



**PATIENT**

Buckey O'Keefe

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

10 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING PERFORMED BY**

Meghan Morse LVT,  
CVT

**HOSPITAL NAME**

Englewood Cliffs  
Veterinary Hospital

**REFERRING VET**

Dr. Park

**INVOICE**

12841

**DATE**

12/29/25

**PRESENTING CLINICAL SIGNS**

Semi feral cat that lives indoor with 5 other cats in a room. History of intermittent diarrhea/gastroenteritis over the past 5 years, dewormed multiple times. Last seen was dec 2020 for spay, felv./fiv at that time was negative. Owner noticed distended abdomen on 12/20, seen on 12/24/25, bloodwork relatively unremarkable. In house cytology of peritoneal effusion - inflammatory, no bacteria seen.

Abnormal PE/Chem/CBC/UA Results: attached

**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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

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 3.6 cm in length. The right kidney measured 3.6 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

**Spleen**

The spleen revealed a mildly expansive nonhomogenous mid to medial splenic nodule with associated medial capsule distortion measuring 1.4 cm in diameter. The overall spleen measured 0.90 cm in width.

**Liver**

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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. The stomach contained a mild amount of anechoic fluid.

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 ileus, obstruction or foreign material. Subtle duodenojejunal mucosal speckling was visualized. The duodenum wall measured 0.34 cm width. The jejunum wall measured 0.23 cm width.



**PATIENT**

Normal visible colon wall layers were present with formed fecal matter in lumen.

Buckey O'Keefe

**Pancreas**

**SPECIES**

The pancreas was indistinctly visualized owing to increased peripancreatic omental artifact and nonhomogenous nodular generalized omentum.

Feline

**Free Abdomen**

**BREED**

Generalized nonhomogenous indistinctly nodular omentum with moderate volume of echogenic peritoneal effusion was visualized. An unspecified nonhomogenous mass lesion was present in the right cranial abdomen measuring approximately 3.0 cm in diameter.

DSH

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

- Nonhomogenous indistinctly nodular generalized omentum.
- Moderate volume echogenic peritoneal effusion.
- Unspecified nonhomogenous mass lesion in the right cranial abdomen.
- Noncongested liver.
- Mildly expansive splenic nodule.
- Mild hypomotile stomach with possible mild nonspecific chronic enteropathy.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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Given no subnormal albumin level, no evidence of passive hepatic congestion or significant diffuse hepatic disease as well as no evidence of significant gastrointestinal mural disease or other pathology, nonspecific peritonitis, FIP or nonobvious non-exfoliating neoplasia such as carcinomatosis, lymphomatosis or similar is a primary concern. Cytospin cytology and pathology analysis of the abdominal effusion +/- culture/sensitivity and FIP titers/PCR with concurrent consideration for screening unspecified mass or omental FNA cytology is recommended for further clarification.

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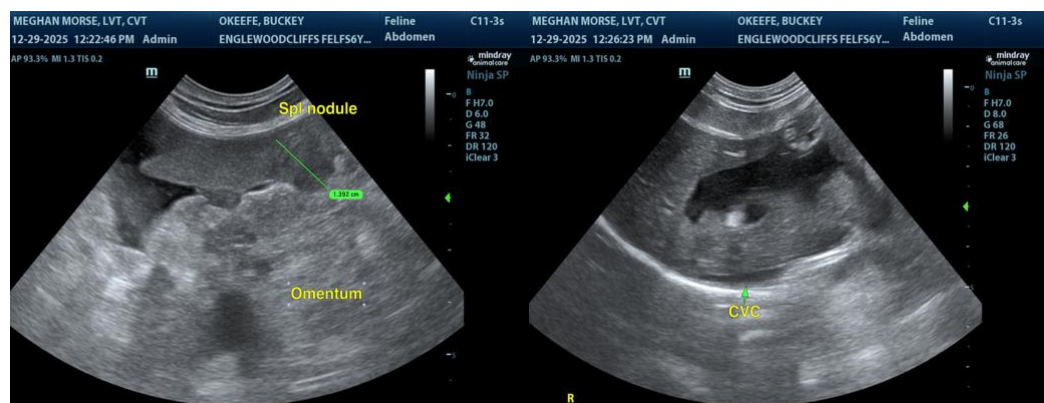
Dr. Park

**INVOICE**

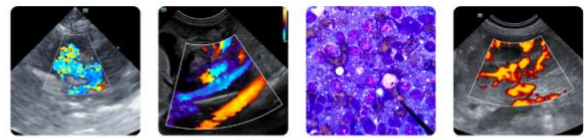
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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