



PATIENT

Kitty Owens

SPECIES

Feline

BREED

Russian Blue

SEX

FS

AGE

11 yrs, 4 mos

WEIGHT

8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Remon Boules

INVOICE

10356

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Presented for not acting right, anorexia for a week, losing weight. hx hyperthyroidism - not on meds. Abnormal PE/Chem/CBC/UA Results: PE: LS OU, dental ds, HM grade 1-2 / 6, underweight, large abdominal mass on abdominal palpation.

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. Intact renal architecture was noted with mild indistinct corticomedullary border demarcation. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

The spleen was mildly enlarged with nonhomogeneous, hypoechoic parenchyma with mild asymmetrical medial capsule contour. The spleen measured 1.2 cm width at the level of the mid spleen.

Liver/ Gallbladder

The liver was mildly enlarged with mild nonhomogeneous echogenic hepatic parenchyma. There were no visualized hepatic masses or nodules. Normal hepatic vascular volume was present. The gallbladder was non-distended in size containing primarily anechoic content with mild, gravity-dependent, nonorganized gallbladder debris. The common bile duct was normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The visualized small intestine segments presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty.



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

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Pancreas

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The pancreas was not definitively visualized.

Feline

Free Abdomen

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An unspecified, irregular, nonhomogeneous, hypoechoic abdominal mass was present, measuring 6.0 cm in diameter. Multifocal, hypoechoic to swollen mesenteric lymphadenopathy was present, with an example measuring 2.7 cm x 1.7 cm. Generalized hyperechoic omental echogenicity was present with mild volume peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

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- Abdominal mass with concurrent hypoechoic to swollen multicentric mesenteric lymphadenopathy
- Mildly enlarged echogenic liver
- Mildly enlarged hypoechoic spleen
- Mild volume peritoneal effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, multicentric abdominal neoplastic criteria is met in conjunction with reported cranial mediastinal lymphadenopathy. A mild potential for FIP is thought less likely.

IMAGING PERFORMED BY

Assuming normal clotting status, mass and accessible lymph node FNA cytology could be considered +/- recheck retroviral status. Unfortunately, an unfavorable prognosis is indicated.

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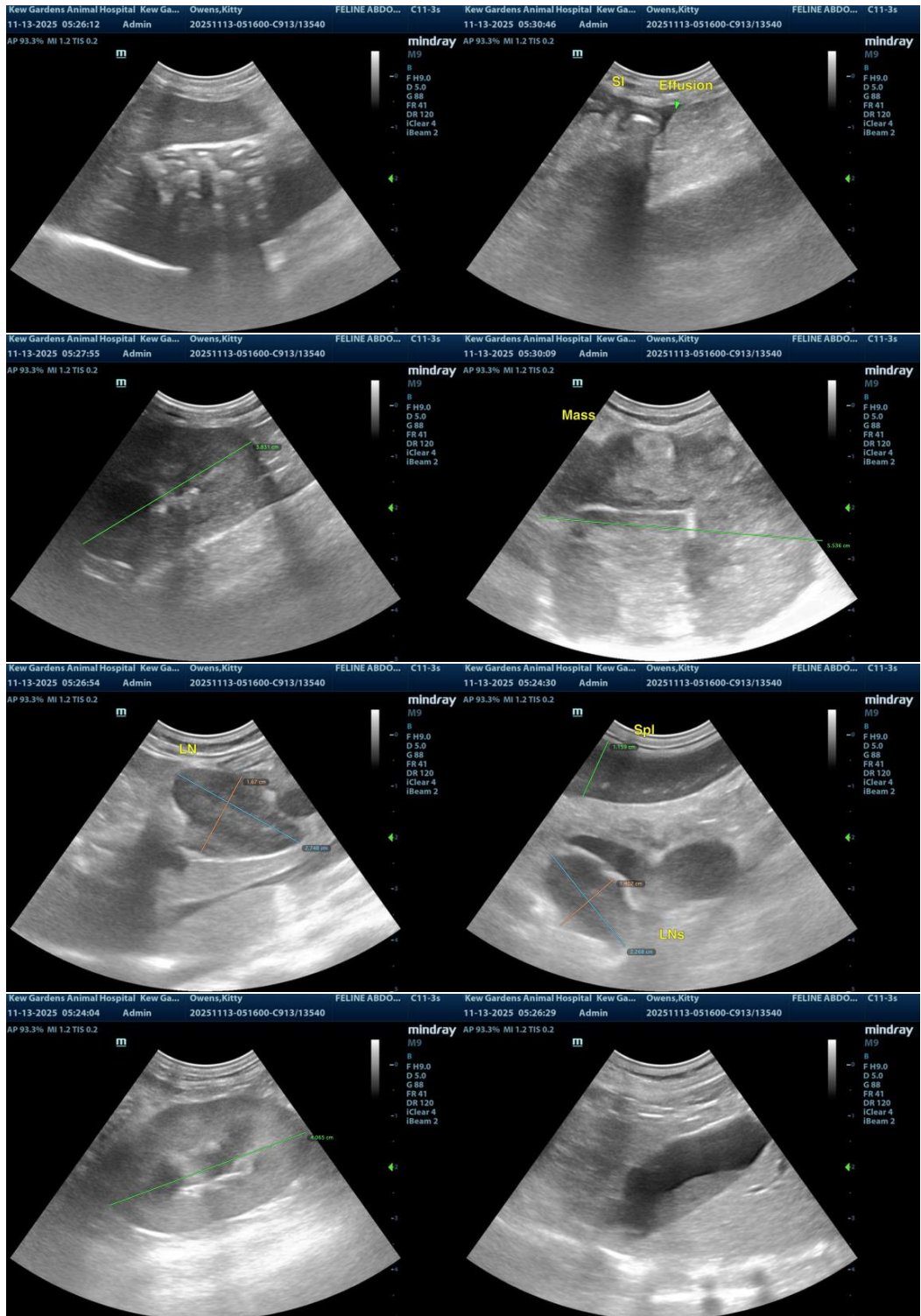
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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