



PATIENT

Domino Lange

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11y

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Fischer

INVOICE

13210

DATE

2/17/26

PRESENTING CLINICAL SIGNS

History:

- Clinical Exam Findings: weight loss, diarrhea
- ABNORMAL Lab work Values

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. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes 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 4.3 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.4 cm. The right adrenal gland subjectively measured 0.3 cm.

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.

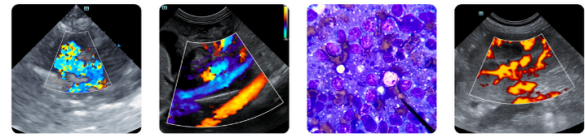
Liver

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 mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas.

The visualized segments of the small intestine presented intact wall layering with overall maintained 1:3 muscularis/mucosa ratio. Borderline thickened intestinal segments measured 0.25 cm width. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



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

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Pancreas

SPECIES

The left pancreas was prominent in size with capsule asymmetry and non-homogenous, mildly hypoechoic parenchyma compared to adjacent omentum.

Feline

Free Abdomen

BREED

Indistinct non-homogeneous caudal abdomen mass was present measuring 4.2 cm x 3.0 cm.

DSH

Generalized non-homogeneous to hyperechoic omentum and mild volume echogenic peritoneal effusion. Unspecified non-homogeneous hypoechoic omental nodule vs lymph node caudal abdomen ventral to the urinary bladder measuring 1.7 cm in diameter.

SEX

Male Neutered

PRIMARY FINDINGS

AGE

- Indistinct caudal abdomen mass
- Unspecified hypoechoic non-homogeneous caudal abdomen omental nodule vs lymph node adjacent to urinary bladder
- Overtly normal visualized gastrointestinal tract exhibiting borderline thickened segmental intestinal wall and semi-formed fecal matter in colon
- Chronic active pancreatitis pattern with remodeling

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SECONDARY FINDINGS

INTERPRETED BY

- Mild age-related renal changes
- Non-congested liver with mild gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further clarification, primary concern for unspecified neoplasia, i.e. carcinomatosis, lymphomatosis or similar vs nonspecific peritonitis is warranted. Technically FIP is a potential yet considered less likely given age of the patient. Further assessment may include, assuming normal clotting stats, indistinct mass FNA cytology as well as effusion analysis cytology, C/S or FIP titer/PCR. Definitive gastroenterocolic mural pathology was not overtly visualized yet potentially obscured by increased perienterocolic artifact. A GI panel to include PLI/TLI/Cobalamin/Folate and 3-view chest radiographs for further clarification could be considered.

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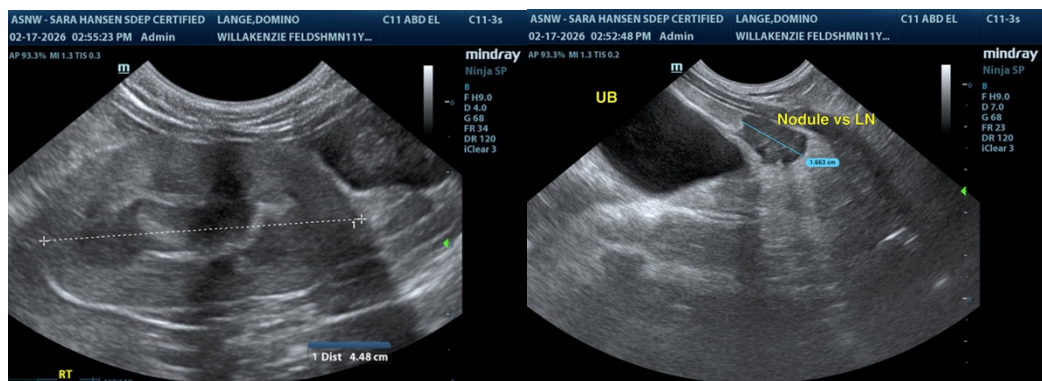
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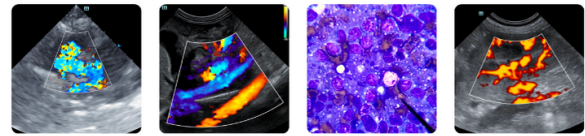
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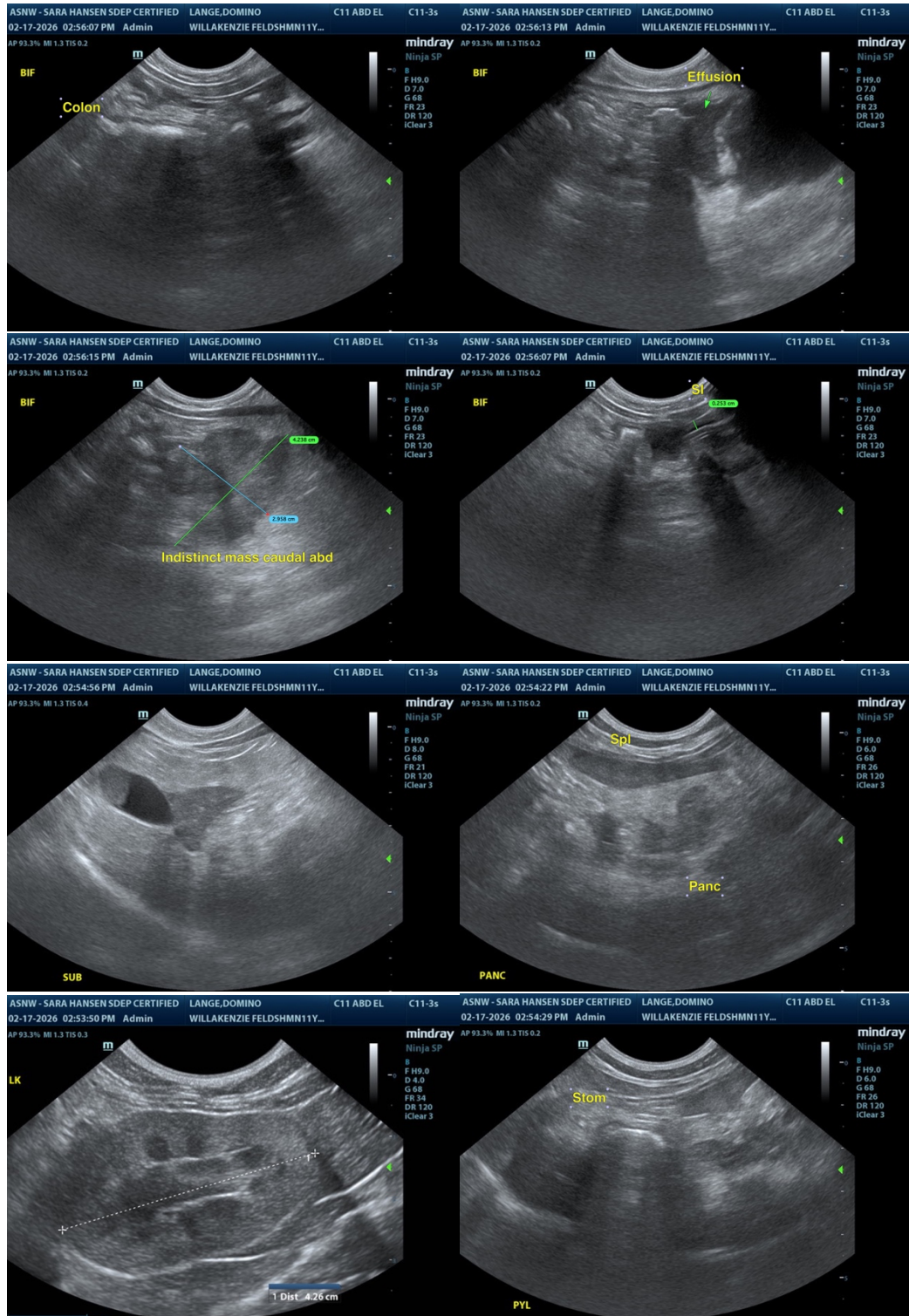
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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