



PATIENT

Aibileen Lash

SPECIES

Feline

BREED

Feline

SEX

Female Spayed

AGE

12y

WEIGHT

3 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Highland VH

REFERRING VET

Rachel Poet, DVM

INVOICE

13196

DATE

2/11/26

PRESENTING CLINICAL SIGNS

History:

- Reported coughing x 1 month
- Dyspnea x 1 week
- Weight loss— was 4.3 kg 3 years ago
- Patient was started on 2 mg/kg lasix PO

Abnormal PE/Chem/CBC/UA Results: Thin, dehydrated, tense abdomen, no heart murmur, no palpable thyroid slip, unkempt Radiographs reveal pleural effusion and ascites Blood work: pending.

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 changes 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 3.7 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left and right adrenal glands overtly normal in size, position and shape. The left adrenal gland measured 0.52 cm. The right adrenal gland measured 0.43 cm.

Spleen

The spleen was normal to borderline subnormal in size possibly suggestive of mild volume contraction. The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. No mass or nodules noted. 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 0.7 cm.

Liver

The liver was normal in size and contour with normal hepatic vascular volume. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal volume cranial abdomen caudal vena cava. The gallbladder was indistinctly visualized owing to contracted appearance. No evidence of gallbladder distention or post hepatic obstruction. The common bile duct was not visualized.



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Gastrointestinal

The stomach exhibited mild thickened wall with an empty lumen and mild lumen gas. Stomach wall measured 0.32 cm.

The small intestine presented mildly thickened intact wall layering most notable in the jejunum with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty to the level of the colon. Duodenum wall measured 0.26 cm, jejunum wall measured 0.28 cm, and ileocolic wall measured 0.36 cm.

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

Pancreas

The pancreas was normal in size with capsule asymmetry and heterogeneous to remodeled parenchyma.

Free Abdomen

Moderate volume echogenic peritoneal effusion and generalized non-homogenous to increased omental echogenicity. No visualized significant omental lymphadenopathy or definitive masses.

Transdiaphragmatic view of the caudal thorax revealed concurrent pleural effusion with comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

ULTRASONOGRAPHIC FINDINGS

- Non-congested liver
- Generalized mild thickened empty gastrointestinal tract
- Pancreatic remodeling
- Bicavitary effusion and mild transdiaphragmatic comet tail artifact
- Non-homogeneous omentum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no report of subnormal albumin level and without evidence of hepatic congestion which may suggest a cardiogenic component to the bicavitary effusion. No evidence of significant or diffuse hepatic disease as well as significant gastrointestinal mural disease or active pancreatitis. Consideration for the bicavitary effusion may include infectious/inflammatory disease, neoplasia, i.e. carcinomatosis, lymphomatosis or similar. Less likely FIP given patient age, although not definitively excluded. A brief full echocardiogram would be ideal to definitively rule out cardiogenic effusion. Effusion analysis, cytospin cytology, +/- C/S or FIP titer/PCR recommended for further assessment and potential definitive diagnosis. Correlation with pending lab work recommended pending effusion analysis considered essential for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate to correlate with the mild thickened gastrointestinal presentation as well as assessment for evidence of pancreatitis could be considered.



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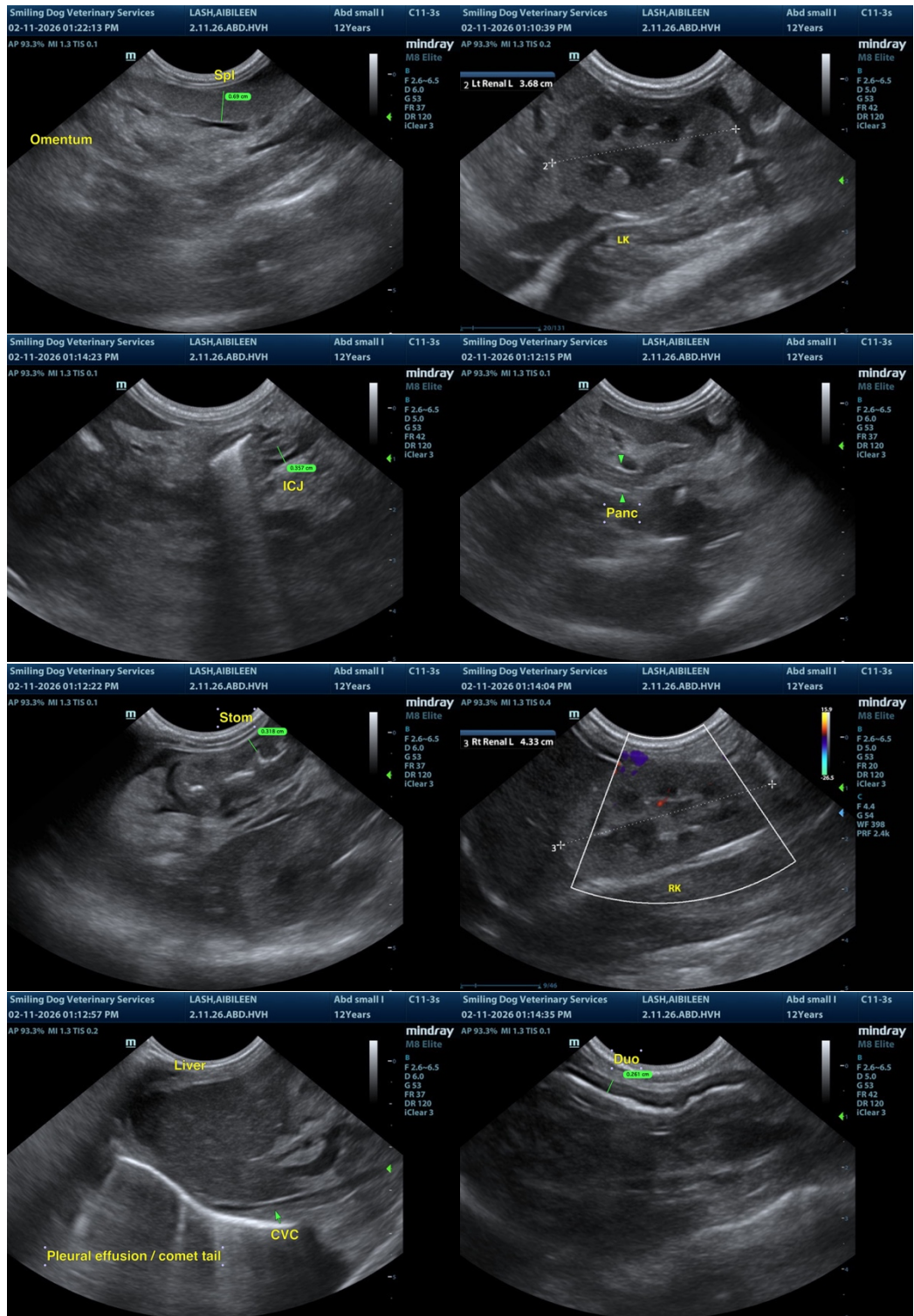
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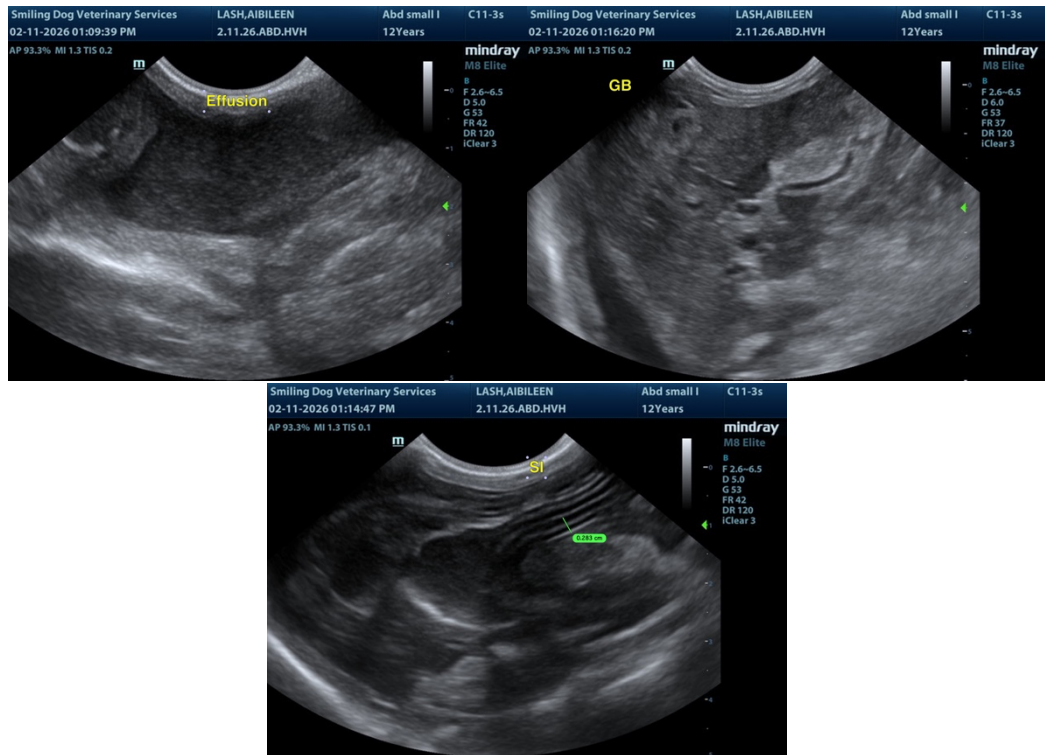
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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