



PATIENT

Tyler Boynton

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Male Neutered

AGE

16Y, 8M

WEIGHT

11.2lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE

74863

DATE

5-5-26

PRESENTING CLINICAL SIGNS

*Weight loss

*Stage 2 CKD

Abnormal PE/Chem/CBC/UA Results: BUN 25 CR 2.2 SDMA 21.2 PSL 142 Neutrophils 10,400
Monocytes 650 Platelets 713,000

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.

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

Normal renal size with asymmetrical margination was present in both kidneys. A 1:3 cortex/medulla ratio was maintained with mildly hyperechoic cortex and indistinct corticomedullary border demarcation. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.30 cm width. The right adrenal gland measured 0.39 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.87 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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. A solitary mildly expansive hypoechoic ventrocaudal intraparenchymal nodule was present. The liver nodule measured 1.1 cm in diameter. 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 presented with variably thickened wall exhibiting concurrent intact wall layer detail and segmental loss of wall layer detail including segmental to emerging multiple intestinal masses. An example of small intestinal mass measured approximately 1.8 cm with variably thickened wall ranging from 0.3 cm to approximately 0.6 cm wall width. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Intermittent to multiple variably enlarged asymmetrical nonhomogeneous possibly cystic lymph nodes with potential additional cystic appearing small intestine mass vs impinging lymph node measuring 3.0 cm in diameter.

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

Pancreas

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

Free Abdomen

Mild peri-intestinal to perilymphatic hyperechoic omentum. No obvious effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes.
- Mildly expansive liver nodule.
- Diffuse variably thickened small intestine with intestinal mass/masses.
- Variable nonhomogeneous possibly cystic mesenteric lymphadenopathy.
- Probable concurrent chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, multicentric intestinal and lymphatic neoplastic criteria is met with considerations including round cell neoplasia, carcinoma, or other with suspect focal hepatic nodular metastasis.

Assuming normal clotting status and using a 25-gauge needle, FNA cytology of thickened intestinal wall, accessible lymph node, and liver nodule could be considered for further clarification with oncology consult.

A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs may be considered.



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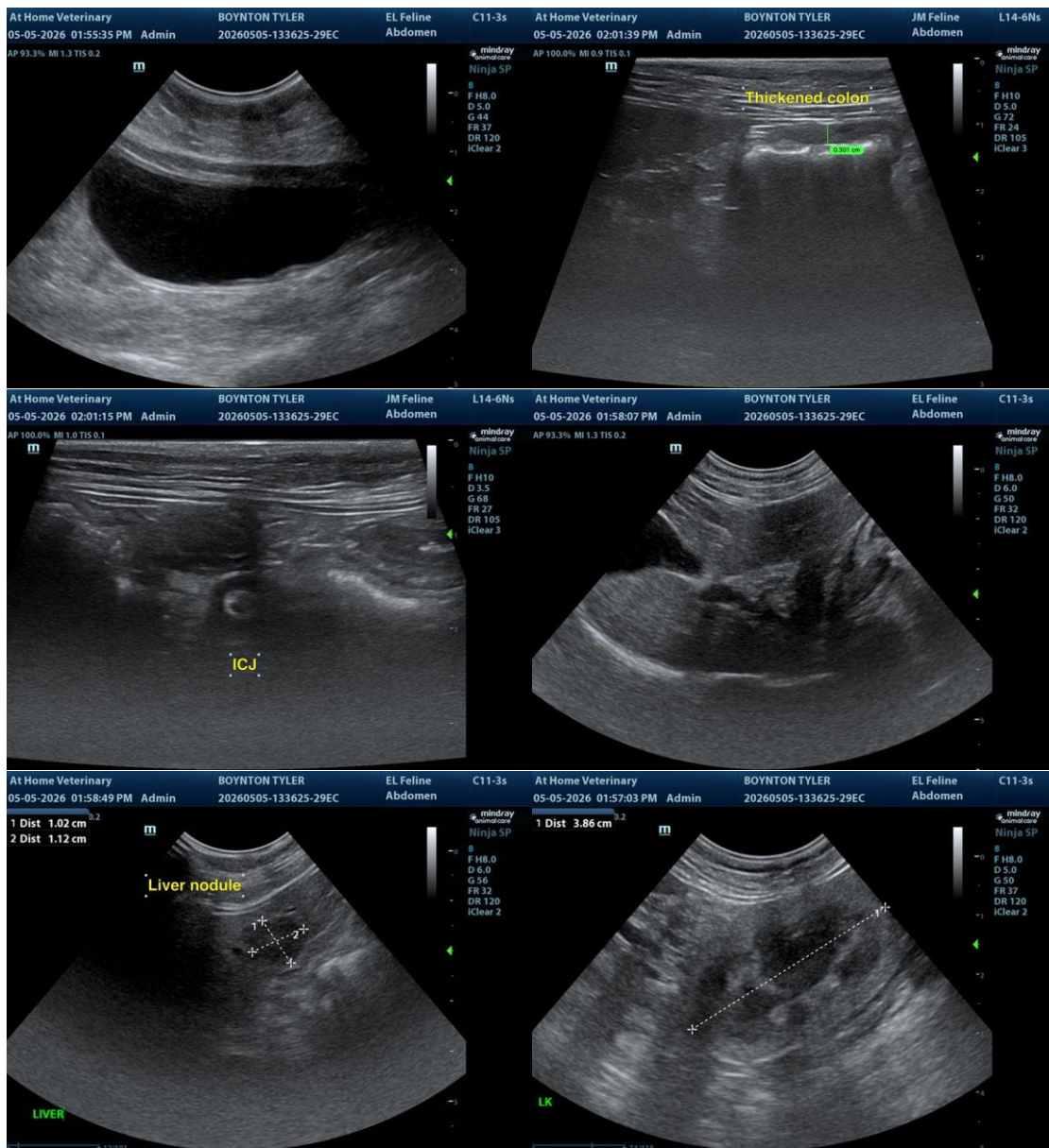
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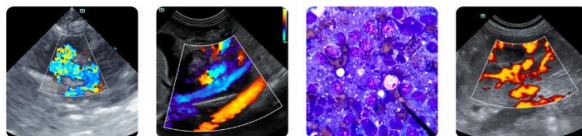
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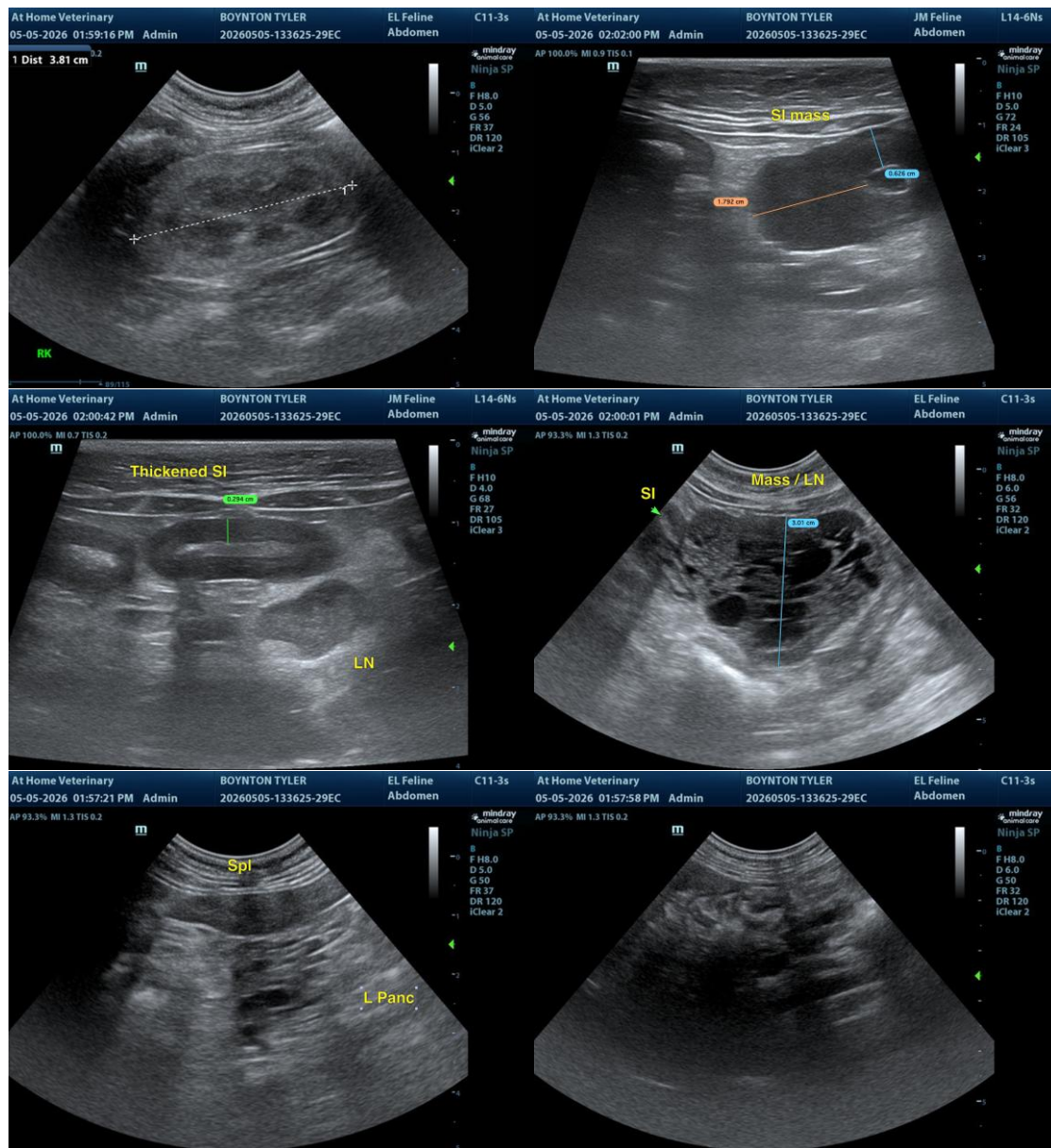
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com