



PATIENT

Avola Grande

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

16y 5m

WEIGHT

8.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Camille Gonzalez

INVOICE

13130

DATE

1/26/26

PRESENTING CLINICAL SIGNS

History:

- Presented for combine echocardiogram and abdominal to evaluate pulmonary edema and pleural effusion.
- Pt presented on 1/19/2026 with respiratory distress, crackles auscultated.
- responded to furosemide IV.
- Recommended further cardiac work up
- Effusion had small lymphocytes and possible lymphoma and wanted to evaluate abdomen
- Meds: Currently on Furosemide [10mg/ml]1.5ml PO BID, Clopidogrel 75mg 14 tab PO SID

Abnormal PE/Chem/CBC/UA Results: Laboratory test attached as supporting documents Effusion results: Lymphocyte-rich effusion FIV/FeLV negative, ProBNP abnormal. Pleural effusion and pulmonary edema observed on radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal size and tone with normal wall. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted. Small, non-obstructive mass lesion at the level of the cystourethral junction was present measuring 0.55 cm in diameter.

Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 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 0.39 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm.

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 0.97 cm width level of the mid spleen.

Liver

The liver exhibited generalized hepatomegaly with two visualized cystic to non-hepatic, mildly capsule distorting hepatic masses with an example measuring 3.4 – 3.7 cm in diameter. Normal hepatic



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vascular volume present. The gallbladder was non distended in size with mild, congealed, echogenic, nonmineralized biliary sludge primarily caudal limb and area of the gallbladder neck extending into cystic duct. The proximal to mid common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured – cm diameter.

Gastrointestinal

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 overall intact wall layering exhibiting segmental, mild thickened jejunum and ileum with mild to variably altered wall jejunal ileal wall layer ratio owing to mild to variably thickened jejunal ileal muscularis layer. Duodenum wall measured 0.24 cm, jejunum wall measured 0.27 cm, and ileocolic wall measured 0.38 cm.

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

Pancreas

The pancreas was normal in size with symmetrical contour and mild heterogeneous, hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent, mildly prominent to enlarged jejunocolic nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measurement was 0.9 cm in diameter. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatic, variably cystic non-homogeneous masses – complex cyst or biliary cystadenomas favored, potential biliary cystadenocarcinoma
- Gallbladder debris and mild, non-obstructive common bile duct dilation
- Chronic renal changes
- Intact segmentally thickened small intestine with mild altered wall layering primarily in the jejunal ileum – IBD or other inflammatory enteropathy, potential for emerging to low-grade intestine round cell neoplasia such as lymphoma possible\
- Intermittent, mild mesenteric lymphadenopathy
- Pancreatic remodeling
- Small, non-obstructive cystourethral junction mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary concern is for emerging non-obstructive urinary bladder tumor. Definitive abdominal pathology as an obvious cause of the pleural effusion was not evidence. Correlation with pending echocardiogram is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate to correlate with the pancreas and if gastrointestinal signs/weight loss is recommended. Hepatic cyst mass FNA cytology could be considered for further assessment yet may prove unrewarding given primarily cystic nature of the masses.



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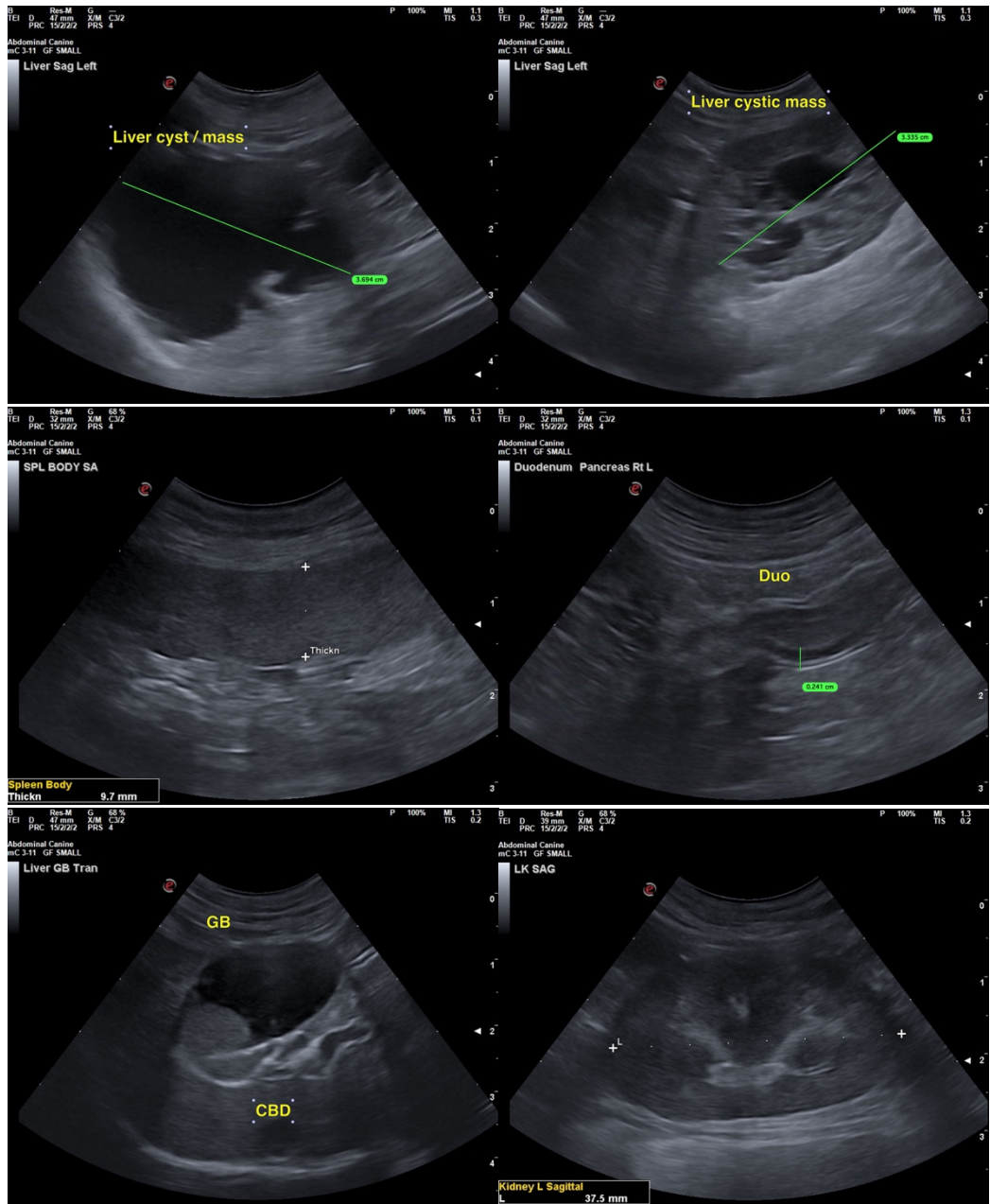
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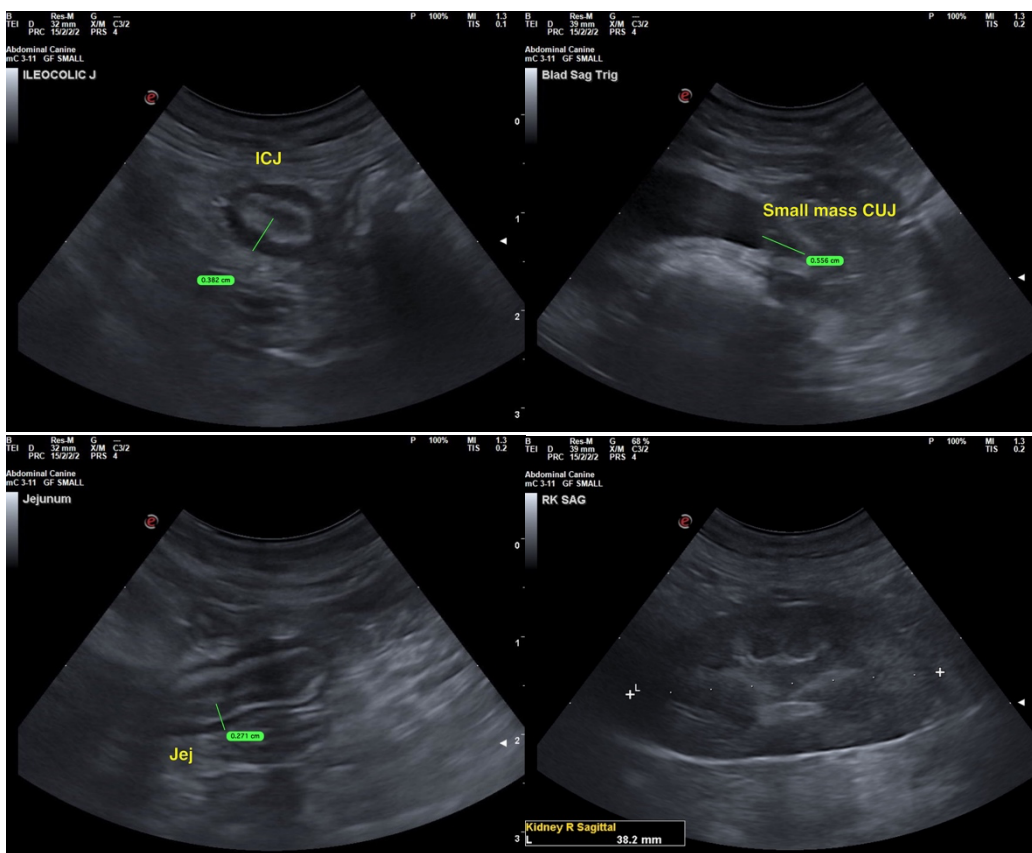
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com