



PATIENT

Millie Weiss

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years 9 Months

WEIGHT

11.7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Aaron Lucas DVM,
PhD

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

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PhD

INVOICE

13840

DATE

02/16/26

PRESENTING CLINICAL SIGNS

- Three day history of decreased appetite
- Abdominal distension noticed today

Abnormal PE/Chem/CBC/UA Results: Marked abdominal distension (Ascites) Weight loss (down 1.5 lbs from previous weight in October of 2025 following abdominocentesis) Abdominocentesis carried out prior to abdominal ultrasound due to difficulty of obtaining diagnostic images due to patient discomfort and distortion of normal location of abdominal contents). 750 ml of modified transudate removed (fluid analysis pending) Previous senior profile conducted in October 2025 was largely unremarkable. Mild elevation in BUN (38), slight elevation in AST (91), high normal total T4 (4.4). Adequately concentrated urine (1.045)

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.

Normal size and margination was 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 3.8 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size, position and shape. The left adrenal gland measured 0.40 cm width. The right adrenal gland measured 0.48 cm width.

Spleen

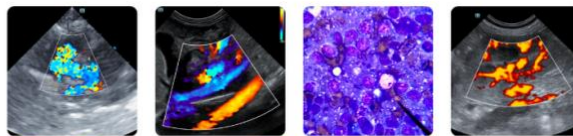
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver & 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. 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



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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 intestinal walls demonstrated intact wall layers with mildly thickened walls and intact altered 1:3 muscularis / mucosa ratio owing to propensity for thickened muscularis layer. An example of the small intestine wall measured 0.30 cm wall width.

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

Pancreas

The pancreas was indistinctly visualized owing to increased peripancreatic omental artifact. No overt evidence of significant pancreatic inflammation or masses.

Free Abdomen

No overt lymphadenopathy was present. Mild volume of echogenic peritoneal effusion was present. Mid abdomen nonhomogenous hyperechoic possibly indistinctly nodular omentum.

ULTRASONOGRAPHIC FINDINGS

- Mild volume echogenic peritoneal effusion with mid abdomen nonhomogenous hyperechoic indistinctly nodular omentum.
- Intact mildly thickened small intestine.
- Normal volume liver.
- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no evidence of hepatic congestion or significant hepatic pathology, no reported subnormal albumin level or overt evidence of significant pancreatic pathology, effusion secondary to non-specific peritonitis, with primary concern for lymphatic obstruction owing to carcinomatosis, lymphomatosis or similar is possible.

The thickened intact small intestine may indicate inflammatory neoplastic criteria, technically FIP is a potentially yet considered unlikely given patient age. Correlation with cytospin cytology +/- culture and sensitivity or FIP titers/PCR if clinically indicated is recommended. Three view chest radiographs are suggested if not done. Carcinomatosis and lymphomatosis are the primary differentials until proven otherwise.



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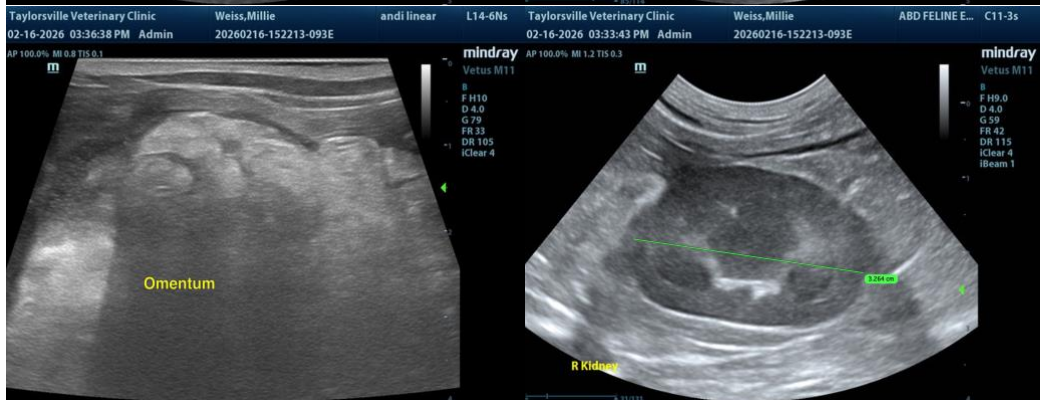
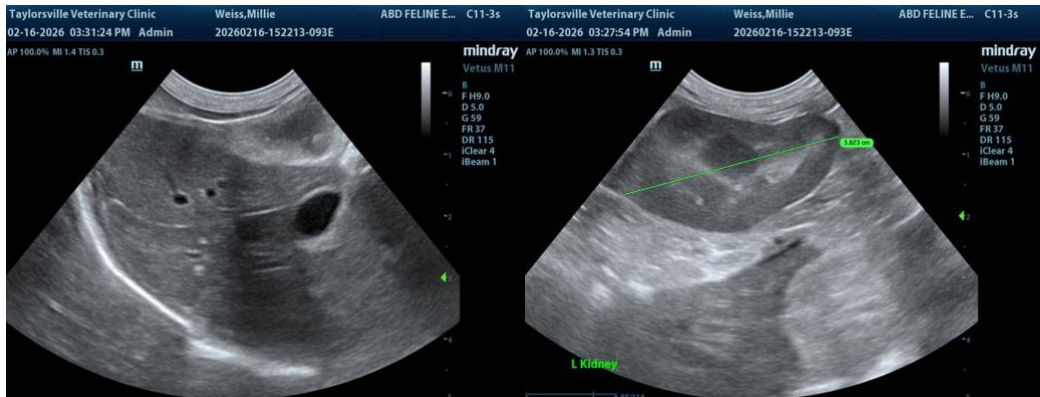
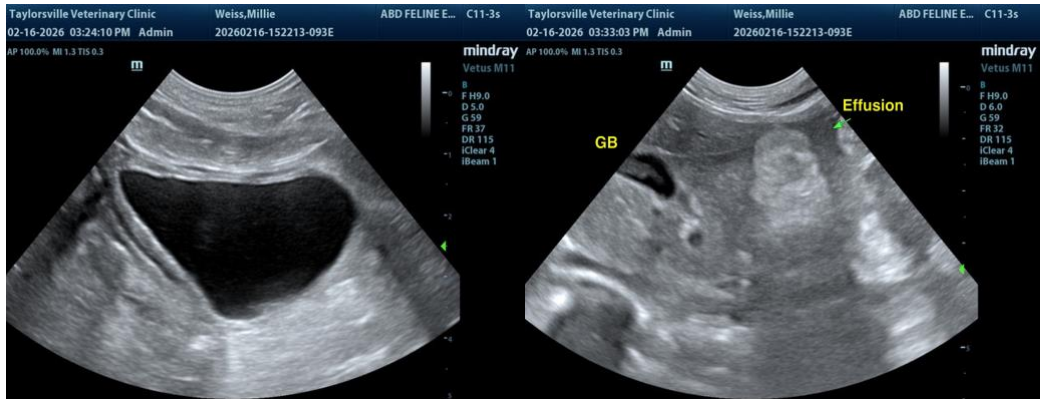
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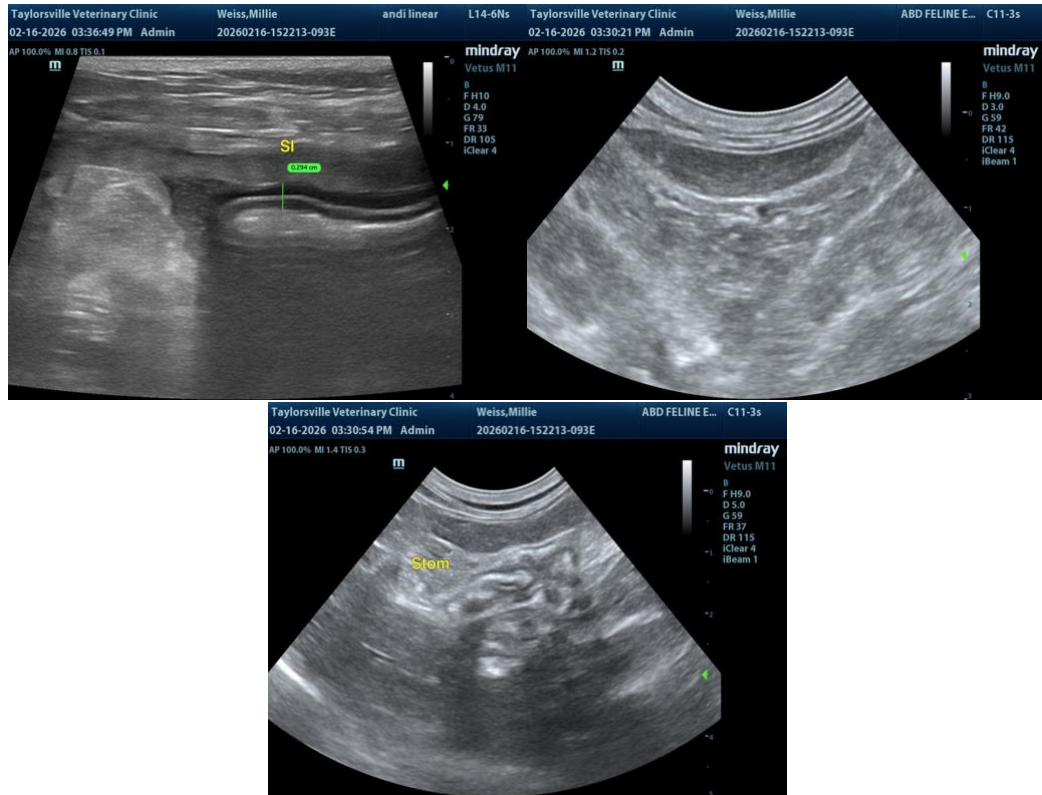
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com