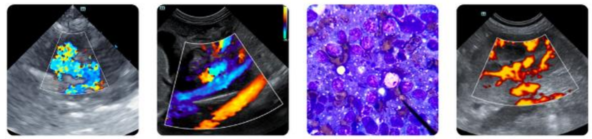


PATIENT

Peter Mason

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 y

WEIGHT

4.8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Massett

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET

Dr. Massett

INVOICE

10319

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Patient presented for not eating for the past 3 days. O went to rDVM today for assessment after not being interested in food for 3 days. Per O, they took radiographs and did bloodwork and noted a possible GI blockage, and performed treatments of cerenia inj, SQ fluids, B12 inj and one oral steroid dose. O has bloodwork results and a picture of a single lateral but no other records as it is after hours. The radiograph showed significant loss of detail in the abdomen. rDVM bloodwork results: Hgb 19.8, MCHC 42, RDW 30.9, Retic 2.2, Lymph 0.88, Mono 0.90, Eos 0.08, Plt 15, Na 149, Cl 108 *recheck CBC here shows adequate PLT count P is still urinating. His abdomen is swollen. O is unsure of what he could have gotten into. aFAST showed large volume free peritoneal fluid. An abdominocentesis was performed to remove 700ml prior to performing full ultrasound. The fluid was yellow tinged cloudy with total solids of 4.

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 evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

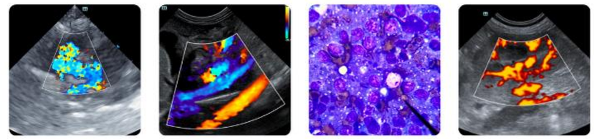
The area of the left adrenal gland was free of obvious pathology. The right adrenal gland was overtly normal in size, position, and shape, measuring 0.4 cm width.

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 0.82 cm width at the level of the mid spleen.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse



PATIENT

Peter Mason

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 y

WEIGHT

4.8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Massett

HOSPITAL NAME
Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Massett

INVOICE

10319

DATE

11/11/25

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 mildly 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 mild lumen gas without evidence of retained ingesta, fluid, or foreign material.

Diffusely thickened small intestine was noted, exhibiting subjective overall intact wall layering. The small Intestinal wall width measured 0.32 cm. The intestinal lumen was empty without overt mechanical / metabolic ileus to the level of the colon.

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.

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

Pancreas

The pancreas was indistinctly visualized owing to isoechoic echogenicity secondary to peripancreatic nonuniform omentum.

Free Abdomen

Generalized nonhomogeneous to subjective indistinct nodular omentum was present. Mild volume peritoneal effusion was also noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

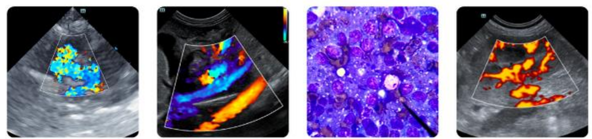
- Sonographically unremarkable normal volume liver
- Nondistended gallbladder with mild proximal common bile duct dilation
- Empty stomach with generalized thickened small intestine
- Nonuniform to indistinct nodular generalized omentum and mild volume peritoneal effusion

Secondary Findings

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of gastrointestinal obstructive pattern or sonographic evidence of significant hepatic disease with nonobstructive common bile duct dilation, which may indicate a patient variant or mild cholangitis, as an obvious contributing factor to the peritoneal effusion. Recommended effusion



PATIENT

Peter Mason

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 y

WEIGHT

4.8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Massett

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Massett

INVOICE

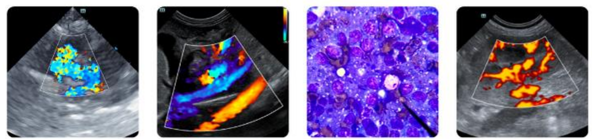
10319

DATE

11/11/25

analysis cytospin cytology to assess for cellular criteria +/- effusion C/S if evidence of inflammatory component, we well as assessment of hepatic enzyme parameters (if not done) is recommended.

Primarily differentials include carcinomatosis, lymphomatosis, or similar potentially associated with or possibly in concurrence with unspecified pancreatic disease and enteropathy, with FIP technically a potential yet considered less likely, given patient age. A very guarded prognosis is indicated.



PATIENT

Peter Mason

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 y

WEIGHT

4.8 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Massett

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET

Dr. Massett

INVOICE

10319

DATE

11/11/25

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