



PATIENT PRESENTING CLINICAL SIGNS

Frankie Wolfsen Abdominal distension, possible abdominal mass.

Abnormal PE/Chem/CBC/UA Results: Pending

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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.

DSH

SEX

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 4.3 cm in length. The right kidney measured 4.4 cm in length.

MN

AGE

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

12yr

WEIGHT

Adrenal Glands

21.6lb

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

INTERPRETED BY

Spleen

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

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. The spleen measured 0.94 cm in width at the level of the mid spleen.

IMAGING PERFORMED BY

Liver/Gallbladder

Meghan Morse

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 primarily anechoic luminal content. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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REFERRING VET

Gastrointestinal

Dr Banister

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.

INVOICE 23380

The visualized segments of small intestine presented intact wall layering with normal muscularis/mucosa ratio. Mild segmental hyperechoic mucosal speckling was present. The lumen of

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PATIENT

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the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.26 cm – 0.27 cm.

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

SPECIES

Feline

Pancreas

The area of the pancreas was sonographically normal with indistinct pancreatic visualization owing to increased peripancreatic omental artifact.

BREED

DSH

Free Abdomen

Moderate to significant volume mildly echogenic peritoneal effusion was present. Generalized non-homogenous omentum.

SEX

MN

Mid to left abdomen mildly enlarged to non-homogenous irregular omental mass lesion vs lymphadenopathy measuring 3.0 by 2.5 cm was present.

ULTRASONOGRAPHIC FINDINGS

AGE

12yr

Primary

- Non-congested liver
- Age related renal changes
- Moderate to significant volume echogenic peritoneal effusion
- Generalized non-homogeneous omentum with mid abdomen non-homogenous omental mass vs lymphadenopathy
- Overall sonographically unremarkable GI tract with mild non-specific intestinal mucosal speckling

WEIGHT

21.6lb

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Meghan Morse

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.

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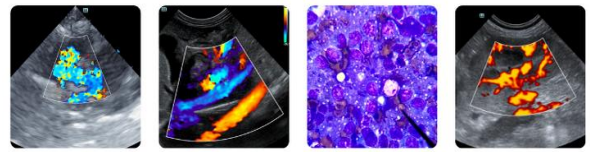
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Correlation with pending lab work is recommended.

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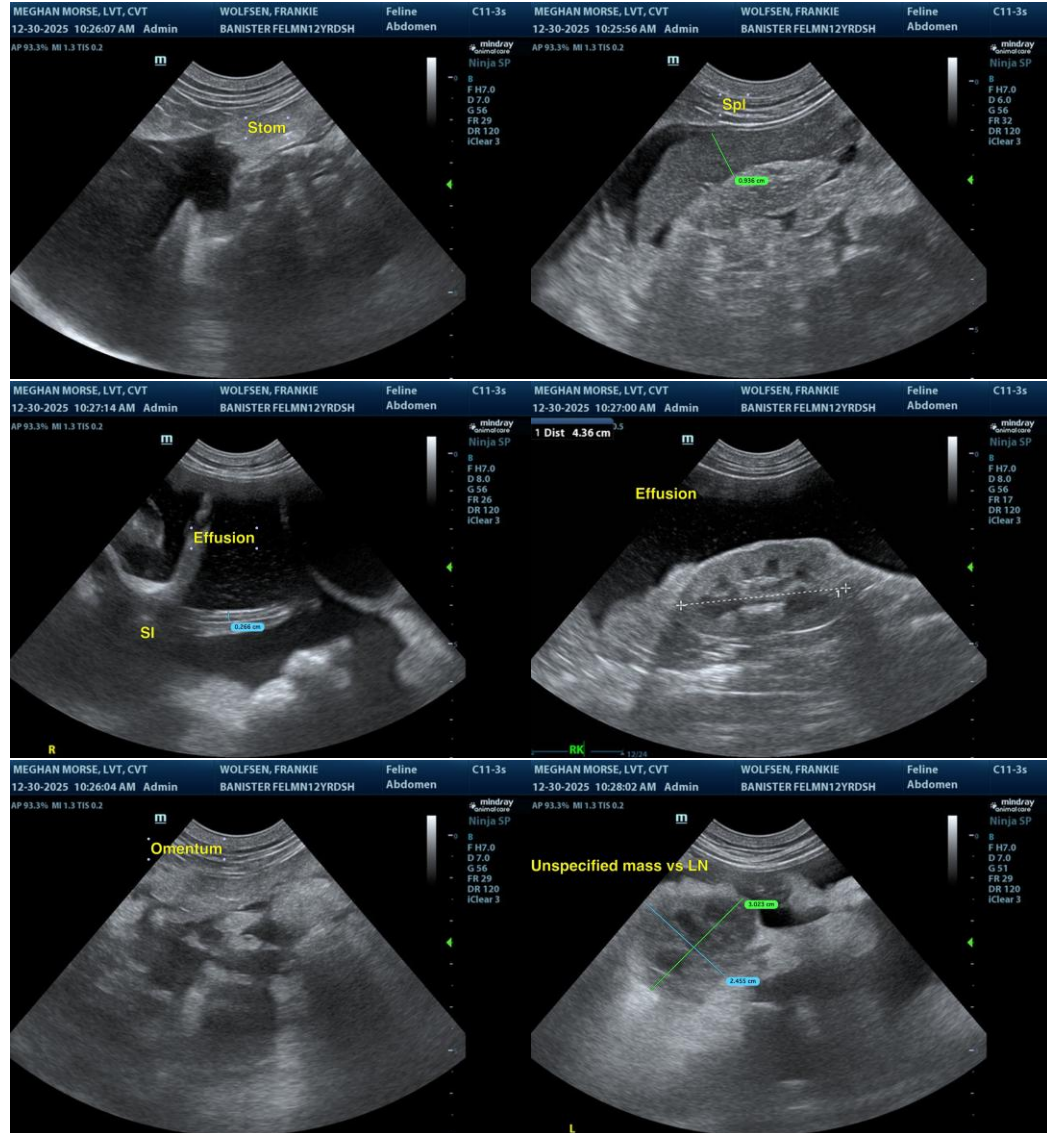
Dr Banister

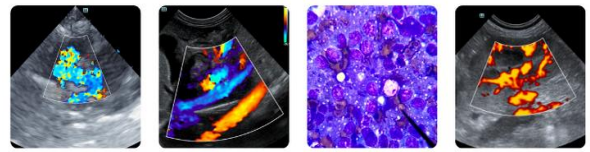
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SPECIES

Feline

BREED

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SEX

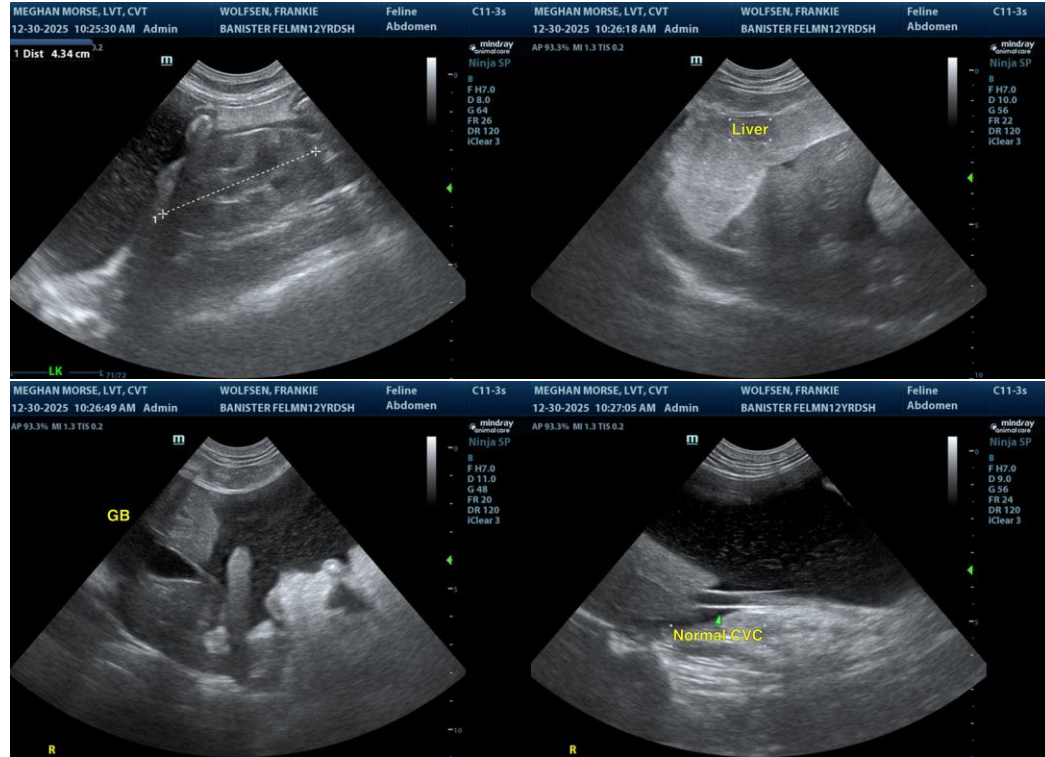
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AGE

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WEIGHT

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 DVM, DABVP
 (Canine and Feline)

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.

IMAGING PERFORMED BY

Meghan Morse

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