



## PATIENT

Jax Feil (Russell)

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

12yr

## WEIGHT

11lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Amanda Crook

## HOSPITAL NAME

Rivers Edge PMC

## REFERRING VET

Dr Anne Todd

## INVOICE

22901

## DATE

11/09/2025

## PRESENTING CLINICAL SIGNS

rDVM 11/6/25 for weight loss. Small lab panel showed increased renal values (crea 2.2, bun wnl, SDMA 24.5), mild inflamm leukogram. Relayed results to O yesterday, started on kidney diet. Presented 11/8 for frequent trips to litterbox, concern for UO. Peritoneal effusion found on U/S when attempting to collect urine. PE: BAR & purring, bcs 6/9, MM pink, crt <2, slightly tacky. Dull haircoat, cardiothoracic auscultation wnl, abdomen mildly distended, some discomfort on palpation (facial grimace, no tensing), bladder palpates small. Bladder small on brief U/S, no masses or stones seen, appears intact. Peritoneal effusion sample collected for fluid analysis send out. Current Medications: mirataz TD ointment (rDVM), added on gabapentin 50mg PO TID

Abnormal PE/Chem/CBC/UA Results: CBC - hct 38.6% (wnl), neut 14.7k (H), mono 0.53k (wnl), lymph 0.83k (L), PLT >150k on Invue. Chem 17 - crea 2.2, BUN 31, proteins wnl (alb 2.8, alb/glob 0.6), liver values wnl, lytes wnl. Panc Lipase - 10.6 U/L (00-4.4) UA - not completed d/t effusion 3 view whole body - cardiac silhouette subjectively narrow, no pulmonary infiltrates or nodules seen. Decreased serosal detail within abdomen, mild gas within colon.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 3.7 cm in length. The left kidney was not definitively visualized.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### Spleen

The spleen exhibited borderline enlargement with symmetrical contour and maintained homogenous parenchyma measuring 1.0 cm width at the level of the mid spleen.

### 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. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited subjective mild gas distension.



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The visualized small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Segmental non-obstructive ileus was present.

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

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### *Pancreas*

The pancreas was prominent in size with capsule asymmetry and non-homogenous cystic to nodular parenchyma. Mildly prominent pancreatic duct was present.

## BREED

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### *Free Abdomen*

Generalized non-homogenous, mild nodular omentum was present with moderate volume, echogenic peritoneal effusion.

## SEX

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

## MN

## ULTRASONOGRAPHIC FINDINGS

### Primary

## AGE

12yr

- Moderate echogenic peritoneal effusion
- Nonuniform / nodular omentum
- Prominent nonhomogeneous nodular pancreas
- Normal volume liver, mild gallbladder debris
- Normal gastrointestinal tract with nonobstructive mild ileus

## WEIGHT

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### Secondary

- Mild chronic right kidney changes
- Mild urine sediment
- Subjective normal heart

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid, no evidence of passive congestion with hepatic vasculature or vena cava or significant, diffuse hepatic disease as well as no evidence of intestinal mural disease or other pathology that would be responsible for an effusion of this nature, nonspecific peritonitis possibly associated with pancreatitis or primary suspicion for neoplasia i.e. carcinomatosis, lymphomatosis or similar.

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Recommend abdominocentesis, rapid cytospin 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 may be considered if clinically indicated or pending fluid analysis; however, given the age of the patient FIP is less likely. Carcinomatosis, lymphomatosis are the primary differentials until proven otherwise.

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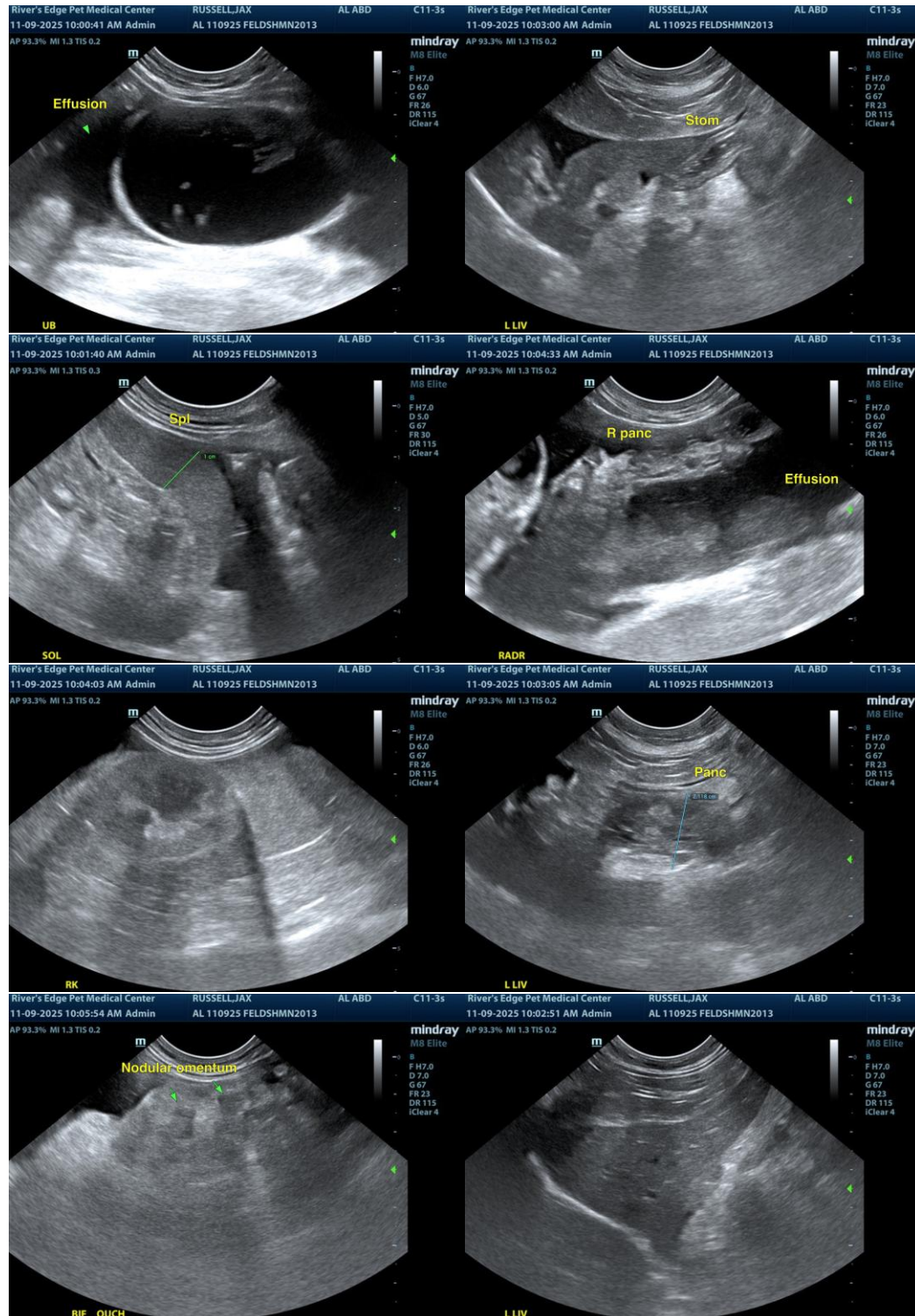
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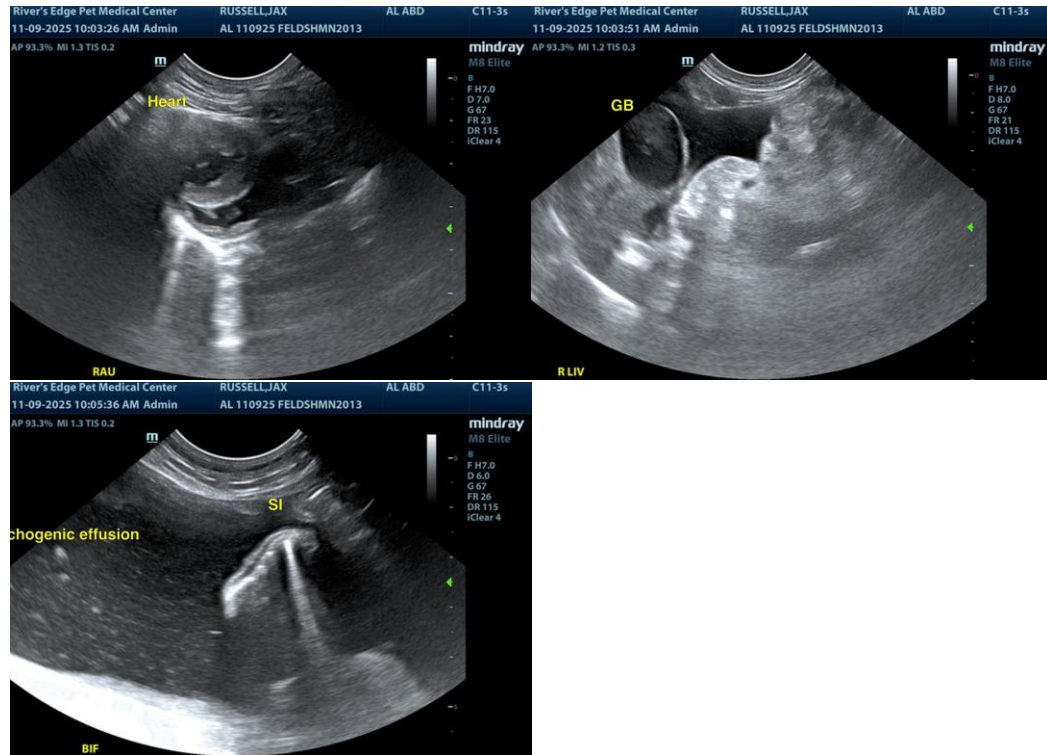
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)