



PATIENT

Pretty Vandergriff

SPECIES

Feline

BREED

Shorthair

SEX

FS

AGE

13yr

WEIGHT

6.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wilberger

HOSPITAL NAME

Wilvet South

REFERRING VET

Wilberger

INVOICE 23512

DATE

01/13/2026

PRESENTING CLINICAL SIGNS

Ultrasound history O felt P has been gaining weight for about 2 weeks and it didn't look normal. P has been eating/drinking and otherwise normal per O. rDVM dx ascites and referred. PE severe abdominocentesis, corneal scar OS, slightly dehydrated and mild muscle atrophy over top line. CBC/Chem17/Lytes - nsf and pro-BNP <50. Abdominocentesis performed and 800ml fluid removed. cytology of spun fluid pending.

Abnormal PE/Chem/CBC/UA Results: General Appearance: Quiet, alert and responsive Hydration: Slightly dehydrated Eyes: Abnormal: lower lid entropion, corneal scar OS Ears: No exudate observed, no redness present Oral Cavity: Tartar moderate Nasal Cavity: No obvious abnormalities observed Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Distended Rectal: Did not perform rectal exam Musculoskeletal: Abnormal: muscle atrophy over top line Integument: Dull hair coat Lymph Nodes: Lymph nodes are all normal in size Urogenital: External genitalia appears normal; bladder palpates normally Neurologic: No apparent abnormalities

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 no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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. The left kidney measured 3.6 cm in length. The right kidney measured 4.2 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 0.39 cm width. The right adrenal gland was not definitively visualized.

Spleen

The spleen was borderline enlarged with areas of mild asymmetrical capsule contour. Homogenous splenic parenchyma was present. No visualized masses or nodules were present. The spleen measured 1.0 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 minor non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.



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Gastrointestinal

The stomach was indistinctly visualized without evidence of gastric distention with retained ingesta, fluid or foreign material.

The small intestine presented intact mildly thickened wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.29 cm in width.

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

Pancreas

The pancreas was not definitively visualized owing to peripancreatic non-homogenous omentum and increased omental artifact.

Free Abdomen

Moderate to significant volume mildly echogenic peritoneal effusion.

Non-homogenous hyperechoic omentum was present.

No definitive visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal non-congested liver.
- Minor gallbladder debris.
- Intact mildly thickened small intestine.
- Borderline splenomegaly.
- Moderate to significant volume peritoneal effusion and non-homogenous omentum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The free fluid has mild echogenic changes to it. Given no reported subnormal albumin that would diminish oncotic pressures to the point of causing free fluid, no evidence of passive congestion of the hepatic vasculature or vena cava, no significant diffuse hepatic disease as well as no evidence of intestinal perforation or other pathology that would be responsible for effusion of this nature, lymphatic obstruction owing to carcinomatosis and lymphomatosis or similar is of primary concern.

Recommend abdominocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. FIP is technically a potential; therefore, FIP titers on the fluid are essential; however, given the age of the patient FIP is less likely. Carcinomatosis and lymphomatosis are the primary differentials.



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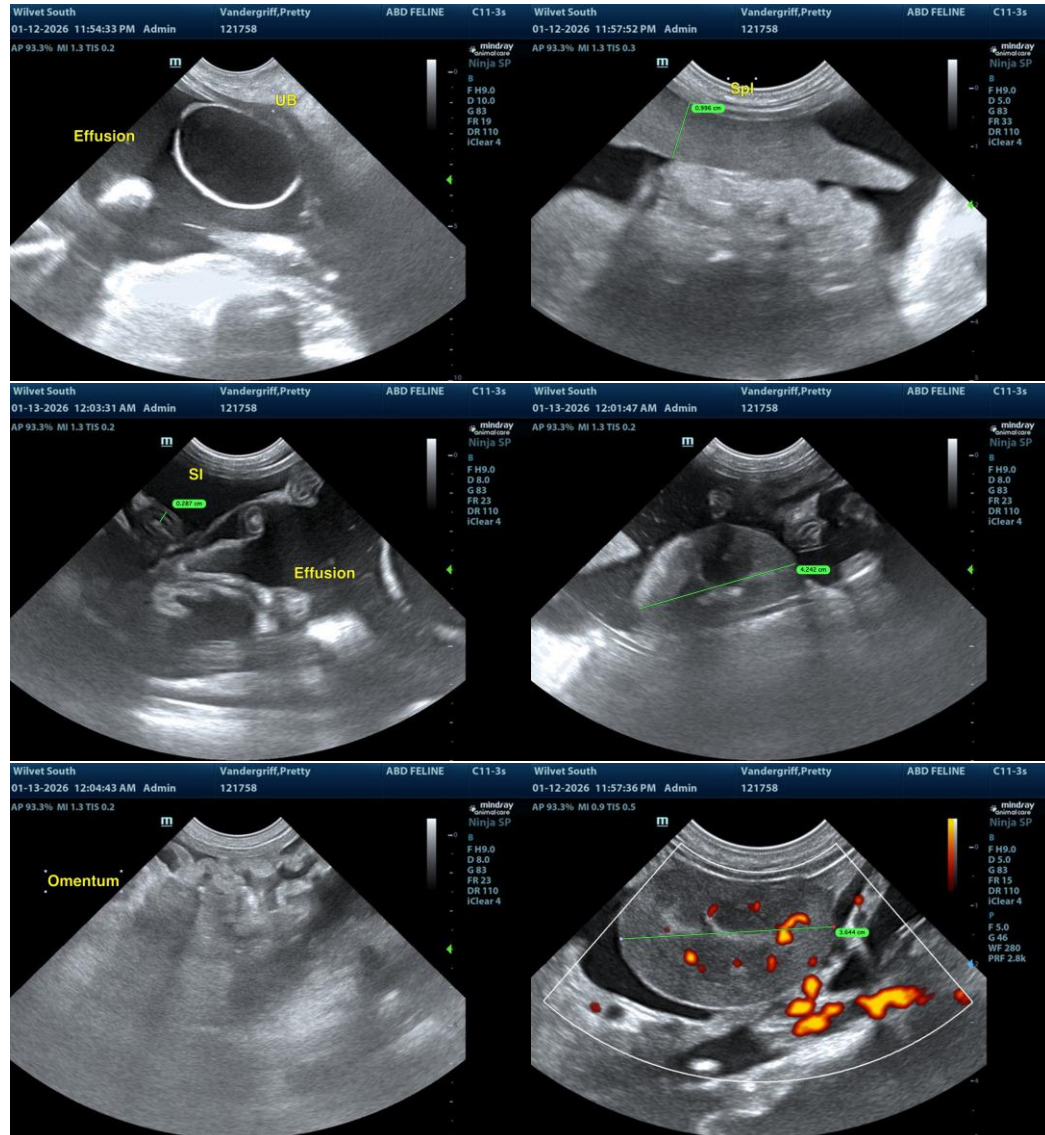
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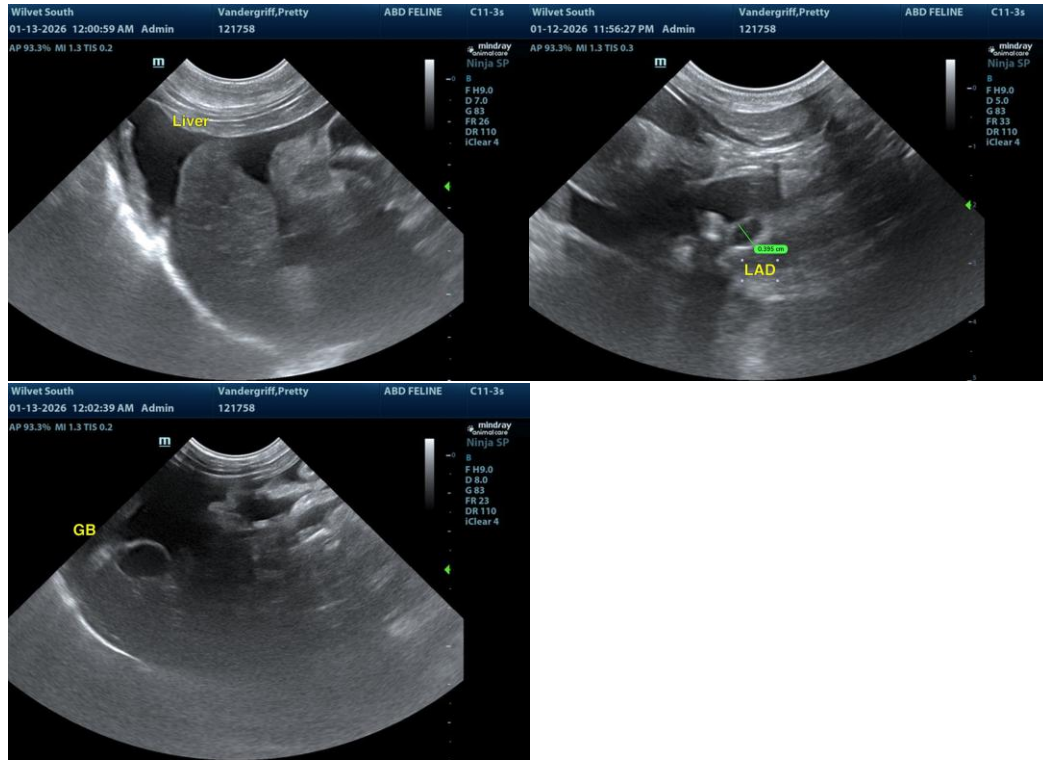
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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