



PATIENT

Hulu He

SPECIES

Feline

BREED

Siberian

SEX

Female

AGE

8 Months

WEIGHT

2.34

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

12945

DATE

01/05/2026

PRESENTING CLINICAL SIGNS

-Lethargic & hyporexia since late dec - abdominal Xray show radio opaque in cranial abdomen & free abdominal fluid - currently being treated for fip & pending FIP PCR

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. 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. A 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 interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

No obvious pathology in the area of the left or right adrenal glands.

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 0.80 cm width level of the mid spleen.

Liver

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

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. A nonobstructive shadowing pyloric echo was visualized measuring approximately 1.5 cm in diameter.

The small intestine presented with overall intact wall layering with segmentally thickened jejunum. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.45 cm width.

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



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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

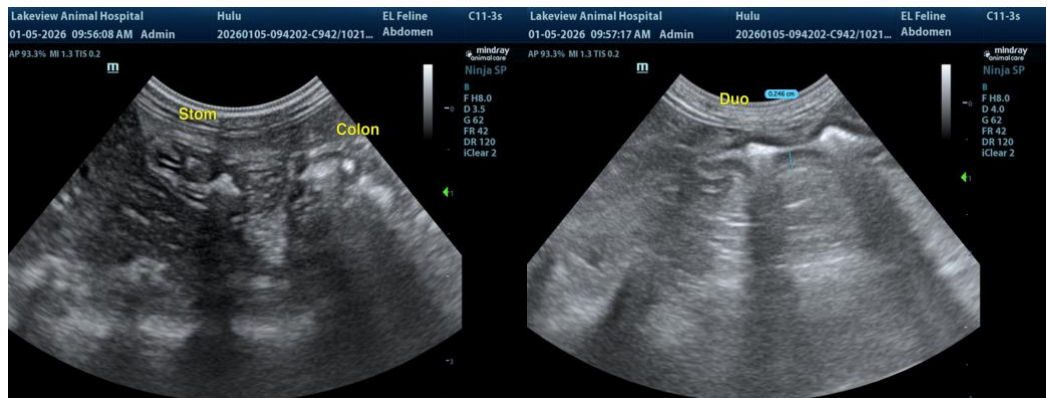
Echogenic peritoneal effusion and generalized mild nonhomogenous increased omental echogenicity were present. A mid to caudal abdomen, probable enlarged nonhomogenous mesenteric lymph node versus unspecified mass was visualized measuring approximately 2.2 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific renal medullary rim sign.
- Echogenic peritoneal effusion and generalized nonhomogenous mesentery.
- Mid abdomen probable enlarged nonhomogenous mesenteric lymph node versus small mass.
- Nonobstructive shadowing pyloric content/echo.
- Intact segmentally thickened small intestine.
- Normal noncongested liver with proximal nonobstructive common bile duct dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with effusion analysis, cytology +/- culture and sensitivity if evidence of inflammation and pending FIP testing. FIP or neoplasia are primary considerations. Suspect probable concurrent nonobstructive pyloric foreign body versus pyloric hairball density or dense ingesta. Documented 12-hour NPO and sonographic reassessment of the stomach is recommended. Concurrent FNA cytology of the probable mesenteric lymph node could be considered for further assessment.





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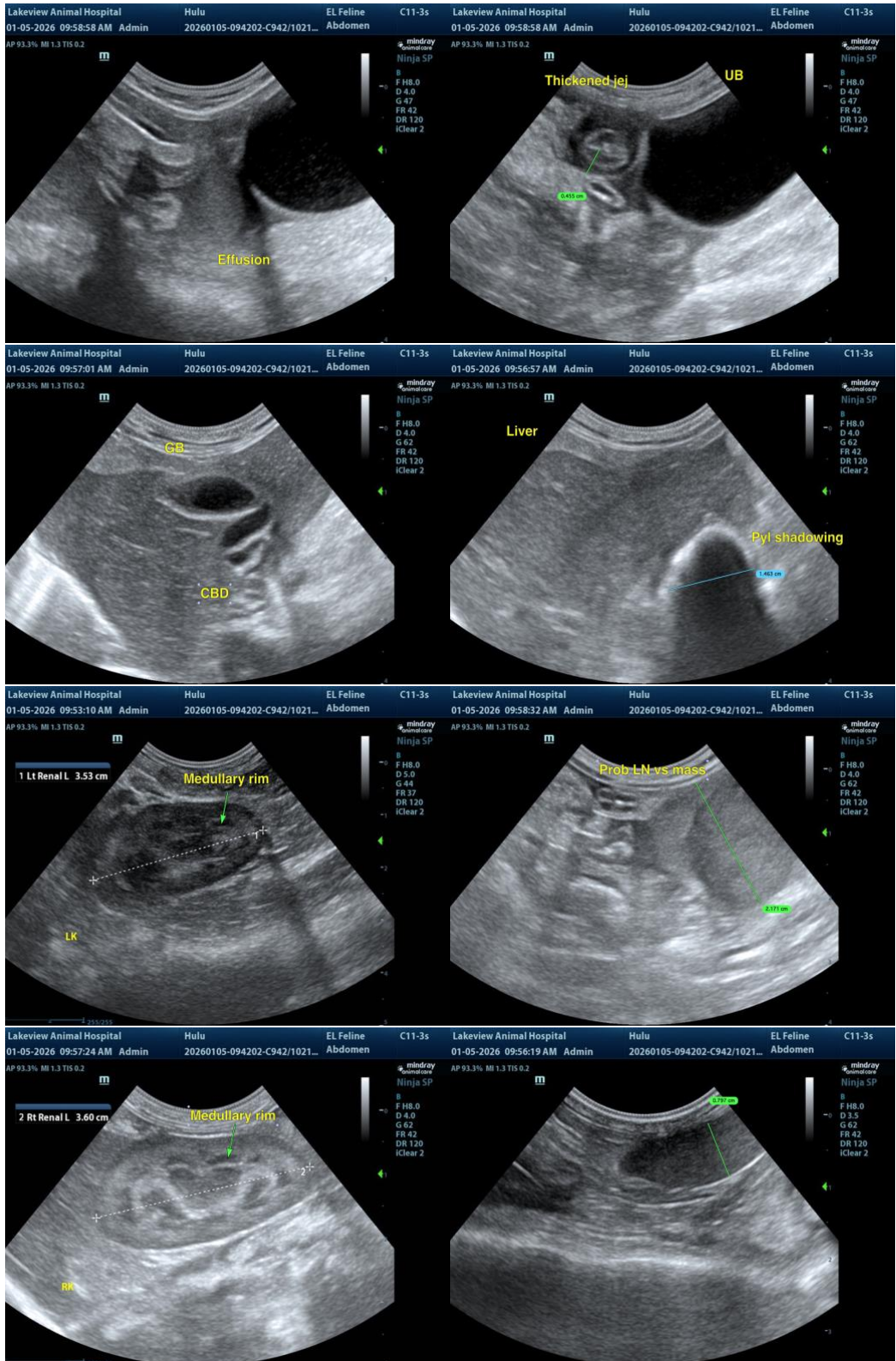
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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