



PATIENT

Nala DeSimone

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Devon Papa, CVT

HOSPITAL NAME

Valley VS

REFERRING VET

Dr. Samantha Zayad

INVOICE

12806

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Limited study containing 15 videos for review.

History: Presented to ER on 11/5 for vomiting and decreased appetite. Owner declined imaging but approved bloodwork (elevated ALP and neutrophilia characterized by monocytosis.) Sent home w/ Gabapentin and Ondansetron. Returned to rDVM on 11/12 for follow up. Still not doing well and has only urinated twice since 11/5. Prednisolone injection given. Hospitalized on 11/13 for IVF and imaging. Repeat bloodwork showed anemia and leukocytosis. Started on Ampicillin. Abdominal radiographs showed concern, so quick AUS was done. Limited imaging due to cat being fractious and painful. Suspicious for abdominal mass around the area of the stomach/duodenum and free fluid.

Abnormal PE/Chem/CBC/UA Results: Bloodwork from 11/13: RBC 6.06 (6.54-12.2) HCT 27.7 (30.3-52.3) HGB 9.2 (9.8-16.2) WBC 25.77 (2.87-17.02) NEU 17.97 (2.3-10.29) MONO 1.43 (0.05-0.67) BASO 0.89 (0.01-0.26) SDMA 18 (0-14) GGT 5 (0-4) Normal TT4 and ALP. No UA performed.

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate, 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.

The visualized kidney exhibited mild to moderate chronic changes and indistinct corticomedullary border demarcation with overall maintained renal architecture.

Spleen

The spleen exhibited irregular enlargement with asymmetrical medial capsule contour and non-homogeneous hypoechoic parenchyma measuring 1.2 cm width.

Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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.

Free Abdomen

Ill-defined, non-homogeneous, hypoechoic mid to cranial abdomen mass was present appearing to efface or potentially involve mid to cranial abdomen, small intestinal segments and potentially



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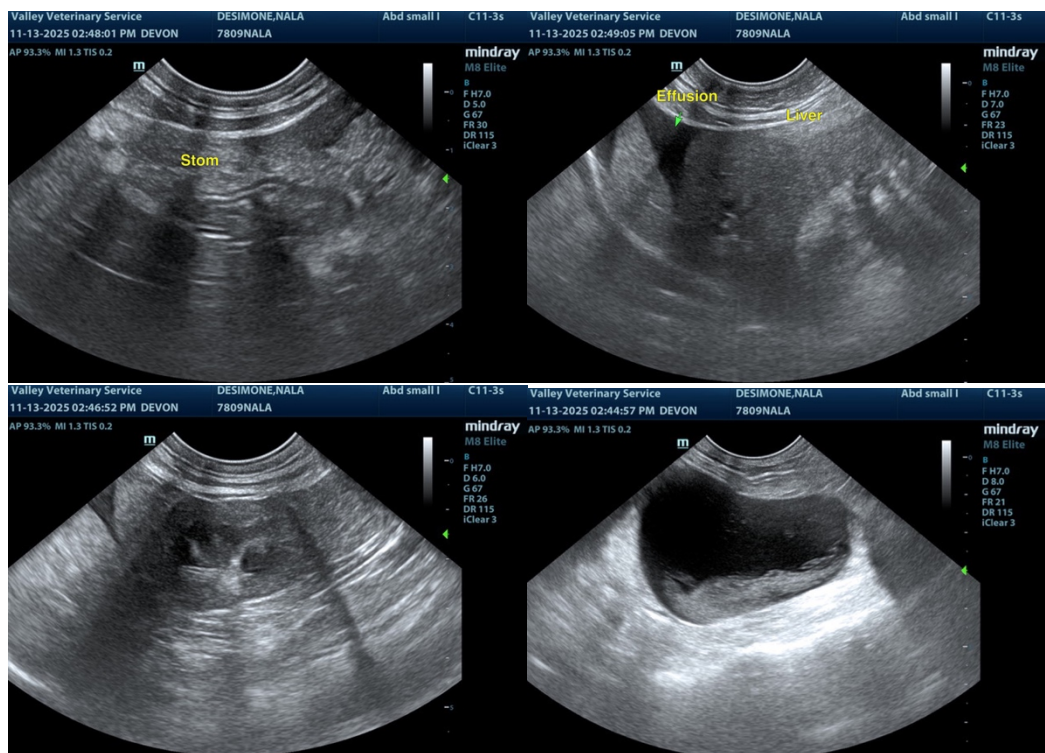
measuring 5.0 cm in diameter. Surrounding hyperechoic omentum and mild peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Ill-defined mid to cranial abdomen mass
- Irregular, mildly enlarged spleen
- Hepatic parenchymal remodeling
- Peritonitis exhibiting hyperechoic omentum and mild volume effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ill-defined mass may indicate omental, intestinal, lymphatic or potential pancreatic origin. The findings are consistent with probable multicentric neoplastic criteria, i.e. carcinomatosis, lymphomatosis or similar. Technically, FIP is a potential yet considered unlikely given patient age, regardless, unfavorable prognosis indicated.





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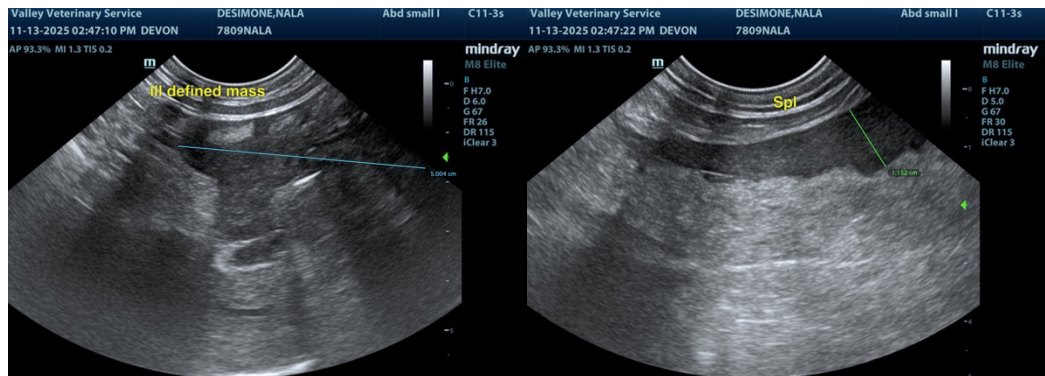
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com