**PATIENT**

Boomer Panigi

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13 years

**WEIGHT**

10.6 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**Briarwood Veterinary  
Hospital**INVOICE**

14918

**DATE**

9-20-22

**PRESENTING CLINICAL SIGNS**

Wt loss, possible mass in cranial abdomen.

Abnormal PE/Chem/CBC/UA Results: N/A

**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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were 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 4.2 cm in length. The right kidney measured 4.3 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 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 0.72 cm width at the level of the hilus.

**Liver/ Gallbladder**

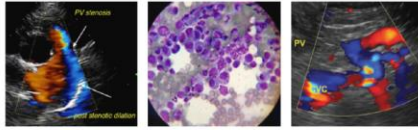
The liver exhibited potential for mild generalized enlargement. The parenchyma of the liver exhibited generalized mild increased echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

Regional to generalized, moderate to severe yet variable gastric wall thickening and loss of gastric wall layer detail was present. Hypoechoic mural echogenicity was noted and an asymmetrical luminal surface. Minor retained echogenic fluid consistent with mild gastric paralytic ileus and mild luminal gas was present in the gastric lumen without evidence of foreign material.

**IMAGING PERFORMED BY**

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The small intestinal wall width measured 0.22 cm. The ileocolic wall width measured 0.34 cm.

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Normal visible colon wall layers were present with semi-formed to soft fecal matter.

**Pancreas**

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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**Free Abdomen**

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MN

Regional perigastric hyperechoic mesentery was present. A small pocket of scant free fluid was noted between the cranial stomach and caudal liver. No overt or significant lymphadenopathy or obvious evidence of omental masses was noted.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

- Stomach mass
- Mild hepatomegaly exhibiting mild parenchyma hyperechogenicity
- Sonographically unremarkable small bowel
- Bilateral nonspecific chronic renal changes

**WEIGHT**

10.6 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Although sampling is required for further assessment, the gastric mass is consistent with neoplastic criteria and sonographically suggestive of gastric lymphoma vs. other neoplastic etiologies.

The hepatic presentation may indicate secondary lipidosis inflammation, while the possibility of concurrent infiltrative round cell hepatic neoplasia cannot be excluded.

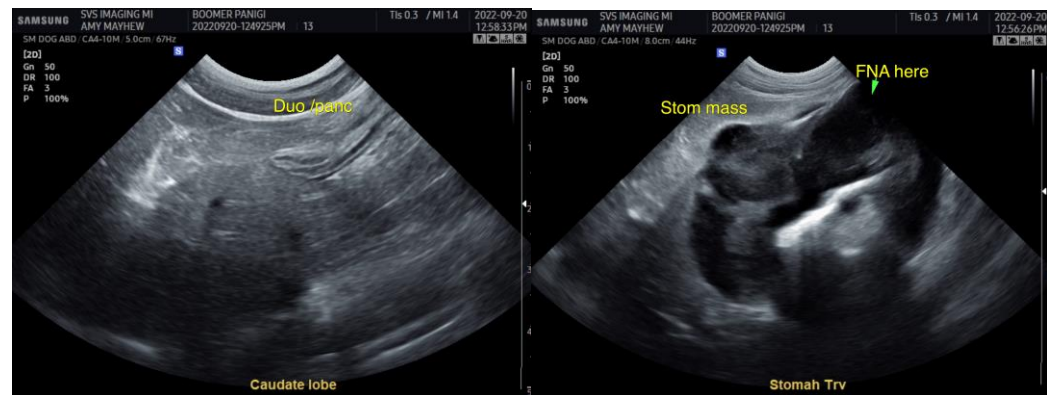
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Assuming normal clotting status, ultrasound-guided FNA of the stomach mass, as well as screening hepatic FNA using a 25-gauge needle and potential for oncology consult is recommended.

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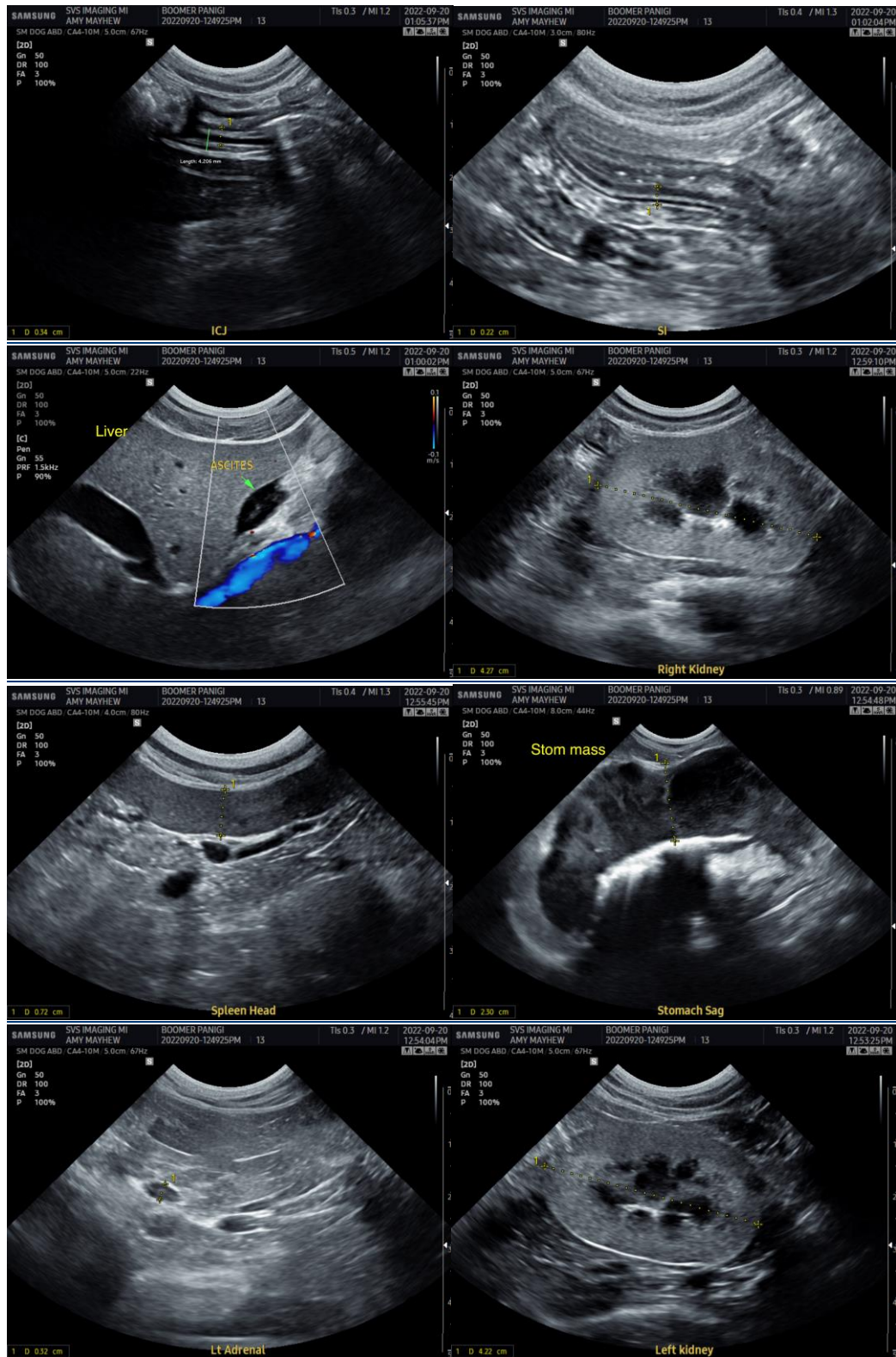
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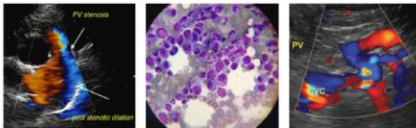
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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**

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