

**PATIENT**

Ozzy Santos

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1 Year

**WEIGHT**

10.5 lbs

**INTERPRETED BY**

Brad Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING  
PERFORMED BY**

Dr. Jeremiah Gabriel

**HOSPITAL NAME**

Central Jersey Animal  
Hospital

**REFERRING VET**

Dr. Jeremiah Gabriel

**INVOICE**

73464

**DATE**

3/7/26

**PRESENTING CLINICAL SIGNS**

Vomiting, anorexia, lethargic. Heart murmur grade 3.

Abnormal PE/Chem/CBC/UA Results: Severe anemia, high lipase.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measured 3.78 cm. Right kidney measured 3.72 cm.

**Adrenal Glands**

The adrenal glands are not visualized.

**Spleen**

The spleen is not visualized.

**Liver**

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

**Gastrointestinal**

The stomach is not visualized. The small intestine and colon appear normal with normal wall thickness and maintenance of normal wall layering. There is no significant distention or dilation noted.

**Pancreas**

The pancreas is not visible.

**Free Abdomen**

The abdominal cavity is severely distended with moderate to severely echogenic peritoneal effusion as well as a large amount of fibrinous material. There is an apparently mid abdominal mass of uncertain origin with multiple cavitated effusive pockets and severe distortion and displacement of the normal abdominal contents.



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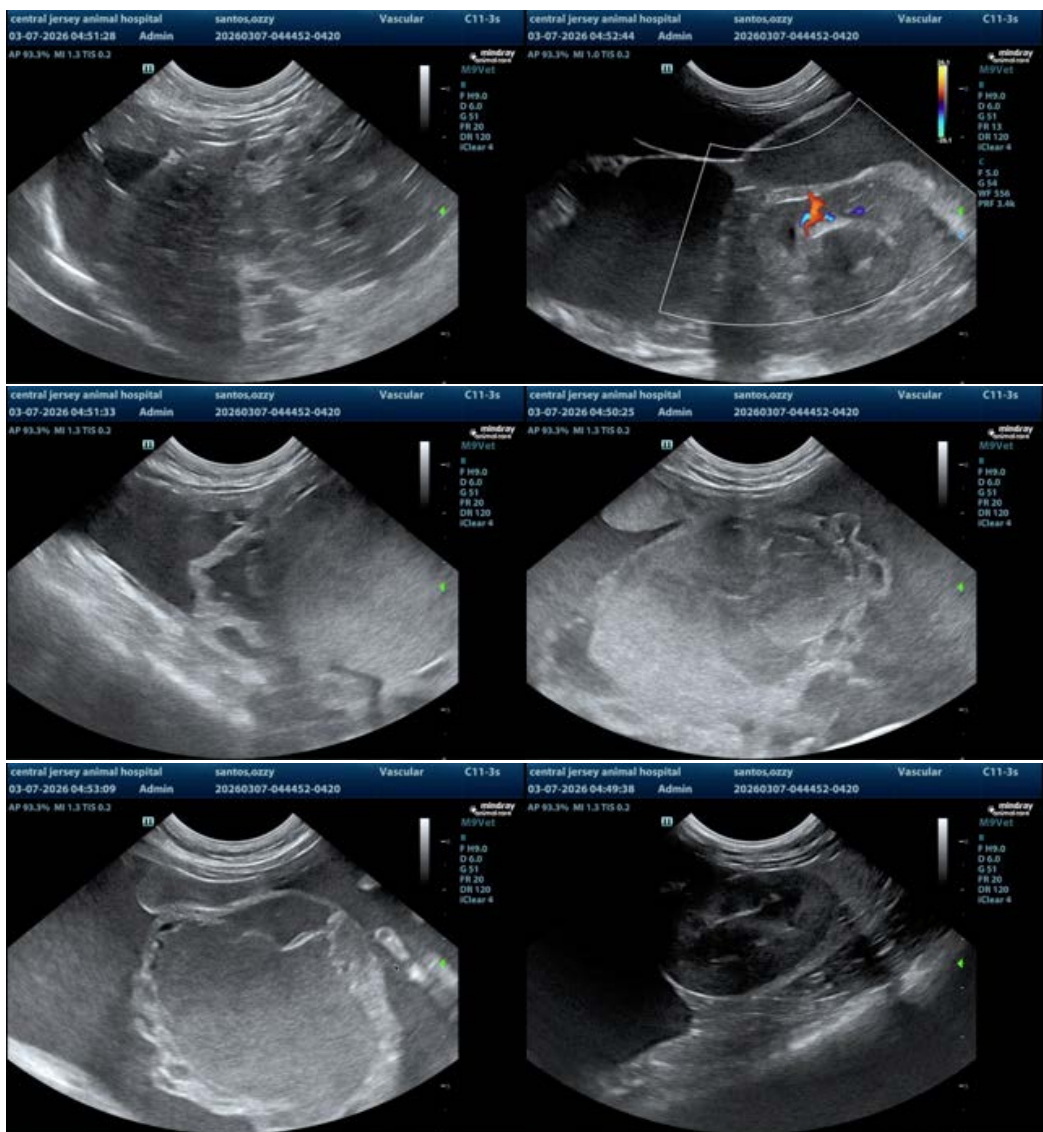
3/7/26

## ULTRASONOGRAPHIC FINDINGS

- Severe volume of echogenic effusion and fibrinous pockets within the abdominal cavity, with a mid abdominal mass lesion of uncertain origin.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominocentesis with therapeutic drainage is recommended at this time. Cytology and fluid analysis of the fluid is also indicated. If this is non-diagnostic, consider FIP mRNA of both the effusion as well as a blood sample. Once the fluid is removed, a repeat abdominal ultrasound or abdominal CT scan may help provide further clarity of any remaining mass lesions as well as their potential origin.





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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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)