



## PATIENT

Chaplin Mallard

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

13yr

## WEIGHT

4.98kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Dr. Louise Corbeil

## REFERRING VET

Fish Creek Pet Hospital

## INVOICE

23363

## DATE

12/29/2025

## PRESENTING CLINICAL SIGNS

Chaplin, a 13-year-old male cat, presented for evaluation of straining to defecate and was subsequently found to have significant abdominal effusion (ascites), prompting investigation for an underlying neoplastic process. On December 26, an initial workup was performed following a week of clinical signs. This evaluation revealed massive ascites, though no fluid was noted in the thoracic or pericardial spaces. Bloodwork, including a CBC and chemistry panel, was normal. Chest radiographs were unremarkable, but abdominal radiographs showed a possible mineralized density in the region of the colon vs fecal material, with the primary finding being significant fluid. Analysis of the abdominal fluid identified it as a modified transudate. As of the current visit, the patient is still eating with only one reported vomit a week prior, and he passed a formed stool yesterday but continues to strain. The owner has consented to an ultrasound. No heart murmur appreciated on PE.

## 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 minor particulate urine sediment. 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 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 3.5 cm in length. The right kidney measured 3.8 cm in length.

Focally enlarged medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present.

### Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.52 width and the right adrenal gland measured 0.46 width.

### Spleen

The spleen exhibited borderline enlargement (1.0 cm in width at the mid spleen) with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule exhibited mild asymmetrical contour.

### 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



## PATIENT

Chaplin Mallard

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

13yr

## WEIGHT

4.98kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Dr. Louise Corbeil

## REFERRING VET

Fish Creek Pet Hospital

## INVOICE

23363

## DATE

12/29/2025

non-distended in size with thin walls and mild non-organized non-dependent debris. The proximal to mid common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

### **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 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.

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

### **Pancreas**

The pancreas was mildly prominent in size with asymmetrical contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### **Free Abdomen**

Moderate volume mildly echogenic peritoneal effusion was present.

Non-homogenous possible indistinctly nodular omentum with intermittent to possible multiple mildly enlarged non-homogenous mesenteric lymph nodes. An example of an omental nodule vs lymph node measured 0.96 cm in diameter.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Non-homogenous potentially nodular omentum vs intermittent to mild mesenteric and medial iliac lymphadenopathy.
- Echogenic peritoneal effusion.
- Normal volume liver.
- Mild gallbladder debris with non-obstructive proximal / mid common bile duct dilation.
- Borderline splenomegaly
- Mildly prominent non-homogenous pancreas
- Normal gastrointestinal tract.
- Age related renal / adrenal changes.

## **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. Chronic / chronic active pancreatitis with parenchymal remodeling is possible yet without overt evidence of pancreatic neoplastic criteria or significant inflammatory disease as a primary clinical player.



**PATIENT**

Chaplin Mallard

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13yr

**WEIGHT**

4.98kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Jill Rankin

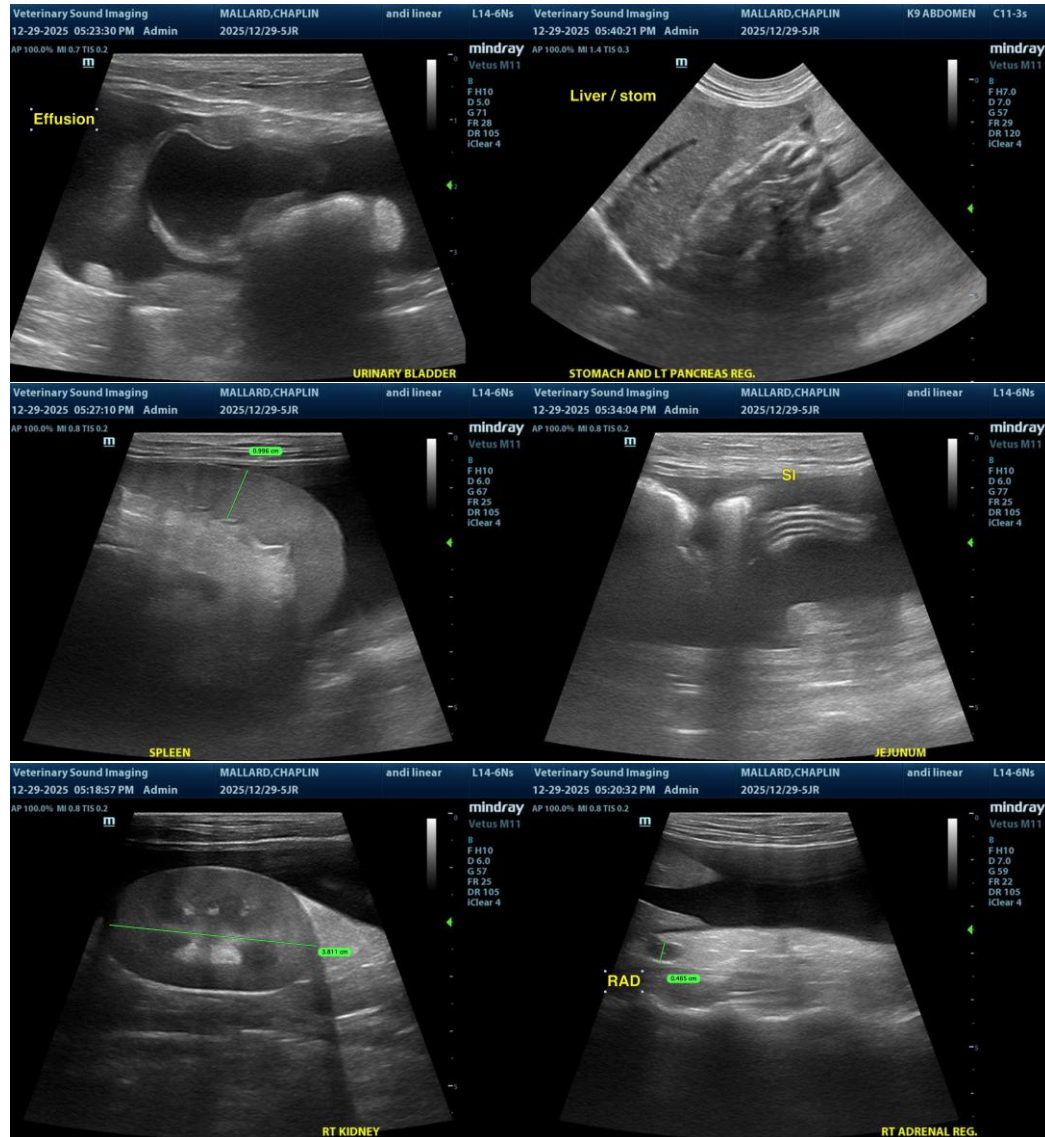
**HOSPITAL NAME**

Dr. Louise Corbeil

**REFERRING VET**

Fish Creek Pet Hospital

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 are essential; however, given the age of the patient FIP is less likely. Carcinomatosis and lymphomatosis are the primary differentials.



**INVOICE**

23363

**DATE**

12/29/2025



**PATIENT**

Chaplin Mallard

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13yr

**WEIGHT**

4.98kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Jill Rankin

**HOSPITAL NAME**

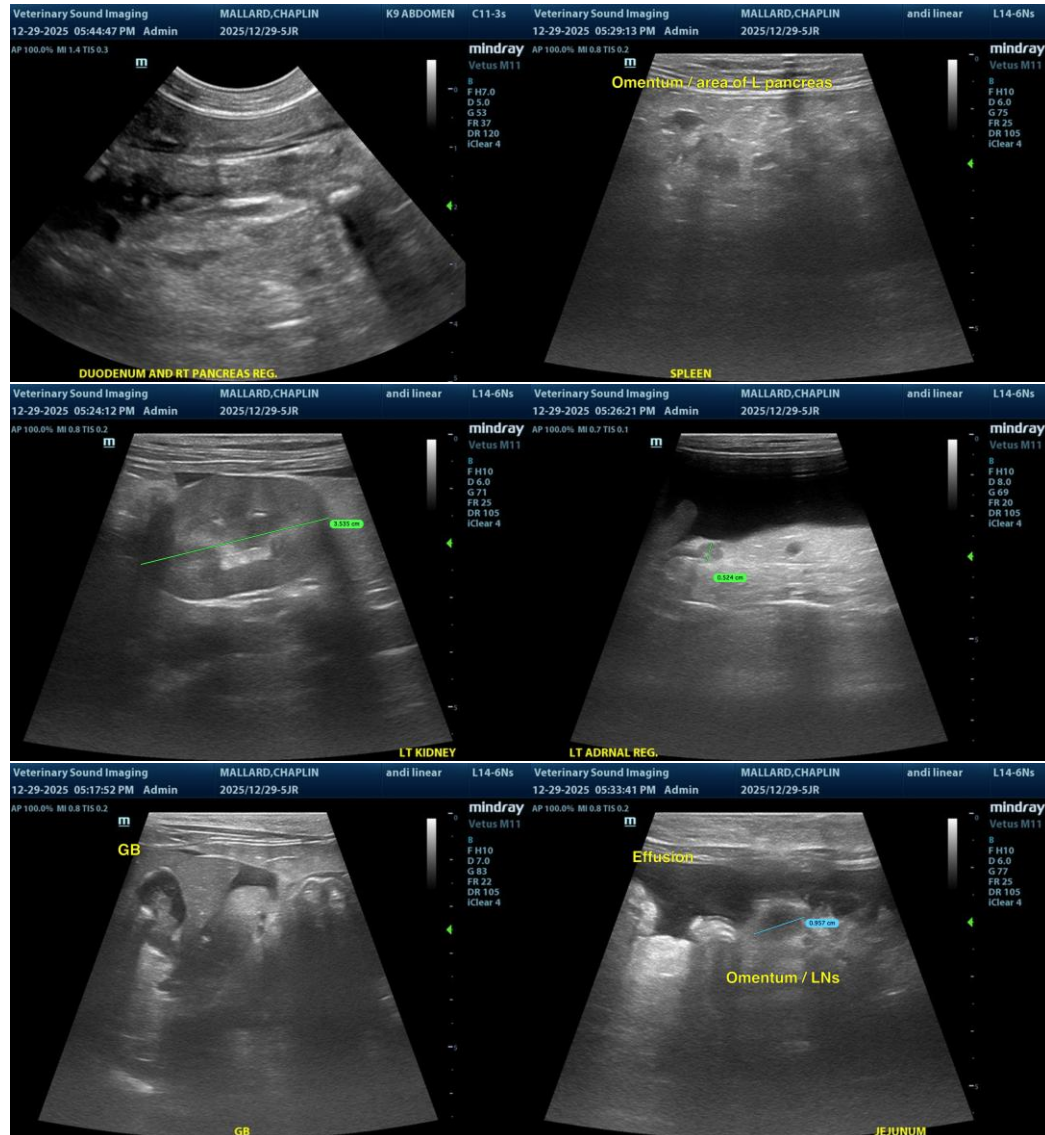
Dr. Louise Corbeil

**REFERRING VET**

Fish Creek Pet Hospital

**INVOICE**  
23363

**DATE**  
12/29/2025



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)