



**PATIENT**

Anabelle Genther

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

10.5 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse LVT,  
CVT

**HOSPITAL NAME**

Four Paws Holistic  
Veterinary Hospital

**REFERRING VET**

Dr. Edoff

**INVOICE**

13949

**DATE**

02/24/26

**PRESENTING CLINICAL SIGNS**

- Acute onset of ascites, inappetence, constipation, marked acute abdominal distension
- Pale pink MM and lung sounds

Abnormal PE/Chem/CBC/UA Results: HCT 23 was 34, Retics 101, PLT 797, Chem WNL on 2/10/26

**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. Echogenic to particulate nondependent mild 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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

The left kidney was subnormal in size compared to the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild medullary mineral was present bilaterally. The left kidney measured 2.7 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**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 presented normal in size and contour. Homogenous mildly increased hepatic parenchyma echogenicity exhibiting 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 nonorganized biliary sludge. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

**Gastrointestinal**

The stomach presented indistinct gastric wall compared to adjacent omentum. Empty gastric lumen without evidence of gastric distention secondary to retained ingesta, fluid or foreign material.



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The visualized segments of small intestine presented intact wall layering with maintained wall layer ratio. 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 formed feces in lumen.

**Pancreas**

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

**Free Abdomen**

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No visualized significant omental lymphadenopathy was present. A moderate volume of mildly echogenic peritoneal effusion with mid abdomen nonhomogenous subtle nodular omentum with potential for indistinct to ill-defined nonhomogenous omental mass measuring approximately 7.0 cm in diameter.

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**ULTRASONOGRAPHIC FINDINGS**

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- Mildly echogenic peritoneal effusion.
- Nonhomogenous subtle nodular omentum, potential for indistinct nonhomogenous omental mass.
- Noncongested mildly echogenic liver.
- Mild gallbladder debris with nonobstructive proximal common bile duct dilation- possible low-grade cholangitis.
- Chronic renal changes exhibiting mild medullary mineral and subnormal left kidney size.
- Overtly normal gastrointestinal tract with indistinct gastric wall compared to adjacent omentum.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid, no evidence of passive congestion with hepatic vasculature or vena cava or significant, diffuse hepatic disease as well as no evidence of intestinal mural disease or other pathology that would be responsible for an effusion of this nature, lymphatic obstruction owing to carcinomatosis and lymphomatosis or similar is of primary concern.

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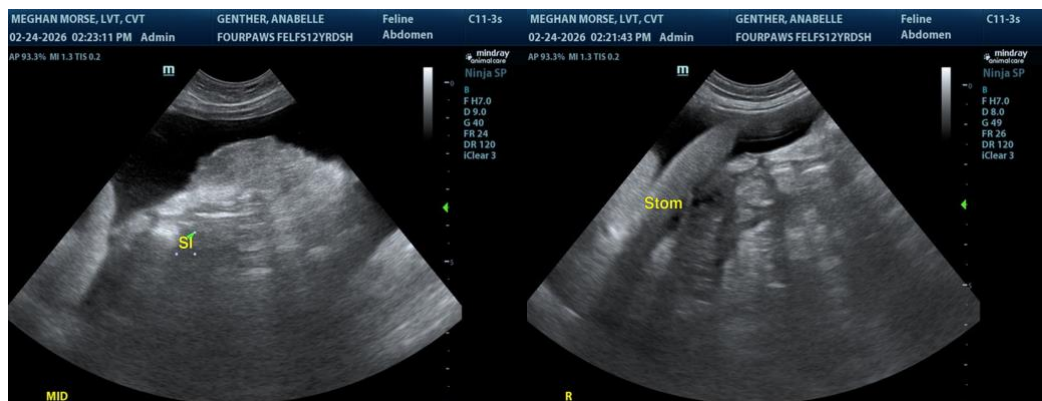
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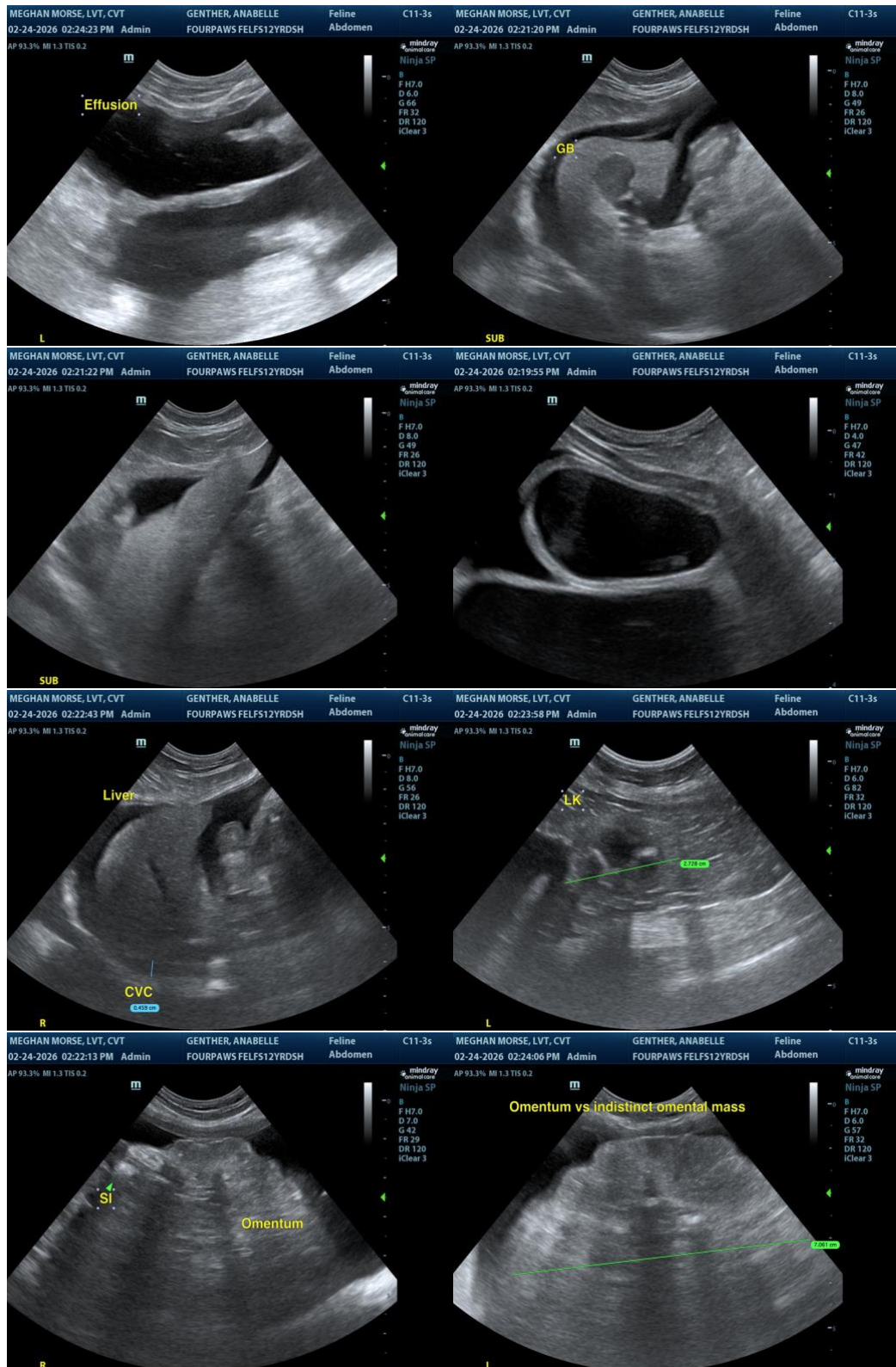
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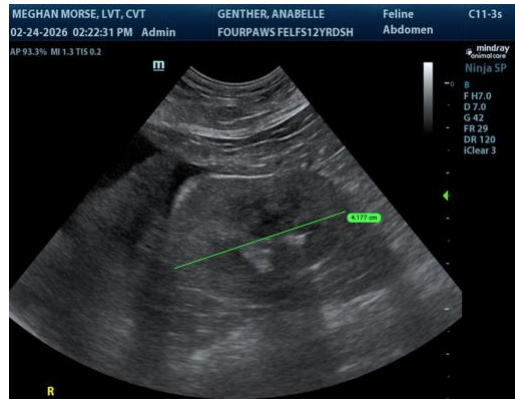
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)