



PATIENT

Charlie Reeder

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: 2 week history of lethargy and inappetance. A physical exam was unremarkable, although P is obese and deep palpation of the abdomen was difficult

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: **ABNORMAL** Labwork Values CBC/Chem/T4: Elevated PSL (225), mild neutrophilia, mild azotemia Current Medications Mirtazapine Radiographic Findings none taken

BREED

DLH

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.

SEX

MN

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 4.5 cm in length. The right kidney measured 4.4 cm in length.

AGE

10yr

WEIGHT

17.28lb

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

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.42 cm width. The right adrenal gland measured 0.50 cm width.

INTERPRETED BY

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

Spleen

The spleen was overall normal in size with primarily symmetrical contour and homogenous parenchyma. A solitary, mildly expansive isoechoic medial splenic nodule was present measuring 0.8 cm diameter was present.

IMAGING PERFORMED BY

Yvonna Aranda

Liver/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr Sundholm

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.

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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 mechanical/metabolic ileus, obstruction or foreign material.



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

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Pancreas

The definitive pancreas was not overtly visualized owing to omental artifact and nodular changes.

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Free Abdomen

Feline

An indistinctly marginated non-uniform hypoechoic to nodular omental mass lesion was present measuring 2.7 cm in diameter

BREED

Moderate to significant peritoneal effusion was present.

DLH

Generalized non-homogenous, subtle nodular omentum present.

SEX

ULTRASONOGRAPHIC FINDINGS

MN

Primary

- Echogenic peritoneal effusion with non-uniform nodular omentum and ill-defined omental mass lesion
- Normal volume liver, mild gallbladder debris
- Age related renal changes
- Sonographically unremarkable gastrointestinal tract

AGE

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WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The free fluid has mild echogenic changes to it. Given no reported subnormal albumin that would diminish oncotic pressures to the point of causing free fluid, no evidence of passive congestion of the hepatic vasculature or vena cava, no significant diffuse hepatic disease as well as no evidence of intestinal perforation or other pathology that would be responsible for effusion of this nature, lymphatic obstruction owing to carcinomatosis and lymphomatosis or similar is of primary concern.

Recommend abdominocentesis, rapid cytopspin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. FIP is technically a potential; therefore, FIP titers on the fluid are essential; however, given the age of the patient FIP is less likely. Carcinomatosis and lymphomatosis are the primary differentials.

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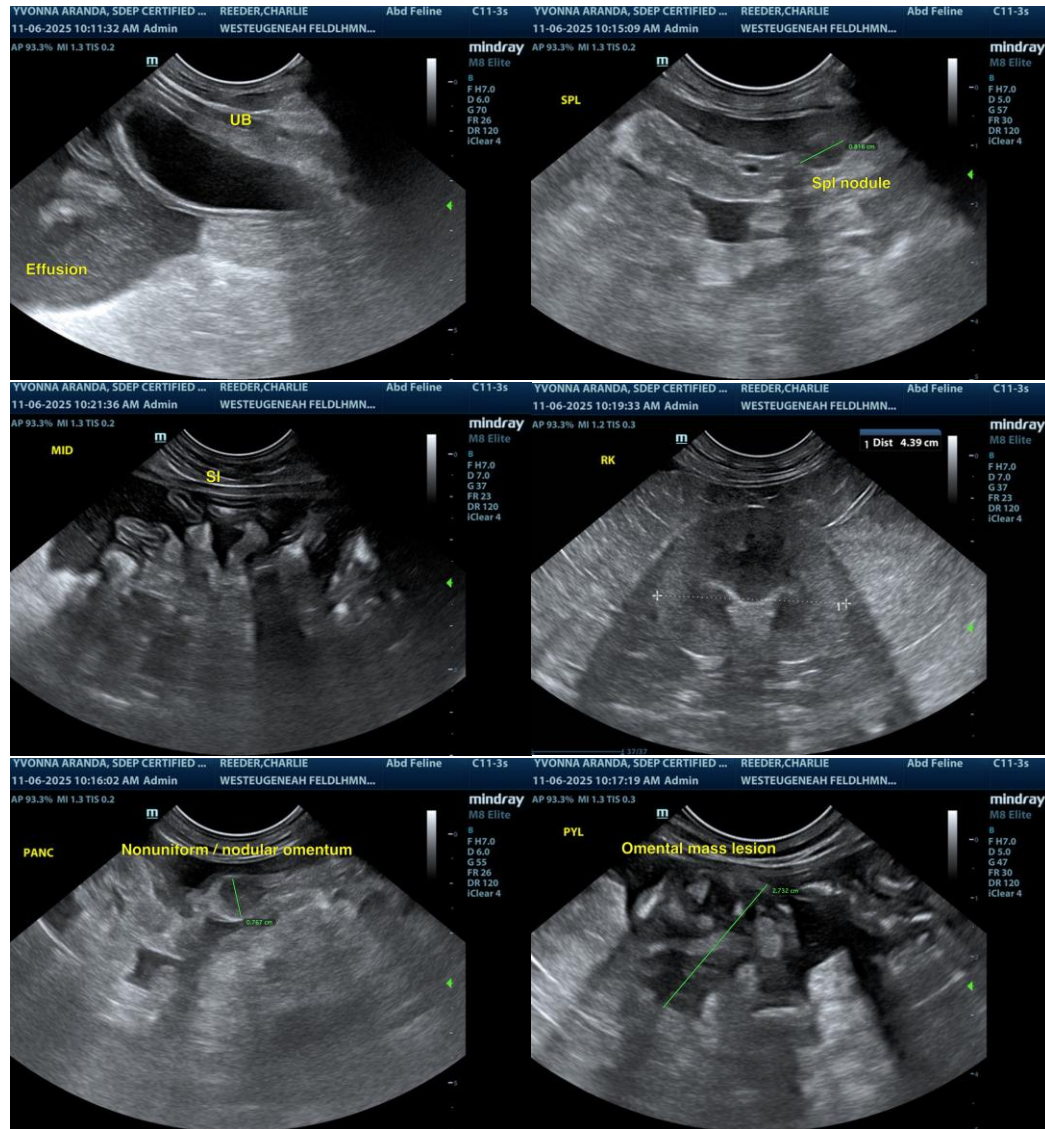
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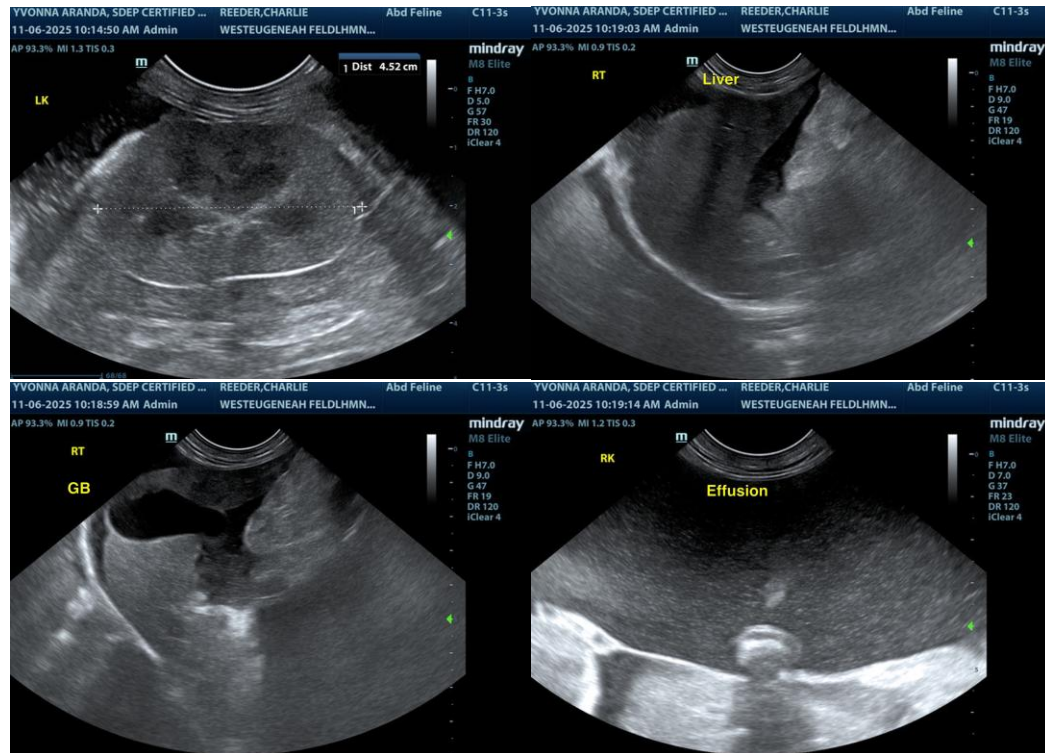
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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