



PATIENT PRESENTING CLINICAL SIGNS

Feather Casler

- abdominal effusion, consistion effusion filling despite several abdominocentesis appointments

SPECIES

Feline

- removed 600ml last week and full again
- had liver and kidney impairment in past but improved and values are WNL except hypoalbuminemia
- tried to perform U/S in house but could not get good view due to effusion

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values albumin 18 Sdma 22 ALP 183

SEX

MN

Radiographic Findings Less obvious detail due to effusion, colon empty, stomach full, liver normal, kidneys not visible Primary Question to Be Answered in This Exam Looking for liver consistency, masses, lymphoma,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

13yr

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.

WEIGHT

4.85kg

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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Amanda Stewart

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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Spleen

The definitive spleen was not overtly visualized, potentially owing to splenic volume contraction or displacement secondary to peritoneal effusion.

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Liver/Gallbladder

The liver was irregularly enlarged with capsule asymmetry and variable non-homogenous to mild hyperechoic parenchyma. Subjective normal hepatic vascular volume without evidence of congestion. The gallbladder was subnormal in size without evidence of gallbladder overdistension or post hepatic obstruction.

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Gastrointestinal

DATE
01/30/2026



PATIENT

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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.

SPECIES

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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. The small intestinal wall measured 0.24 cm in width.

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

Pancreas

BREED

DSH

The subjective pancreas exhibited mild prominent size, capsule asymmetry and non-homogenous remodeled parenchyma.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

13yr

Significant volume echogenic peritoneal effusion and generalized non-homogenous omentum was present.

An unspecified mildly cystic mid to cranial abdomen mass was present measuring ~ 3 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

4.85kg

Primary

- Irregular enlarged non-homogenous liver
- Unspecified mildly cystic abdominal mass
- Significant volume echogenic effusion and non-homogenous hyperechoic omentum
- Sonographically normal gastrointestinal tract
- Bilateral chronic renal changes
- Mildly prominent remodeled pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Amanda Stewart

Given no evidence of hepatic congestion or overt gastrointestinal or significant pancreatic disease that may result in effusion of this nature, significant hepatic disease and secondary portal hypertension, non-specific peritonitis or favored neoplasia i.e. carcinomatosis, lymphomatosis or similar given unspecified abdominal mass are all potentials.

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Correlation with effusion analysis, cytospin cytology +/- C/S if evidence of inflammatory effusion component is recommended. Concurrent hepatic FNA cytology assuming normal clotting status and using 25ga needle could be considered. Technically FIP is a potential yet considered unlikely given patient age.

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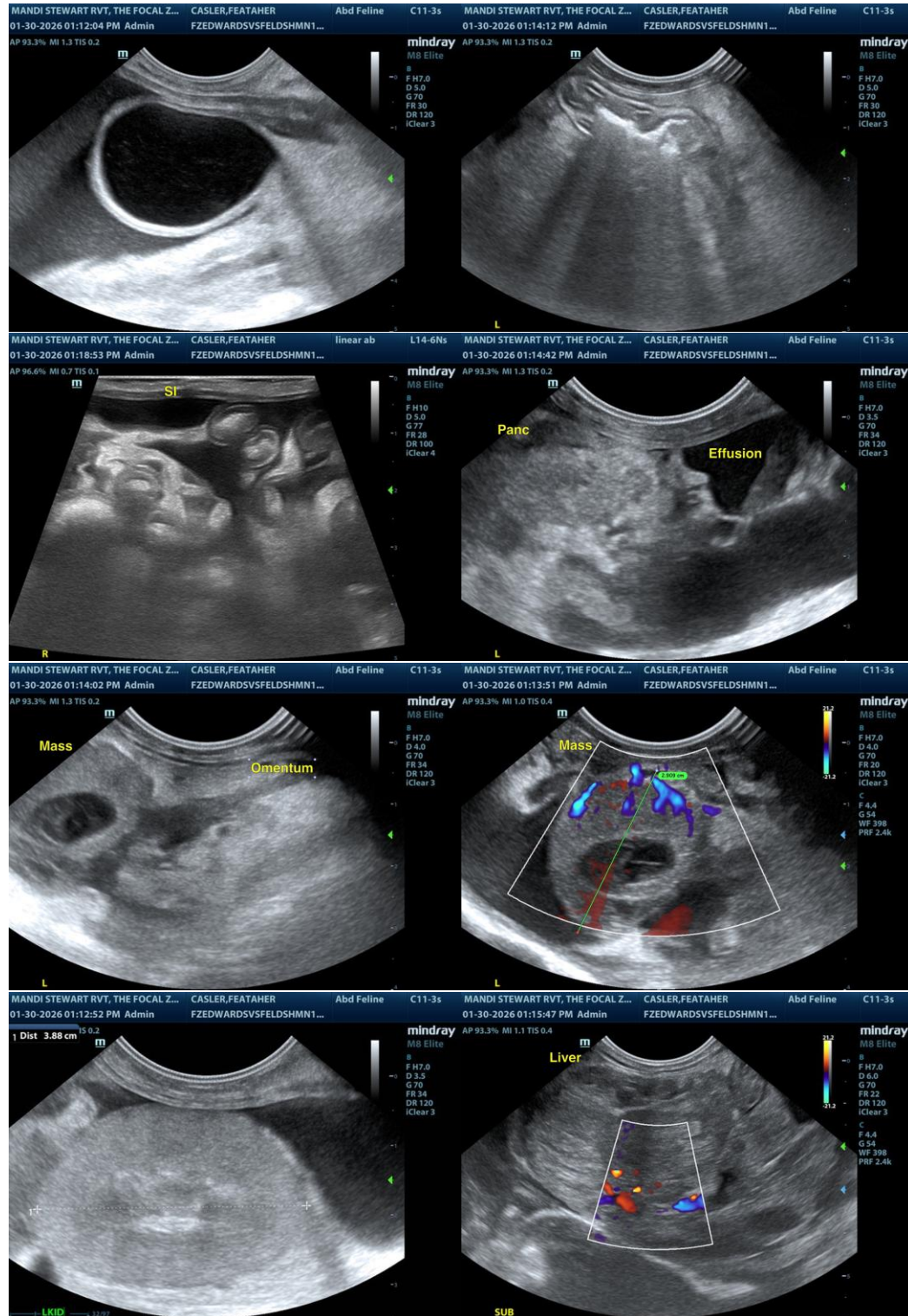
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 Services

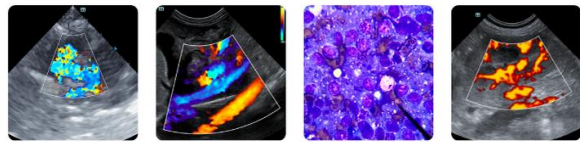
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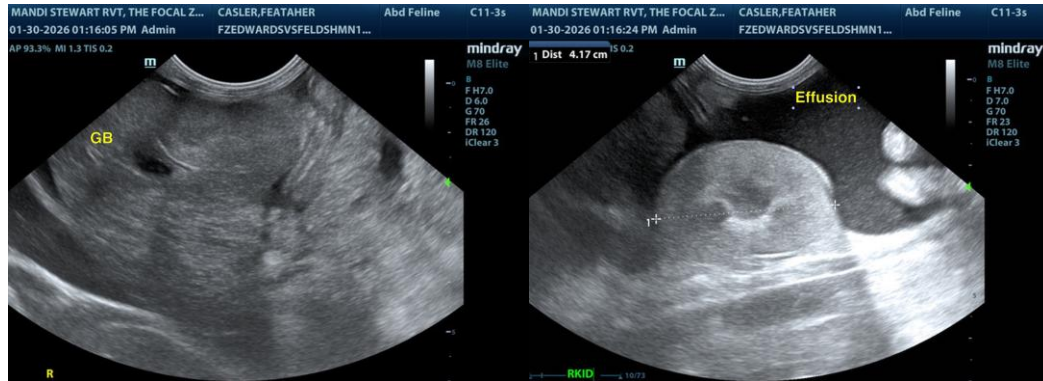
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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