Seyfried

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

15Y, 9M

**WEIGHT**

11.4lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVt

**HOSPITAL NAME**

Cummings Veterinary Hospital

**REFERRING VET**

Dr. Daniels

**INVOICE**

75146

**DATE**

5-26-26

## PRESENTING CLINICAL SIGNS

Persistent inappetence, possible gastritis, vomiting. Lab work, symptoms continued, ropey, bowel loops. Cerenia 16 mg 1/2 tab sid, miratazz.
Abnormal PE/Chem/CBC/UA Results: Elevated creat 2; elevated SDMA 16, slight elevated calcium 11.9

## 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 changes were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac trifurcation was free of pathology.

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. No evidence of pelvic dilation was present. Areas of medullary mineral to small renoliths were present. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 cm in length.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm.

### *Spleen*

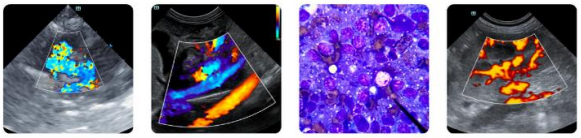
The spleen presented subnormal in size with symmetrical contour and maintained homogeneous parenchyma measuring 0.37 cm width level of the mid spleen. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### *Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 without evidence of retained ingesta, fluid, or foreign material.





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The small intestine exhibited segmental mid to caudal abdomen mural mass exhibiting thickened hypoechoic wall and loss of wall layer detail, mild associated nonobstructive paralytic ileus, surrounding nonhomogeneous hyperechoic omentum, and mild swollen nonhomogeneous hypoechoic lymphadenopathy. Larger small intestinal mass measured approximately 4.0 cm length with wall width measuring 0.58 cm. Concurrent smaller cranial abdomen intestinal mural mass in the area of the right kidney exhibiting mildly thickened hypoechoic wall and loss of wall layer detail measuring 2.2 cm length x 0.37 cm wall width. Additional areas of variably thickened primarily intestinal muscularis layer with an example measuring 0.78 cm thickness.

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

### *Pancreas*

The left pancreas exhibited potential for mild swollen distal caudal left limb exhibiting a nonhomogeneous hypoechoic parenchyma compared to adjacent mild surrounding hyperechoic peripancreatic omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

### *Free Abdomen*

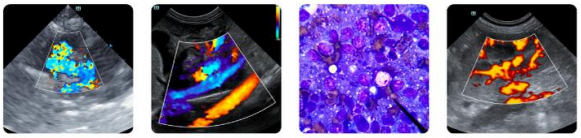
No obvious significant effusion.

## ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- Small intestinal mural masses with concurrent segmental intact thickened small intestine wall.
- Peri intestinal nonhomogeneous potentially nodular omentum and mild lymphadenopathy.
- Possible concurrent regional left limb pancreatitis.
- Volume contracted spleen.
- Age related kidneys with focal medullary mineral/small renoliths.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric small intestinal neoplastic criteria is met with multicentric round cell neoplasia, i.e. lymphoma, mast cell neoplasia, favored vs other neoplastic processes. No overt associated mechanical gastrointestinal obstruction. Concern for regional omental seeding and early lymphatic metastasis is indicated. Further assessment may include FNA cytology of the intestinal mass wall with potential for oncology consult. Curative surgical options appear precluded.



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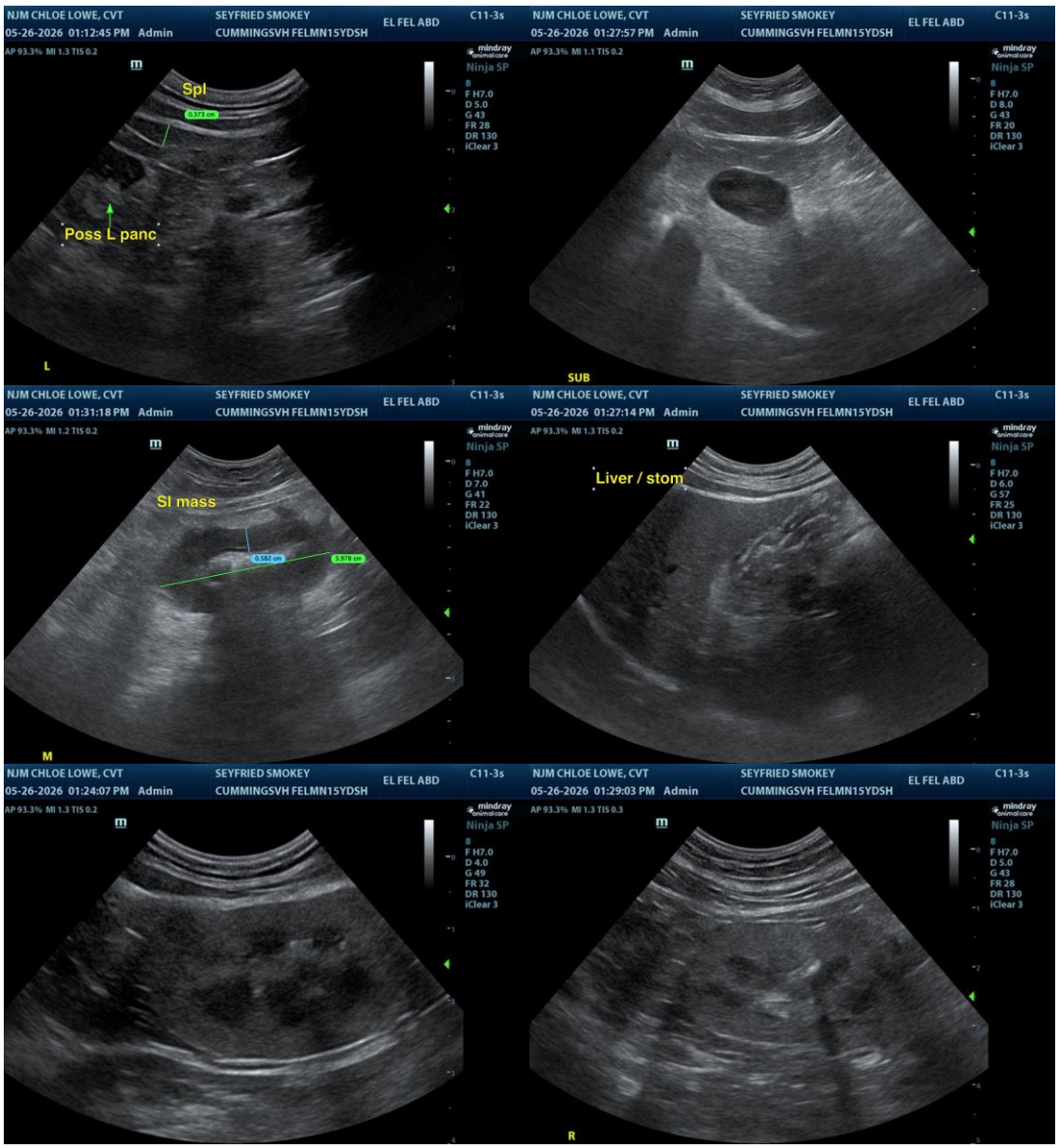

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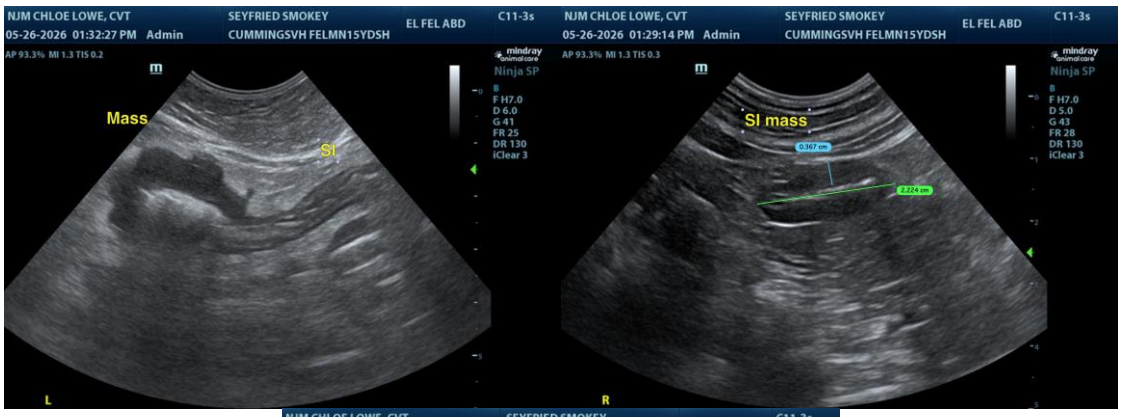


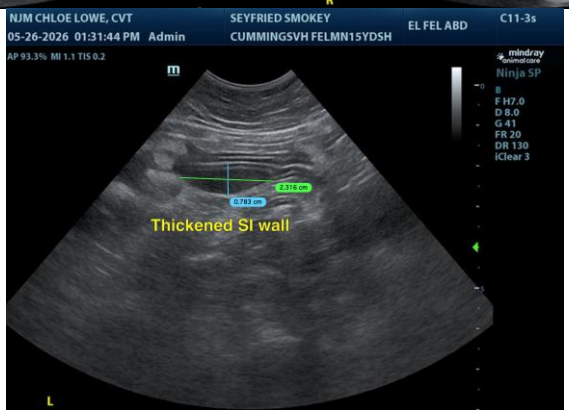


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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