



PATIENT

Finn Ashizawa

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

36004

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- The patient was presented to the hospital for a tumor in the center of the abdomen that is about 5.5 cm by 5.5 cm with ascites.
- Abnormal PE/Chem/CBC/UA Results: Currently pending a fine needle aspiration cytology.

** Submitted study contained 25 still images and 3 videos for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

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 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 interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.7 cm. The right kidney measured 4.3 cm.

Adrenal Glands

No obvious visualized pathology in the area of the left or right adrenal glands.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Subtle hyperechoic non-capsule-deforming nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen was normal in size, measuring 0.94 cm in width. A nodule measured 0.3 cm in diameter.

Liver

The liver revealed subjective mild hepatomegaly with normal vascular volume. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture.

The gallbladder was indistinctly visualized and contracted in appearance with possible mild thickened edematous gallbladder wall. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented normal intact visible wall, measuring 0.2 cm in wall width. The stomach contained moderate retained anechoic fluid and nonshadowing ingesta/chyme.

The small intestine exhibited potential for intact thickened wall and mild altered wall layer ratio owing to potential thickened muscularis layer. The small intestinal wall possibly measured 0.38 cm wall width.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

A moderately sized mild nonhomogenous mid abdomen mass was noted, measuring approximately 6.0 cm in diameter. Mild volume peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific abdominal mass
- Mild non-congested hepatomegaly
- Bilateral nonspecific renal medullary rim sign
- Hypomotile stomach with possible thickened intact small intestinal wall
- Mild peritoneal effusion

Secondary Findings

- Non-enlarged spleen with subtle hyperechoic nodule- suggestive of benign criteria, i.e., small myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending mass cytology is recommended. Concurrent effusion analysis, cytology, +/- culture and sensitivity or FIP titer/PCR is recommended.



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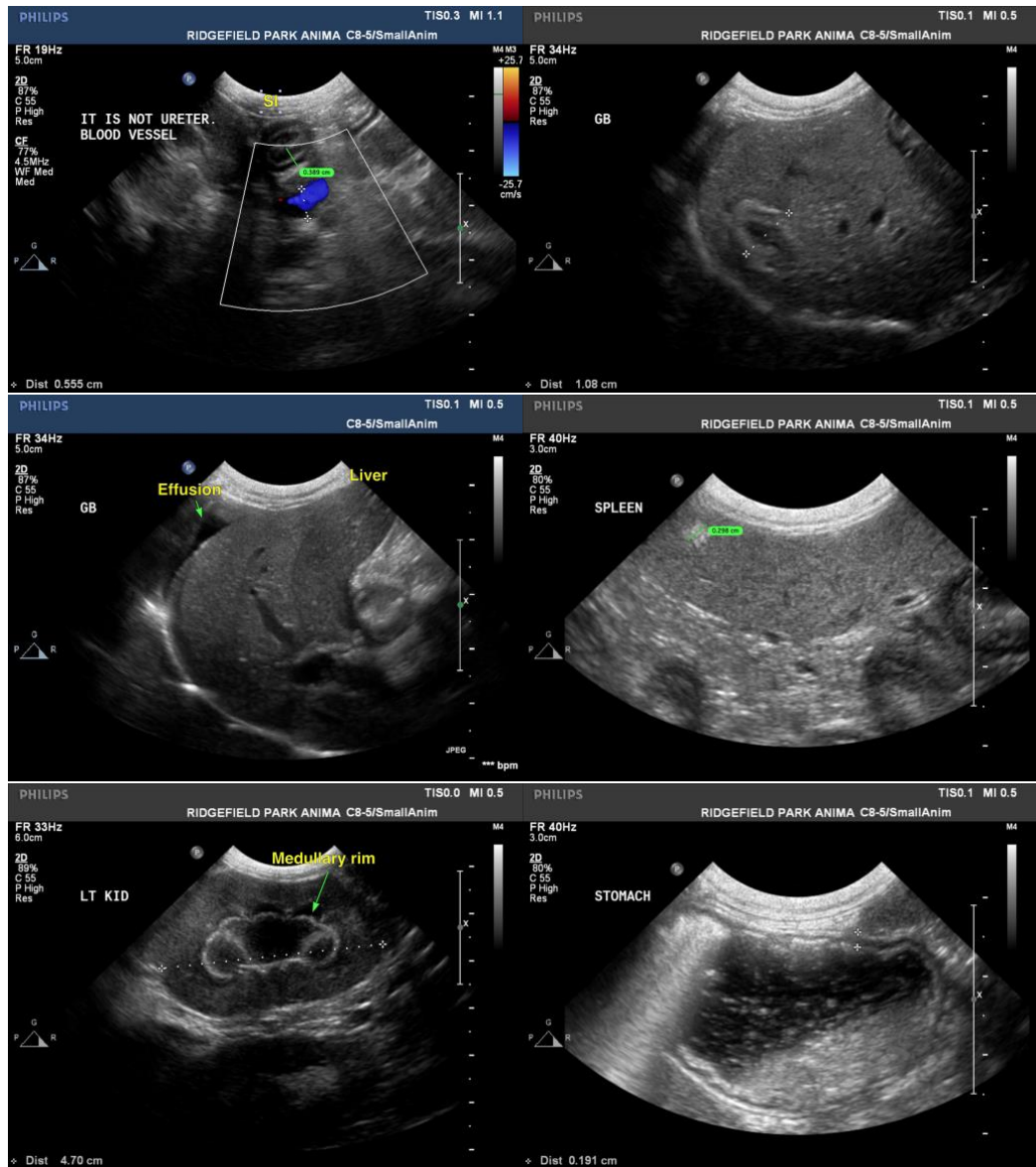
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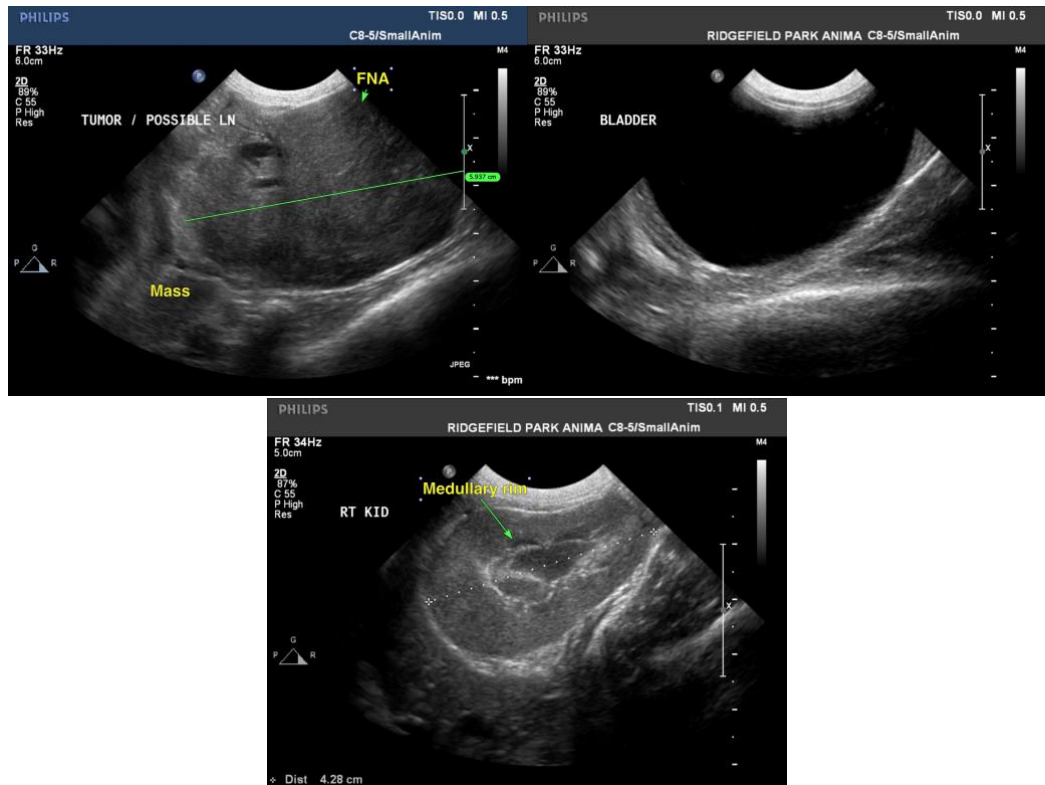
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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