



## PATIENT

Max Zavala

## SPECIES

Feline

## BREED

DSH

## SEX

Male

## AGE

13 Years

## WEIGHT

8.25

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Laura De Cordon

## HOSPITAL NAME

Lakeview Animal  
Hospital

## REFERRING VET

Dr. Laura De Cordon

## INVOICE

12910

## DATE

01/02/26

## PRESENTING CLINICAL SIGNS

Triaditis - came in today with decreased appetite and jaundice - persistent plural diffusion.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was mildly distended in size with normal tone without evidence of inflammation or tumors. The trigone and cystourethral junction were free of pathology. Primarily anechoic urine was present in the lumen with minor dependent lumen mineral. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal.

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. Loss of corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

### *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.

### *Liver*

The liver presented normal in size with maintained symmetrical capsule contour and mildly hypoechoic parenchyma with mild increased prominence of portal vascular borders. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. Normal cranial abdomen caudal vena cava volume.

The gallbladder was non distended in size with mild nonorganized mobile biliary sludge. No evidence of wall edema was present. The common bile duct was not visualized without overt posthepatic obstruction.

### *Gastrointestinal*

The stomach presented mildly thickened wall exhibiting increased mural echogenicity. The stomach wall measured 0.38 cm wall width. The lumen of the stomach contained variably echogenic, primarily nonshadowing ingesta without signs of obstruction or foreign material.

The visualized segments of small intestine exhibited intact wall layering and overall maintained wall layer ratio with borderline to mild thickened small intestinal wall. The ileocolic wall measured 0.41 cm wall width. Example of small intestine wall measured 0.28 cm wall width.

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



**PATIENT**

**Pancreas**

Max Zavala

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

DSH

Intermittent mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.0 cm in diameter. No evidence of peritoneal effusion was present.

**SEX**

Male

Transdiaphragmatic and brief thoracic sonographic assessment revealed pleural effusion.

**AGE**

13 Years

- Urinary bladder sediment with minor dependent lumen mineral.
- Bilateral chronic renal changes.
- Noncongested mildly hypoechoic liver with nonorganized gallbladder debris.
- Intact mildly thickened gastrointestinal tract with nonshadowing gastric ingesta.
- Pancreatitis.
- Intermittent mild swollen mesenteric lymphadenopathy.
- Pleural effusion.

**WEIGHT**

8.25

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

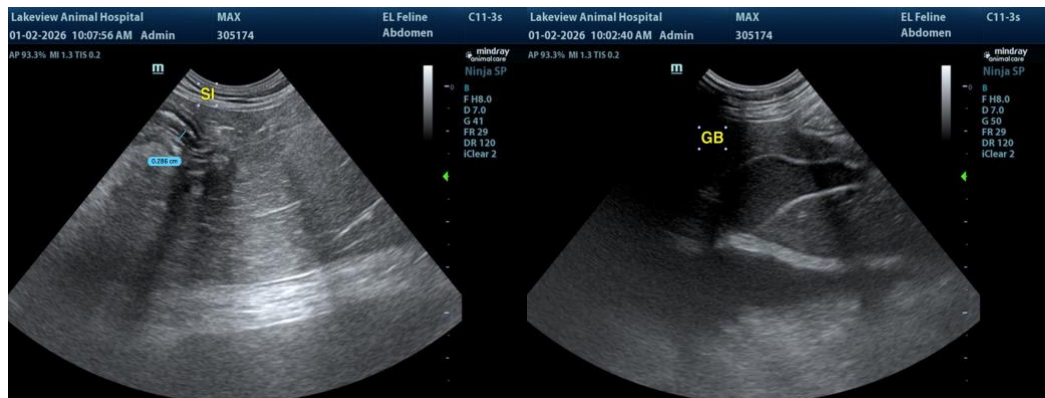
R. McKenzie Daniel,  
DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's history, triaditis flare up with potential multicentric bicavitary inflammation without evidence of posthepatic obstruction is possible. Potential for multicentric to emerging bicavitary neoplasia cannot be definitively excluded. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology, correlation with a GI panel to include PLI, TLI, cobalamin and folate and pleural effusion analysis cytology +/- culture and sensitivity.

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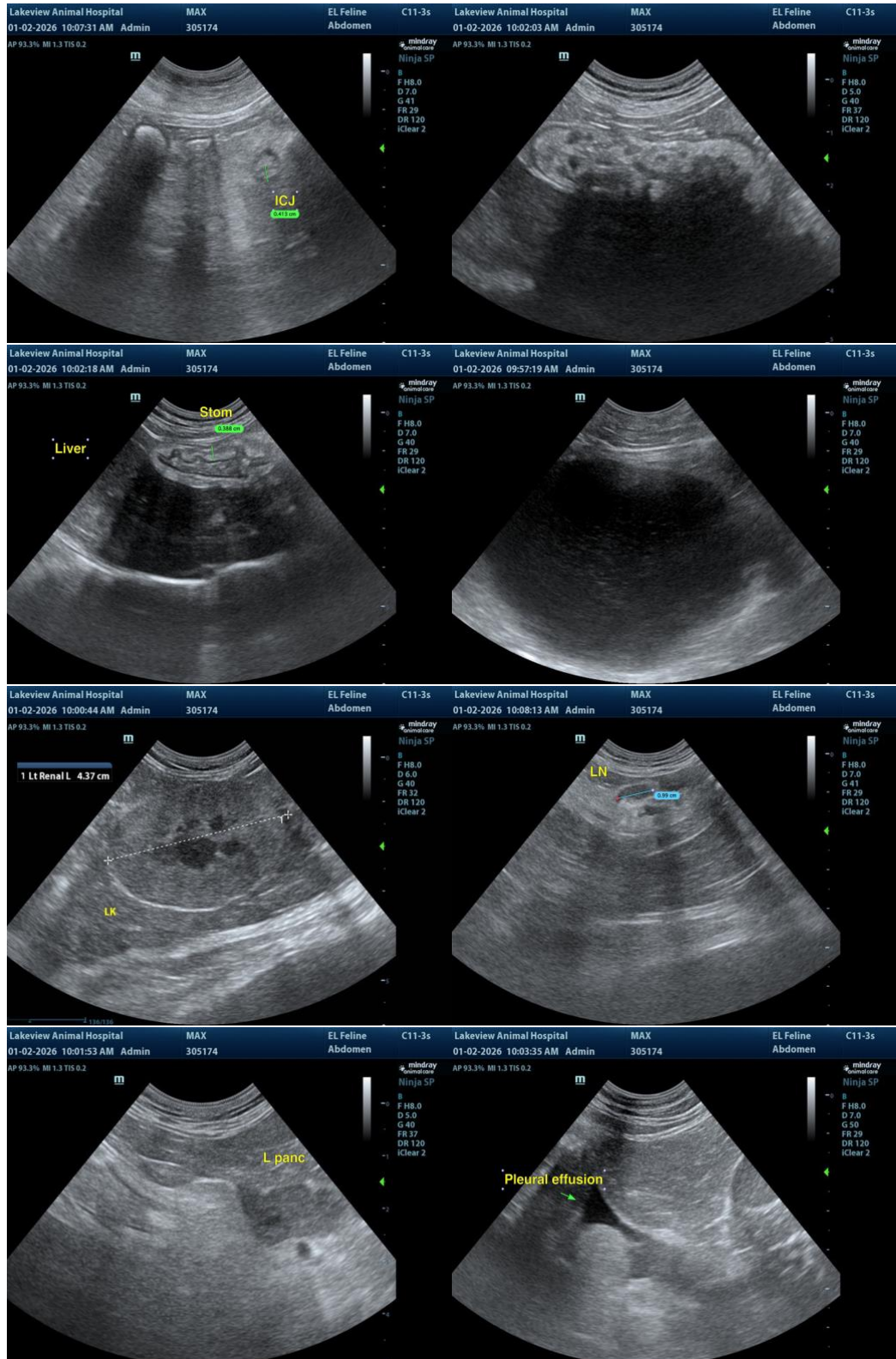
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)