

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Pixie Bisogno  
Decreased appetite, hx of mild kidney dz, hypertension- was on amlodipine but developed edema in legs. Current meds: Prednisolone, Mirtaz

**SPECIES** Abnormal PE/Chem/CBC/UA Results: SDMA 20.9 WBC 17K, HGB 8.6, MCH 10.9, MCHC 29, Neuts 9860, Mono 680, Eos 1870

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

**DSH** The urinary bladder was not definitively visualized with mild echogenic effusion in the area of the urinary bladder.

**SEX** Normal size and mild asymmetrical margination was present in the left kidney. Areas of medullary mineralization and indistinct corticomedullary border demarcation were present. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. An indistinct to intermittent hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.3 cm in length.

**FS**

**AGE**

10yr

**WEIGHT** *Adrenal Glands*

6.4lb The left adrenal gland was normal in size, position and shape. The left adrenal gland measured 0.46 cm width. The right adrenal gland was not definitively visualized.

**INTERPRETED BY** *Spleen*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The spleen exhibited subjective mild decreased size (0.54 cm at the mid spleen) with 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.

**IMAGING PERFORMED BY**

Meghan Morse

*Liver/Gallbladder*

**HOSPITAL NAME**

The Venturing Vet

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.

**REFERRING VET**

Dr Herzog

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

**INVOICE**  
23403

**DATE**  
1-2-26



**PATIENT**

Pixie Bisogno

A caudal pulmonary non-homogenous hypoechoic nodule was present and measured 1.1 cm in diameter. No obvious visualized caudal pleural effusion.

**Gastrointestinal**

**SPECIES**

Feline

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 small intestine presented intact 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.

**BREED**

DSH

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

**Pancreas**

**SEX**

FS

The pancreas was not definitively visualized.

**Free Abdomen**

**AGE**

10yr

An unspecified non-homogenous mass was visualized in the caudal to mid abdomen and subjectively extending into area of the right kidney. The mass measured ~ 6 cm x 3.5 cm possibly mildly larger as the entire mass would not fit into a single viewing window with mass in the area of the right kidney measuring ~ 4.3 cm in diameter.

**WEIGHT**

6.4lb

Concurrent multifocal generally mild mesenteric lymphadenopathy and mild volume peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Unspecified mass mid to caudal abdomen subjectively extending into area of right kidney.
- Intact left kidney exhibiting non-specific indistinct medullary rim and mild medullary mineral.
- Multiple mild mesenteric lymphadenopathy and mild volume peritoneal effusion.
- Transdiaphragmatic comet tail artifact with caudal pulmonary nodule.
- Overtly normal visualized gastrointestinal tract / colon.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling required for further prognosis, multi-centric unspecified bicavitary neoplasia is probable with non-neoplastic etiology, i.e. granulomatous disease/ FIP thought less likely. Assuming normal clotting status and using a 25ga needle, unspecified mass FNA cytology as well as effusion analysis and three view chest radiographs are recommended for further assessment.

An unfavorable prognosis is probable.



**PATIENT**

Pixie Bisogno

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

10yr

**WEIGHT**

6.4lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse

**HOSPITAL NAME**

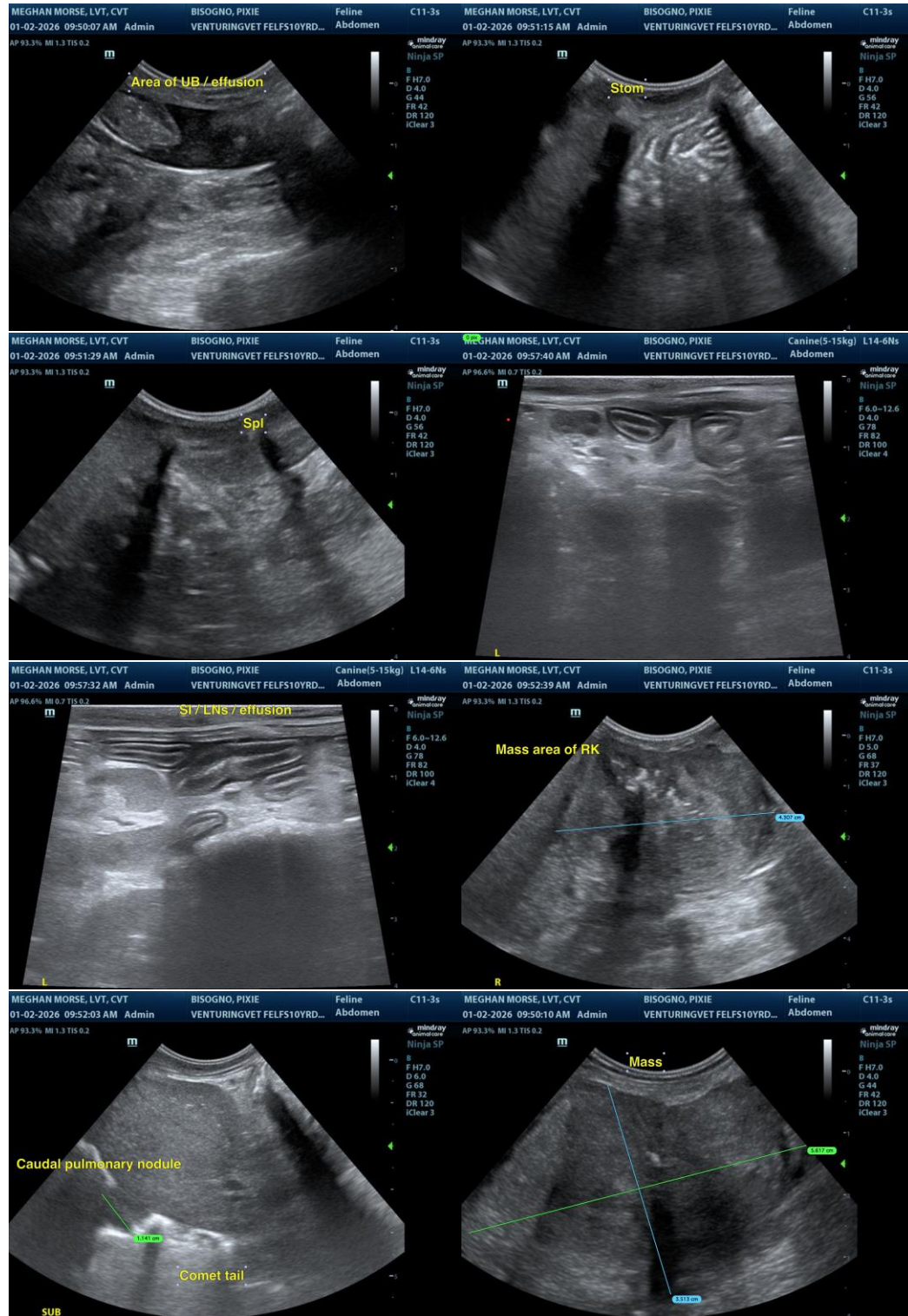
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**PATIENT**

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**SPECIES**

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**BREED**

DSH

**SEX**

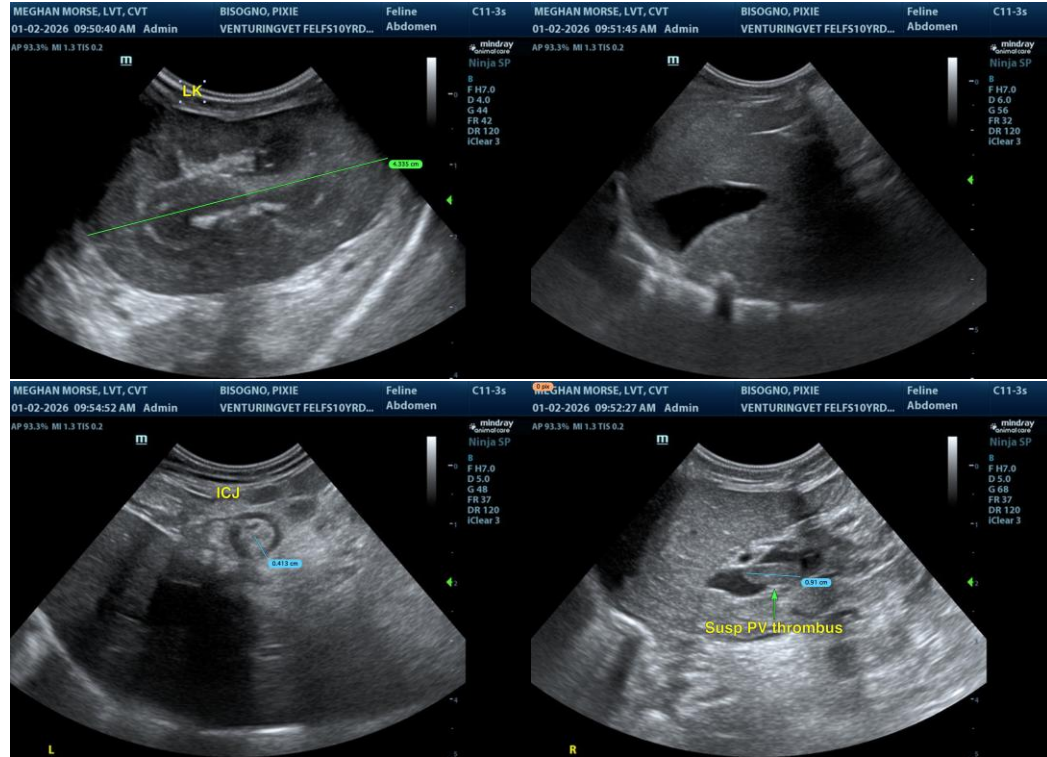
FS

**AGE**

10yr

**WEIGHT**

6.4lb



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.

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Meghan Morse

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