



PATIENT

Melita Sanchez

PRESENTING CLINICAL SIGNS

History: FIP suspect, diarrhea, lethargy, anorexia Clinical Findings: 103.5 temp, dehydration mild

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Glu 162 Remainder of CBC/Chem WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DMH

Urinary System

SEX

Female Spayed

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

AGE

1y 8m

The area of the aortic trifurcation was free of pathology.

WEIGHT

5.7 lbs

Normal size and margination was 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. The left kidney measured 3.1 cm in length. The right kidney measured 3.2 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm.

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

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 0.65 cm width level of the mid spleen.

HOSPITAL NAME

Budd Lake AH

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 cystic and common bile ducts were normal.

REFERRING VET

Dr. Rebecca Hagelberg

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Gastrointestinal

DATE

1/6/26

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.



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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 ileus, obstruction or foreign material. Small intestine wall measured 0.20 cm, and ileocolic wall measured 0.36 cm.

SPECIES

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Intact mildly thickened proximal colon wall with soft fecal matter. Proximal colon wall measured 0.30 cm width.

Pancreas

BREED

The area of the pancreas was sonographically normal.

DMH

Free Abdomen

SEX

Female Spayed

Intermittent, mild colic lymphadenopathy present with an example measuring 1.0 cm x 0.45 cm. Mild perilymphatic to peri ileocolic hyperechoic omentum. No evidence of peritoneal effusion or omental masses present.

AGE

1y 8m

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.7 lbs

- Mild urinary bladder sediment
- Normal bilateral kidneys
- Normal gastrointestinal tract
- Mildly thickened proximal colon with soft fecal matter
- Mild colic lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt FIP or neoplastic criteria, nonspecific proximal colitis or overall, non-structural inflammatory bowel episode with mild reactive or inflamed colon lymphadenopathy may be suspected. Gastrointestinal support indicated. A GI panel to include PLI/TLI/Cobalamin/Folate and diarrhea PCR panel may be considered. Sonographic monitoring or reassessment indicated if progressive clinical or gastrointestinal signs. No evidence of gastrointestinal obstructive pattern or foreign material.

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 CVT

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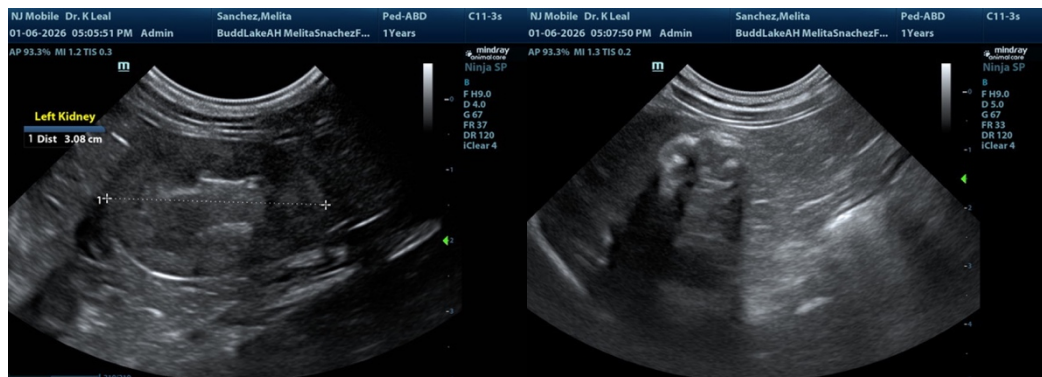
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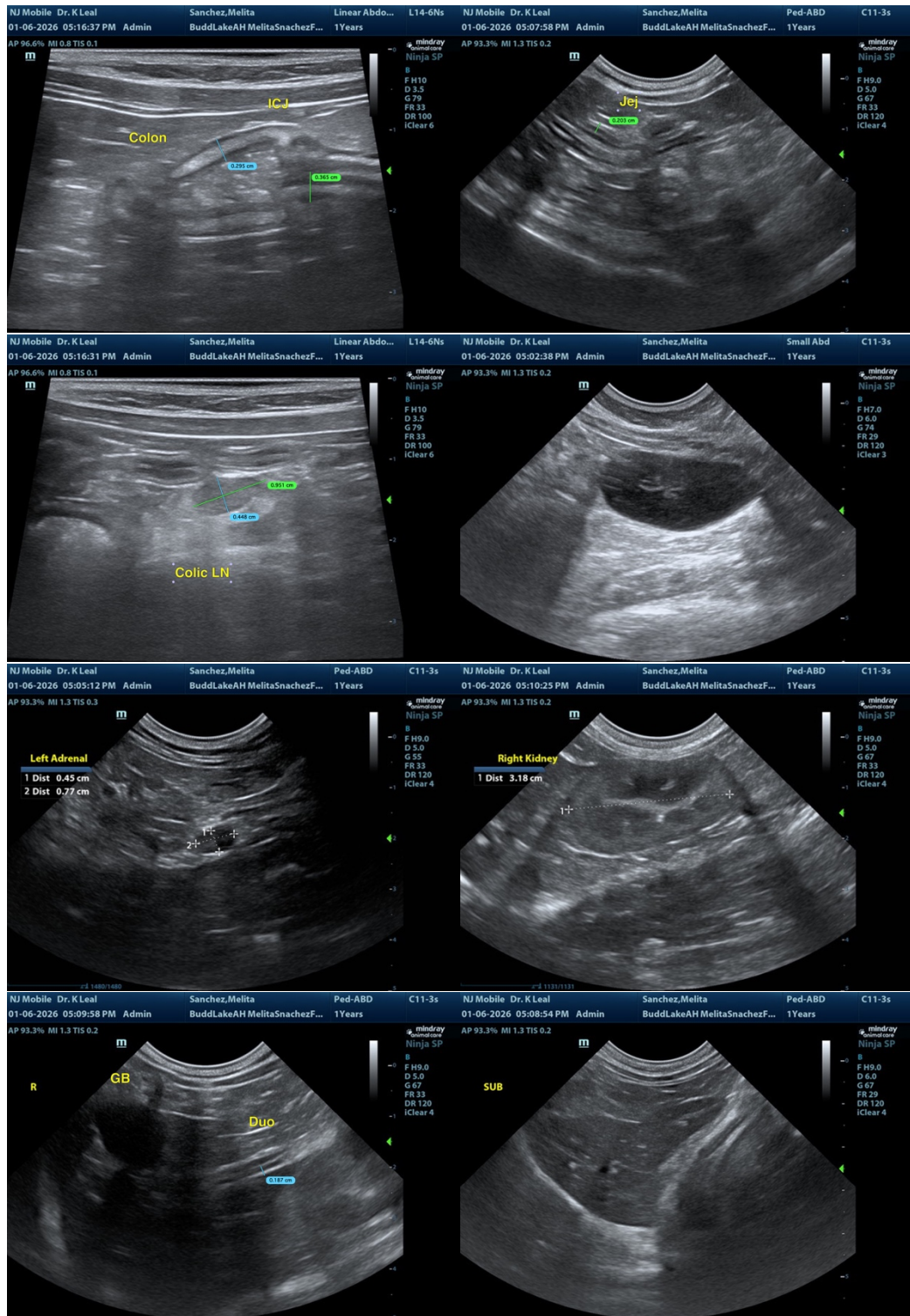
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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