



PATIENT

Isabella Galatioto

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

1 Year 3 Months

WEIGHT

7.8 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Hesham Akbawy

HOSPITAL NAME

Lincoln Avenue Cat
and Dog Hospital

REFERRING VET

Dr. Hesham Akbawy

INVOICE

12840

DATE

12/27/25

PRESENTING CLINICAL SIGNS

Isabelle 3 years old spayed female cat . 10% dehydrated. Severely anemic RBCs 1- hemoglobin 2 , PCV 4.5 WBCs depressed. Sent testing for Fluids analysis& Cytology. FIP PCR

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen.

Nondependent particulate mild 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjective mildly enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls with mild nondependent gallbladder debris. The common bile duct was not visualized.

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.

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

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

Pancreas



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The left pancreas presented normal to mildly prominent in size with symmetrical contour and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

A significant volume of mild echogenic peritoneal effusion was present. Generalized mild nonhomogenous hyperechoic possible subtle to indistinctly nodular omentum.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Peritoneal effusion and generalized nonhomogenous hyperechoic potentially indistinct nodular omentum.
- Mild noncongested hepatomegaly.
- Minor gallbladder debris.
- Mildly prominent nonhomogenous hyperechoic pancreas.

Secondary Findings

- Normal bilateral kidneys.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no report of subnormal albumin level, no evidence of overt passive hepatic congestion or significant hepatic parenchymal pathology as well as no evidence of visualized or significant gastrointestinal mural disease, nonspecific peritonitis, neoplasia i.e. carcinomatosis, lymphomatosis or FIP are primary considerations. Potential for mild pancreatitis is not excluded yet sonographically if present, the degree of pancreatitis did not seem to be severe to the point of resulting in effusion. Correlation with pending fluid analysis, cytology +/- fluid culture/sensitivity and FIP testing is recommended. A guarded prognosis is indicated.





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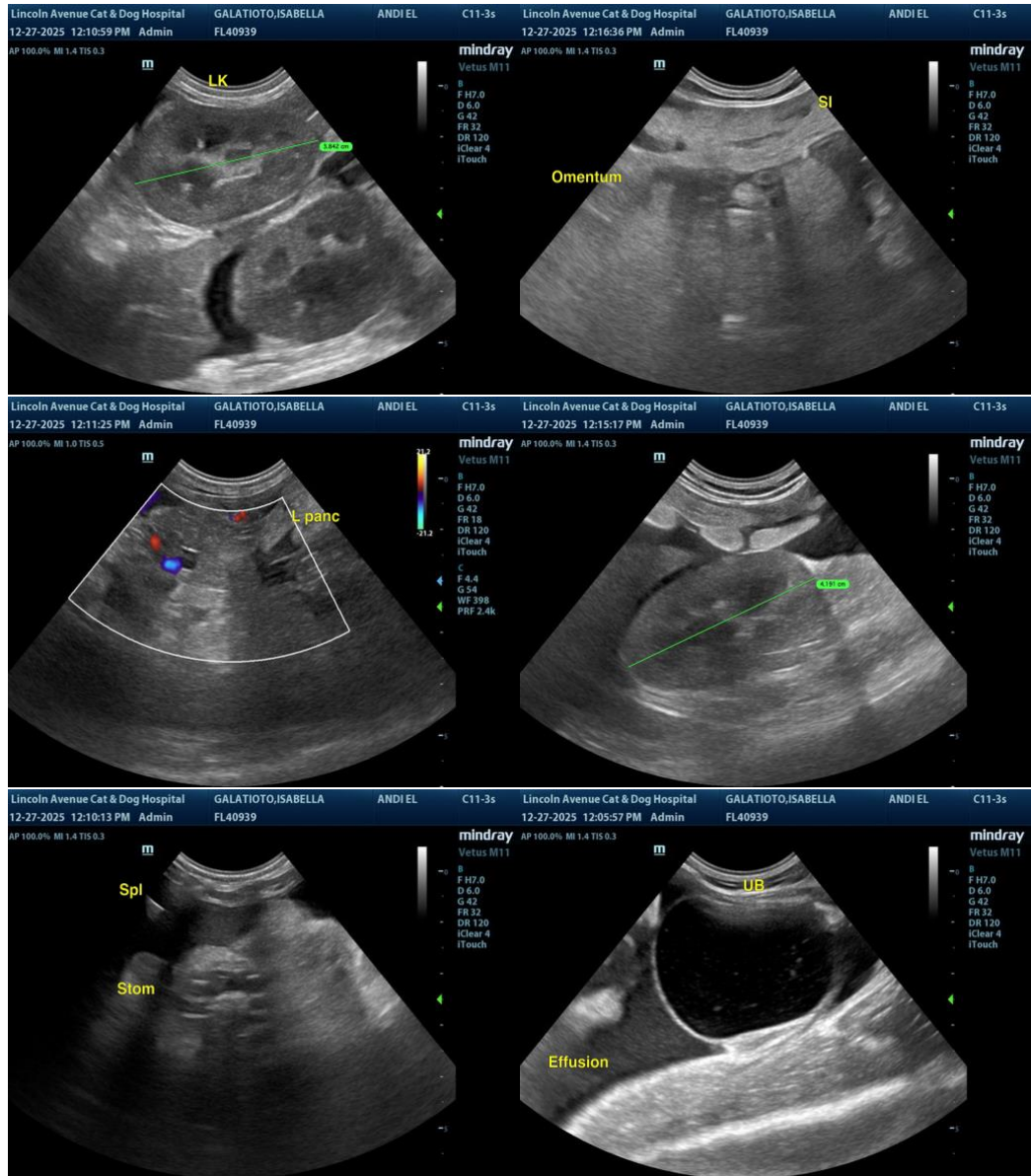
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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