



PATIENT

Major Wesley Rostal

SPECIES

Feline

BREED

Selkirk Rex

SEX

MN

AGE

17yr

WEIGHT

8.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal
Clinic

REFERRING VET

Dr Kairis

INVOICE
22980

DATE

11/18/2025

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Labored breathing on 11.15.25 - Thoracocentesis - ~ 150cc of fluid extracted
Hyperthyroid (Y/D - toxically allergic to Methimazole) Corona virus CKD ABNORMAL Labwork Values
Can be provided For ECHO Only: Blood Pressure Last BP on 11.05.25 = ~ 163 mm HG HR/RR/BP:
Resting HR ~ 125/min., Resting Resp. ~ 25-30/min. Is there a Heart Murmur? If so, please grade. None
noted Current Medications Mirataz transdermal - as needed, 1/4 Furosemide 12.5 BID (began pm of
11.17.25), 0.25ml B12 injections (began ~ 11.14.25), Denamarin began again 11.8.25 and suspended
11.15.25) Radiographic Findings Can provide from 11.15.25 if needed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

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 3.9 cm in length. The right kidney measured 4.0 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width.

Spleen

The spleen was not enlarged, exhibiting mild non-homogenous parenchyma and asymmetrical medial splenic capsule contour measuring 0.7 cm diameter at the level of the mid-spleen.

Liver/Gallbladder

The liver was subjectively mildly enlarged with asymmetrical capsule contour and non-homogenous parenchyma exhibiting multifocal small to diffuse intraparenchymal cystic changes. Subjectively, the liver was of normal vascular volume without definitive congestive criteria. Subjective normal volume cranial abdomen caudal vena cava measuring 0.57 cm diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.



PATIENT	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 mechanical/metabolic ileus, obstruction or foreign material.
Major Wesley Rostal	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	<i>Pancreas</i>
Feline	The left pancreas was normal in size with capsule asymmetry and isoechoic mildly remodeled non-homogenous parenchyma with mildly prominent pancreatic duct.
BREED	<i>Free Abdomen</i>
Selkirk Rex	Minor pockets of peritoneal effusion, no visualized significant omental lymphadenopathy.
	Normal to mild increased omental echogenicity.
SEX	ULTRASONOGRAPHIC FINDINGS
MN	Primary
AGE	<ul style="list-style-type: none">• Hepatomegaly exhibiting non-homogenous diffuse mild cystic parenchyma• Normal non-edematous gallbladder• Bilateral chronic renal changes.• Non-enlarged mild asymmetrical non-homogenous spleen• Normal visualized gastrointestinal tract• Possible left limb chronic pancreatitis.• Mild volume peritoneal effusion
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INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Although no overt hepatic or caudal vena cava congestion, correlation with echocardiogram to assess for underlying cardiac disease as a potential contributing factor to bicavitary effusion is recommended. Further assessment may include effusion analysis cytopsin cytology +/- C/S or less likely FIP titer / PCR given patient age in conjunction with screening hepatic FNA cytology to assess for occult disease.
IMAGING PERFORMED BY	Pending echocardiogram, cardiogenic vs non-cardiogenic bicavitary effusion, i.e. non-specific inflammatory or infectious disease, less likely FIP given patient age, or potential neoplasia such as carcinomatosis, lymphomatosis, or similar, are all potentials.
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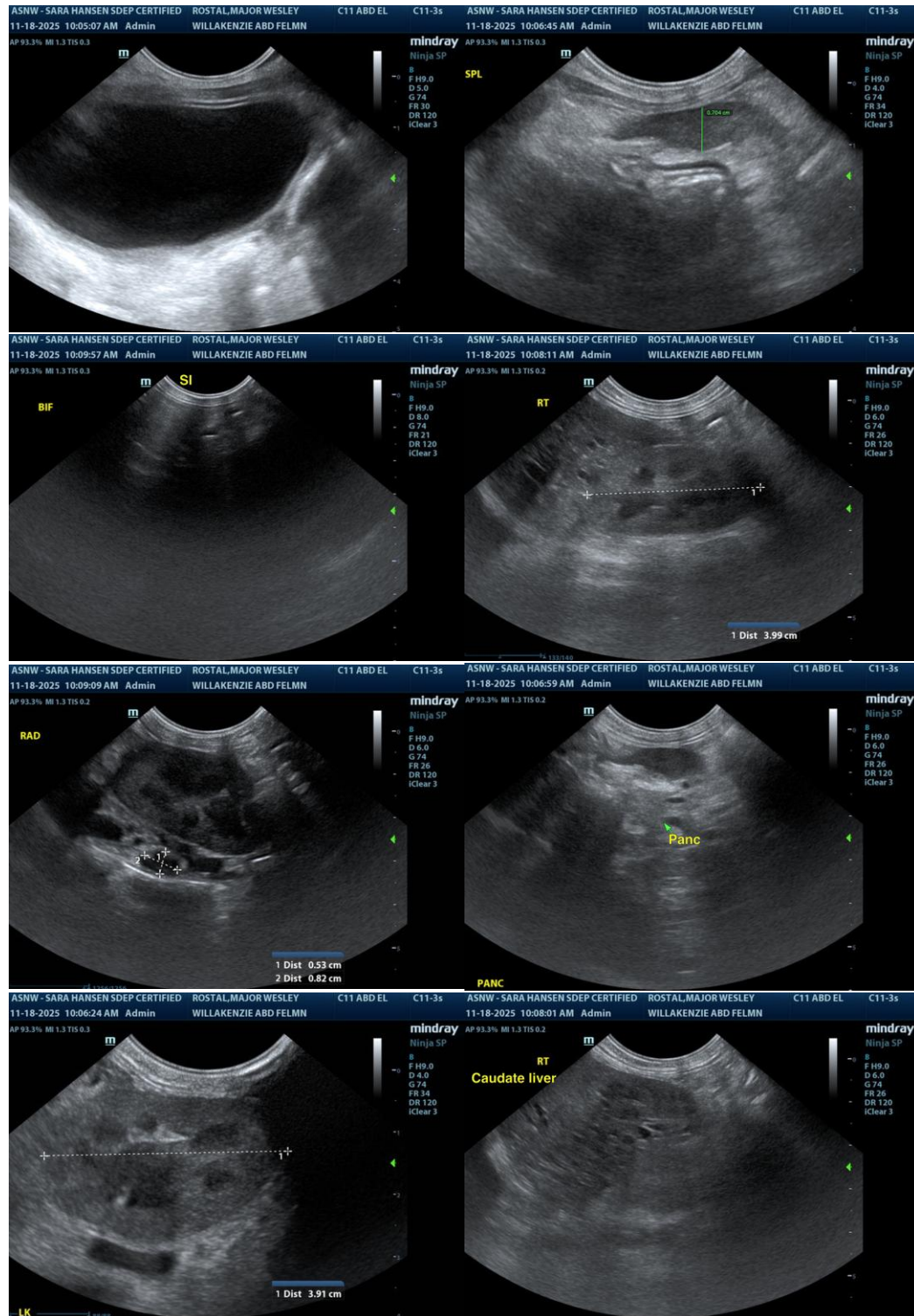
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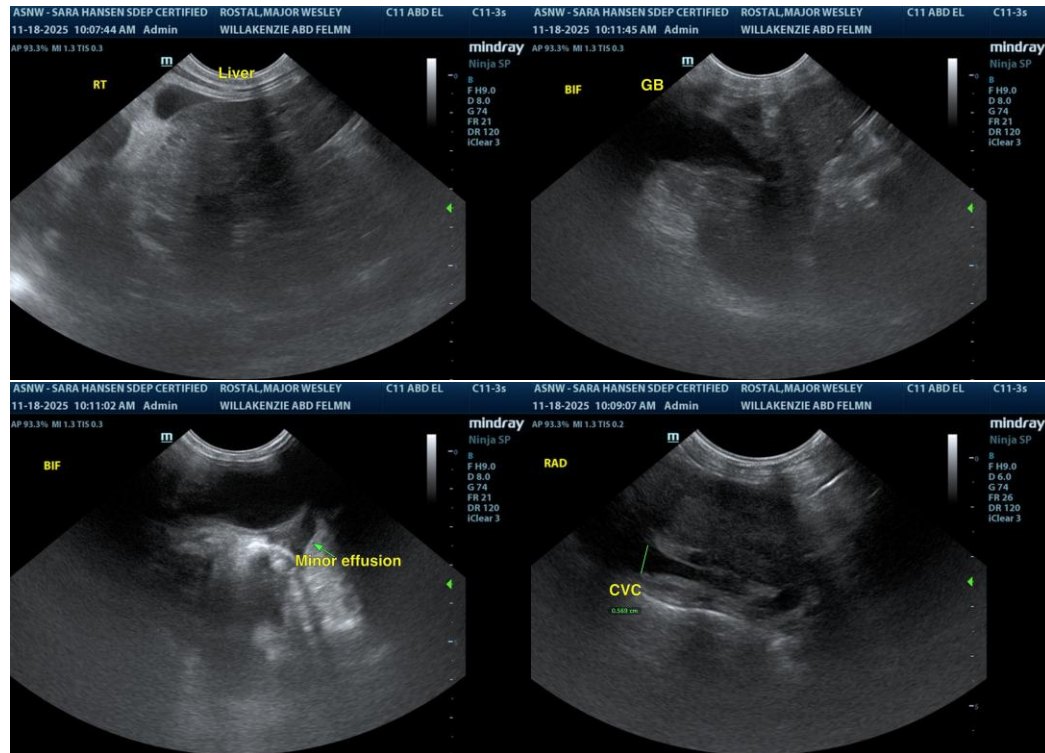
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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