



## PATIENT

Boo Boswell

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

12.4 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Mack E.

## HOSPITAL NAME

Northside Veterinary  
Clinic

## REFERRING VET

Dr. Mack E.

## INVOICE

12829

## DATE

12/23/25

## PRESENTING CLINICAL SIGNS

Distended abdomen x 1 week. P has a history of chronic vomiting.

Abnormal PE/Chem/CBC/UA Results: Mild non-regenerative anemia, abnormal bnp. Serosanguineous fluid removed from abdomen. NO heart murmur noted, despite abnormal bnp. Heart size is normal on radiographs.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Gravity dependent to nondependent particulate to accumulated moderate 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 left and right kidneys were not definitively visualized.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### Spleen

The spleen presented nonenlarged with mild medial capsule asymmetrical contour. The spleen exhibited mild heterogeneous to subtle micronodular parenchyma. The spleen measured 0.80 cm width level of the mid spleen.

### Liver

The liver was subjectively mildly enlarged in size without evidence of hepatic congestion. Lobar heterogeneous to nodular hepatic parenchyma with potential for indistinct lobar mass measuring approximately 3.0 cm in diameter.

The gallbladder was indistinctly visualized without evidence of gallbladder overdistention or overt posthepatic obstruction.

### Gastrointestinal

The stomach was overall nondistended in size without evidence of gastric distention secondary to retained ingesta, fluid or foreign material.

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with empty intestine lumen to the level of the colon.

The visualized colon was sonographically normal.

### Pancreas

The area of the pancreas was sonographically unremarkable.

### Free Abdomen



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A moderate volume of peritoneal effusion was present with generalized nonhomogenous subtle nodular omentum.

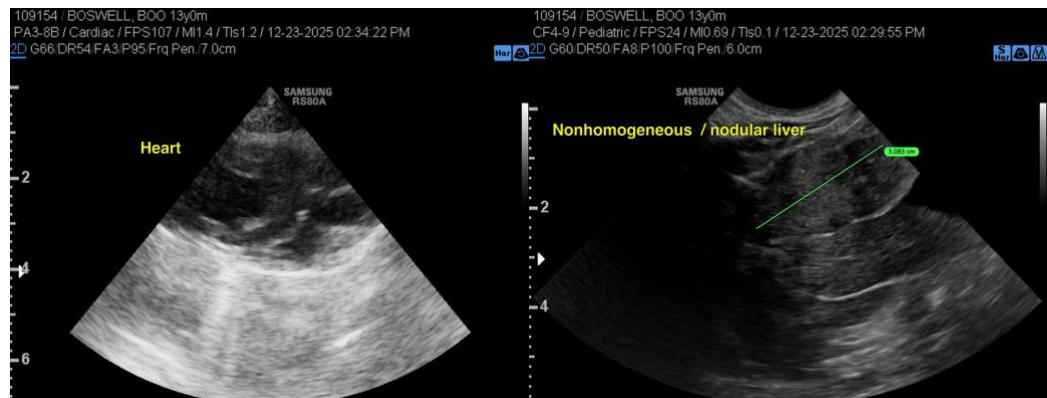
## ULTRASONOGRAPHIC FINDINGS

- Peritoneal effusion with nonhomogenous subtle nodular omentum.
- Noncongested mild hepatomegaly with lobar nonhomogenous nodular parenchyma versus indistinct intraparenchymal liver mass.
- Mild heterogeneous subtle micronodular spleen.
- Overtly normal visible gastrointestinal tract.

## 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 hepatic or vena cava passive congestion or overt evidence of significant gastrointestinal mural disease that would be responsible for an effusion of this nature, lymphatic obstruction owing to carcinomatosis/lymphomatosis with suspect hepatosplenic involvement is a primary concern.

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.





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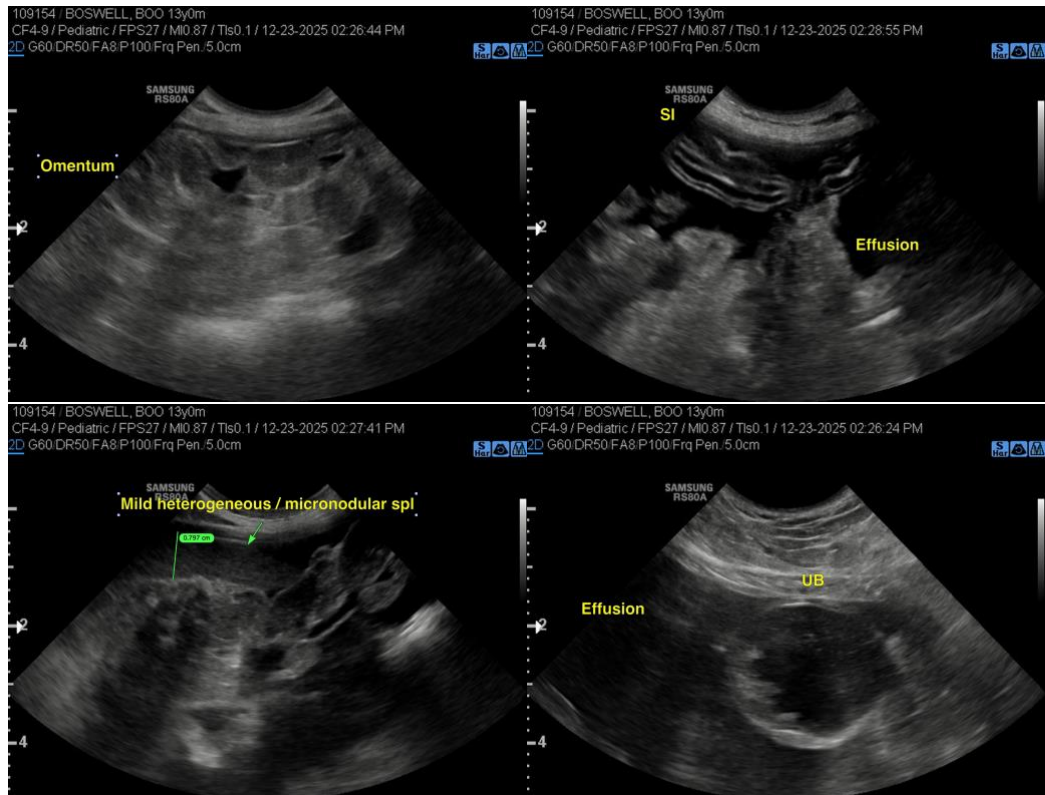
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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