



PATIENT

Foxy Crellin

SPECIES

Feline

BREED

Domestic

SEX

MN

AGE

9yr

WEIGHT

4.36kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tiffany Moore

HOSPITAL NAME

Lone Mountain Animal
Hospital

REFERRING VET

Dr. Tiffany Moore

INVOICE

25038

DATE

06/08/2026

PRESENTING CLINICAL SIGNS

weight loss. vomits once weekly. bcs 2/9

Abnormal PE/Chem/CBC/UA Results: lymphocytopenia, thrombocytopenia, neutrophilia. PT/PTT WNL large intraabdominal mass noted on rads cytology of intra-abdominal mass pending

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 non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. 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 loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.6 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.5 cm width

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. The spleen measured 0.94 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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 non-organized debris. 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.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestinal wall measured 0.29-0.30 cm. The ileocolic wall measured 0.45 cm in width.



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Normal visible colon wall layers were present with empty lumen.

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Pancreas

The area of the pancreas was sonographically normal.

SPECIES

Free Abdomen

Feline

Mild asymmetrical non-homogenous hypoechoic solid mid-abdomen mass measuring ~ 7.1 cm x 4.0 cm was present. Regional hyperechoic omentum and mild volume peritoneal effusion.

BREED

ULTRASONOGRAPHIC FINDINGS

Domestic

Primary

SEX

- Normal empty stomach
- Overall intact thickened small intestine
- Hypoechoic non-homogenous solid mid-abdomen mass, most suggestive of severely enlarged lymph node
- Mild peritoneal effusion

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Secondary

- Bilateral chronic renal changes
- Urine sediment

WEIGHT

4.36kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The probable severe lymphadenopathy/ lymphatic mass is most suggestive of neoplastic criteria with multicentric round cell lymphatic and intestinal neoplasia such as lymphoma favored. Significant lymphatic reactive hyperplasia, lymphadenitis and inflammatory intestinal disease i.e. IBD or other, less likely dry form FIP, all potentials.

Correlation of the pending mass FNA cytology is recommended. Biopsies may be required for definitive diagnosis. Three view chest radiographs may be considered if not done to assess for occult thoracic pathology. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered

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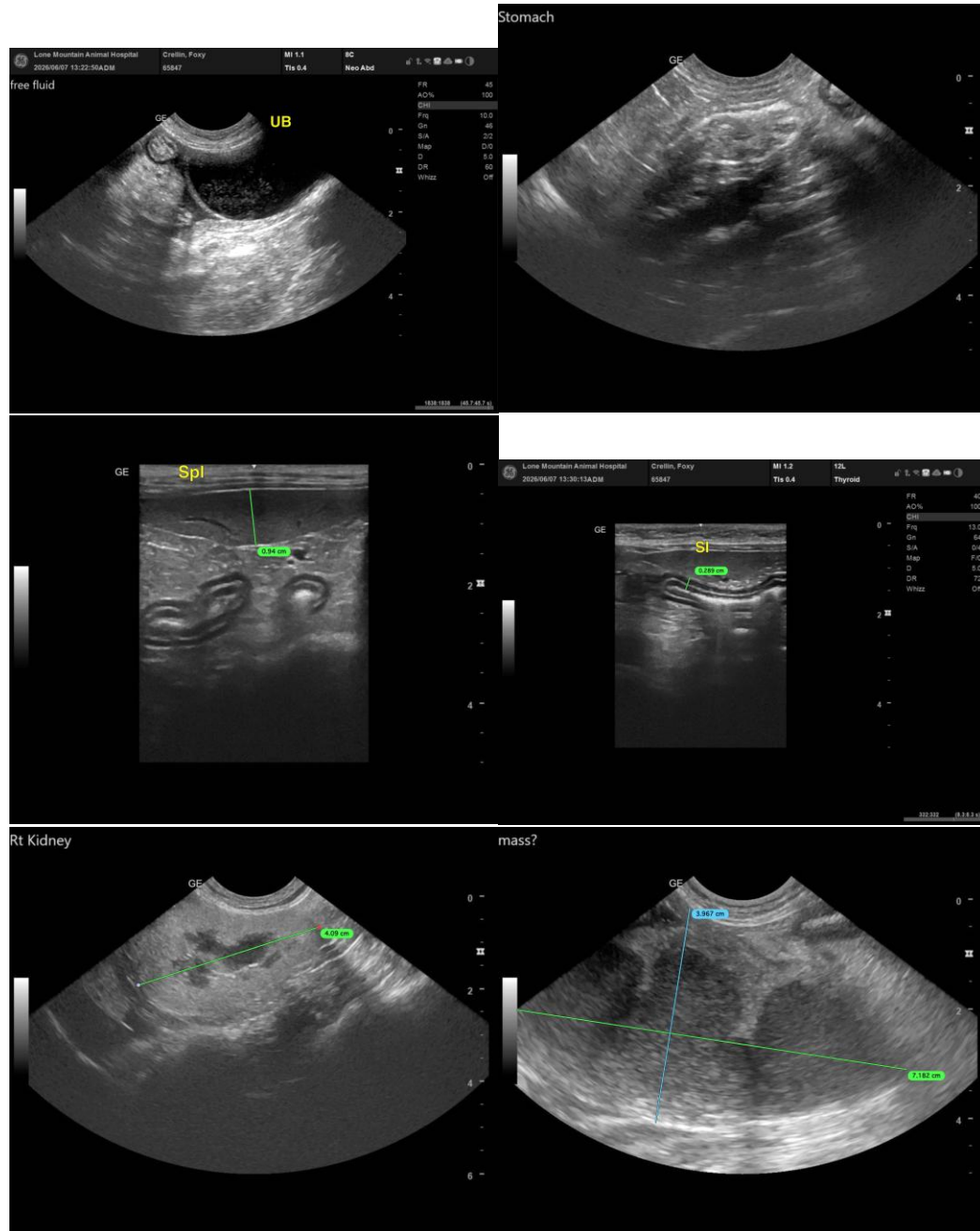
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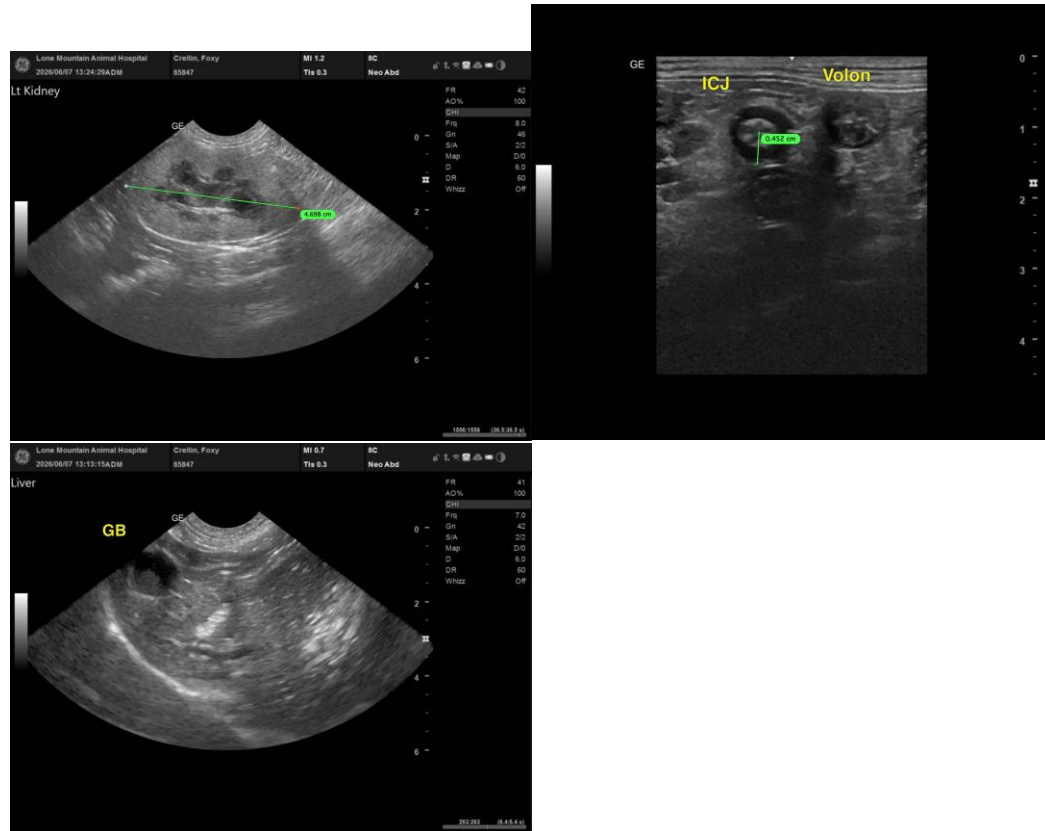
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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