



PATIENT

Willow Yuill

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5yr

WEIGHT

4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Omar Elsayed

INVOICE

23926

DATE

02/19/2026

PRESENTING CLINICAL SIGNS

- Presented for anorexia and acute vomiting. Lethargic. Abdominal fluid noticed on US guided cystocentesis.
- AUS recommended for further investigation of abdominal fluid.

Abnormal PE/Chem/CBC/UA Results: PE: Small size subcutaneous mass on caudal abdomen. BW: LOW CREA and BUN; mild increase in ALKP CBC and remaining chem WNL (low normal HCT). Abdominal fluid cytology results pending: Fluid clear, light yellow.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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. A intermittent hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.43 cm width. The right adrenal gland measured 0.53 cm width.

Spleen

The spleen was mildly enlarged with symmetrical contour and primarily homogenous parenchyma. An expansive non-homogenous hypoechoic perihilar splenic nodule to possible perisplenic omental nodule measuring 1.4 cm in diameter was present

Liver/Gallbladder

Generalized hepatomegaly with symmetrical rounded hepatic capsule contour and primarily homogenous mild increased hepatic parenchyma echogenicity. A solitary discretely non-homogenous hepatic nodule measuring 1.3 cm in diameter was present. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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 gastric body wall measured 0.25 cm in width.

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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. The small intestinal wall measured 0.21 cm in width.

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

BREED

Pancreas

DSH

The pancreas was not definitively visualized owing to increased peripancreatic omental artifact.

SEX

FS

Free Abdomen

Generalized non-homogenous omentum exhibiting potential ventral omental vs body wall non-homogenous hypoechoic nodule measuring 1.5 cm in diameter.

Moderate volume mildly echogenic peritoneal effusion.

AGE

5yr

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral non-specific renal medullary rim
- Mild splenomegaly exhibiting perihilar splenic vs omental nodule
- Hepatomegaly with intraparenchymal nodule
- Overall sonographically normal empty gastrointestinal tract
- Non-homogenous omentum with ventral abdomen omental vs body wall nodule
- Peritoneal effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no reported subnormal ALB, no overt evidence of hepatic congestion, significant gastrointestinal mural pathology or significant pancreatitis in conjunction with sonographic findings, primary concern for neoplastic criteria i.e. carcinomatosis, lymphomatosis or similar is warranted with additional etiologies including FIP, non-specific peritonitis, emerging hepatopathy or non-obvious pancreatitis possible.

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Correlation with fluid analysis cytology +/- C/S and FIP titer / PCR is recommended. Assuming normal clotting status and using 25ga needle, concurrent screening hepatosplenic cytology warranted to assess primarily for neoplastic criteria. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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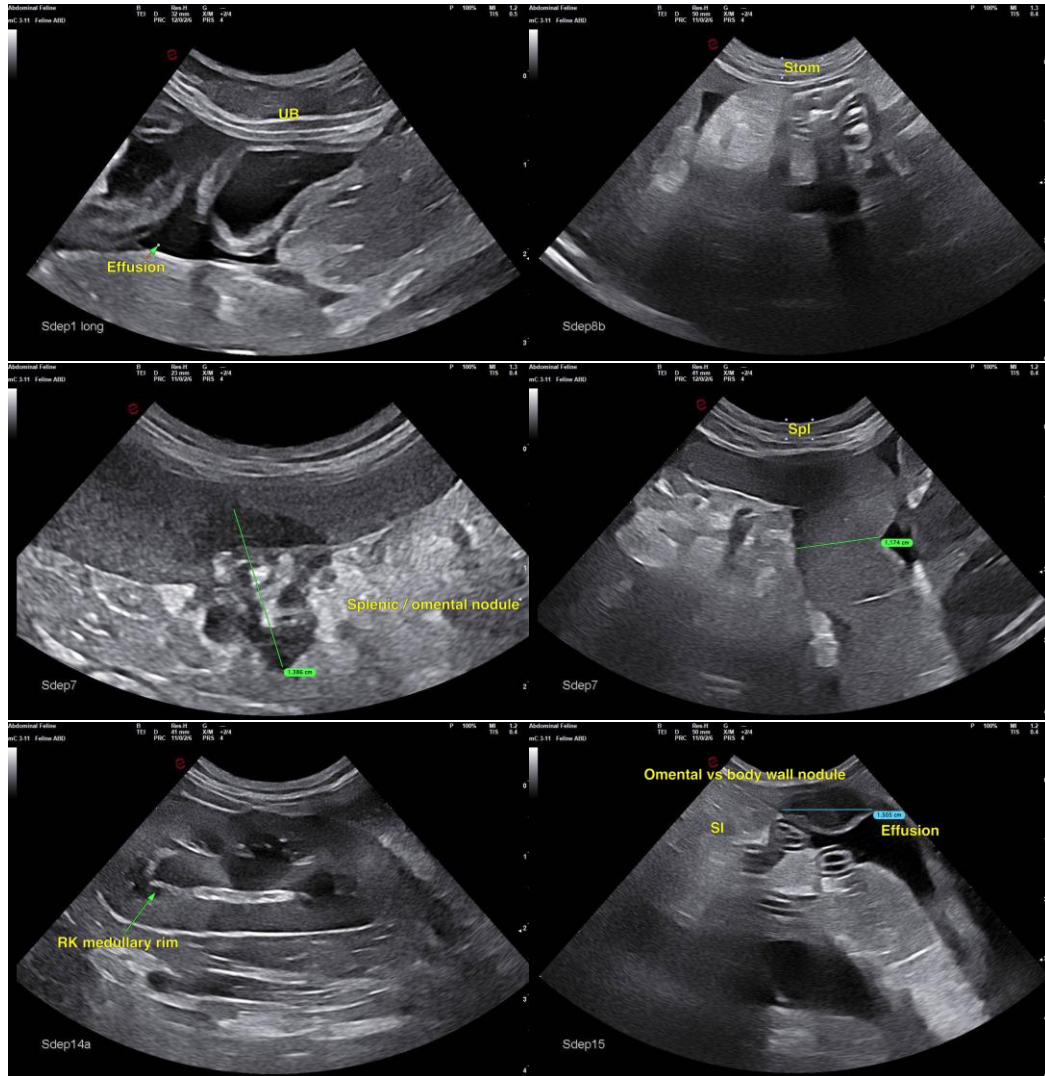
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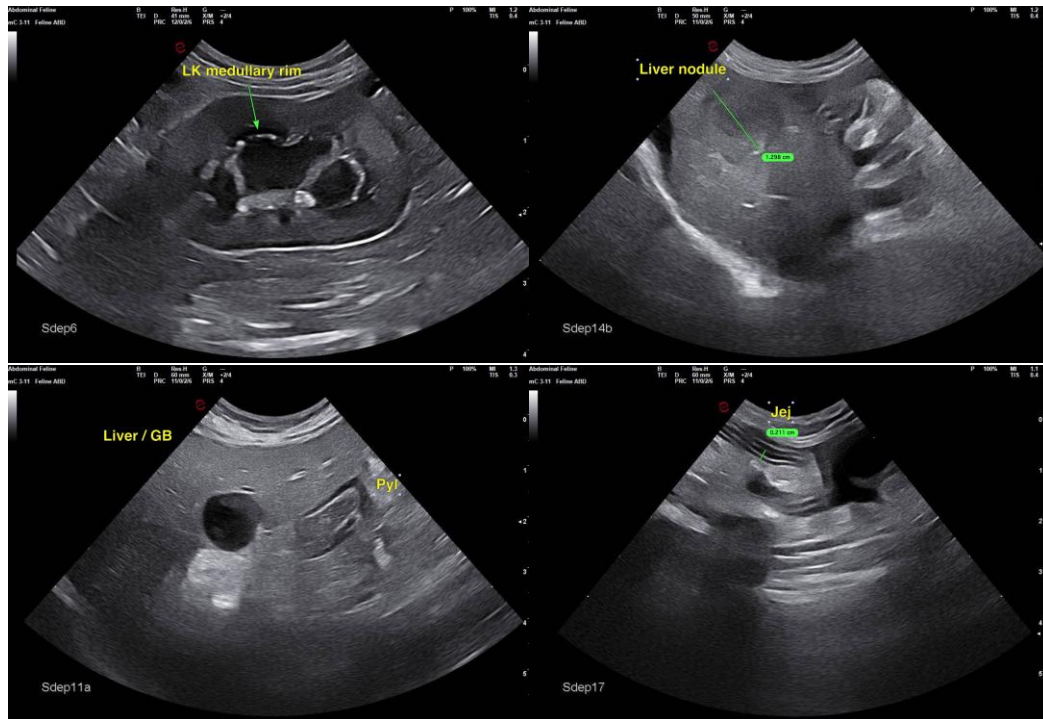
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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