



PATIENT

Louie Matos

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6.5

WEIGHT

10.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Duffield

HOSPITAL NAME

PetVue Veterinary
Sonography

REFERRING VET

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INVOICE

23756

DATE

02/03/2026

PRESENTING CLINICAL SIGNS

- P still clinically doing pretty well per o since first being diagnosed w/ low-grade CKD fall '25; o only noted distended abdomen and possibly darker than normal stool as of past few weeks. Admitting DVM start p on maint IVF, Cerenia, Unasyn earlier today (02/02).

- Abnormal PE/Chem/CBC/UA Results: Presented within past 24h for distended abdomen and mild dyspnea. Moderately pale pink oral MM, mildly increased respiratory effort, moderately distended abdomen. No murmurs/arrhythmias auscultated. USG 1.028, HCT 30%, unchanged low-grade CKD, normalbuminemia, unremarkable liver values / electrolytes. High-normal leukocytes but all WNL. As both a diagnostic and therapeutic drained 250 mL amber fluid from abdomen mid-AUS (just after scanning iliac trifurcation in SDEP protocol) in attempt to achieve better abdominal scan. In-hospital peritoneal effusion analysis - 3.6 ug/dL, poorly exfoliative (RBC, rare neutrophil and occasional large lymphocytic / suspiciously neoplastic round cell on microscopic examination)

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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 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 presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. Prominent caudal vena cava measured 0.9



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cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

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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 0.23 cm in width.

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

SEX

Pancreas

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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.

AGE

Free Abdomen

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Brief cardiac assessment revealed no overt cardiac chamber enlargement, pericardial effusion or tumors. Concurrent pleural effusion was present.

WEIGHT

Mild to moderate volume peritoneal effusion and generalized omental hyperechogenicity present.

10.2

ULTRASONOGRAPHIC FINDINGS

Primary

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- Congested liver
- Bicavitary effusion- subjective non-cardiogenic
- Normal gastrointestinal tract
- Bilateral chronic interstitial nephrosis renal pattern
- Mild urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no subnormal ALB, evidence of passive hepatic congestion without evidence of diffuse significant hepatic parenchymal disease or evidence of gastrointestinal /pancreatic /splenic disease that would be responsible for an effusion of this nature, underlying neoplastic process i.e. carcinomatosis, lymphomatosis or similar is a primary concern. Given subjective normal cardiac dimension, cardiogenic bicavitary effusion thought less likely yet given evidence of hepatic congestion, non-visualized intrathoracic pathology is of concern. Correlation with three view chest radiographs is recommended. FIP titer/ PCR on the fluid could be considered if clinically indicated.

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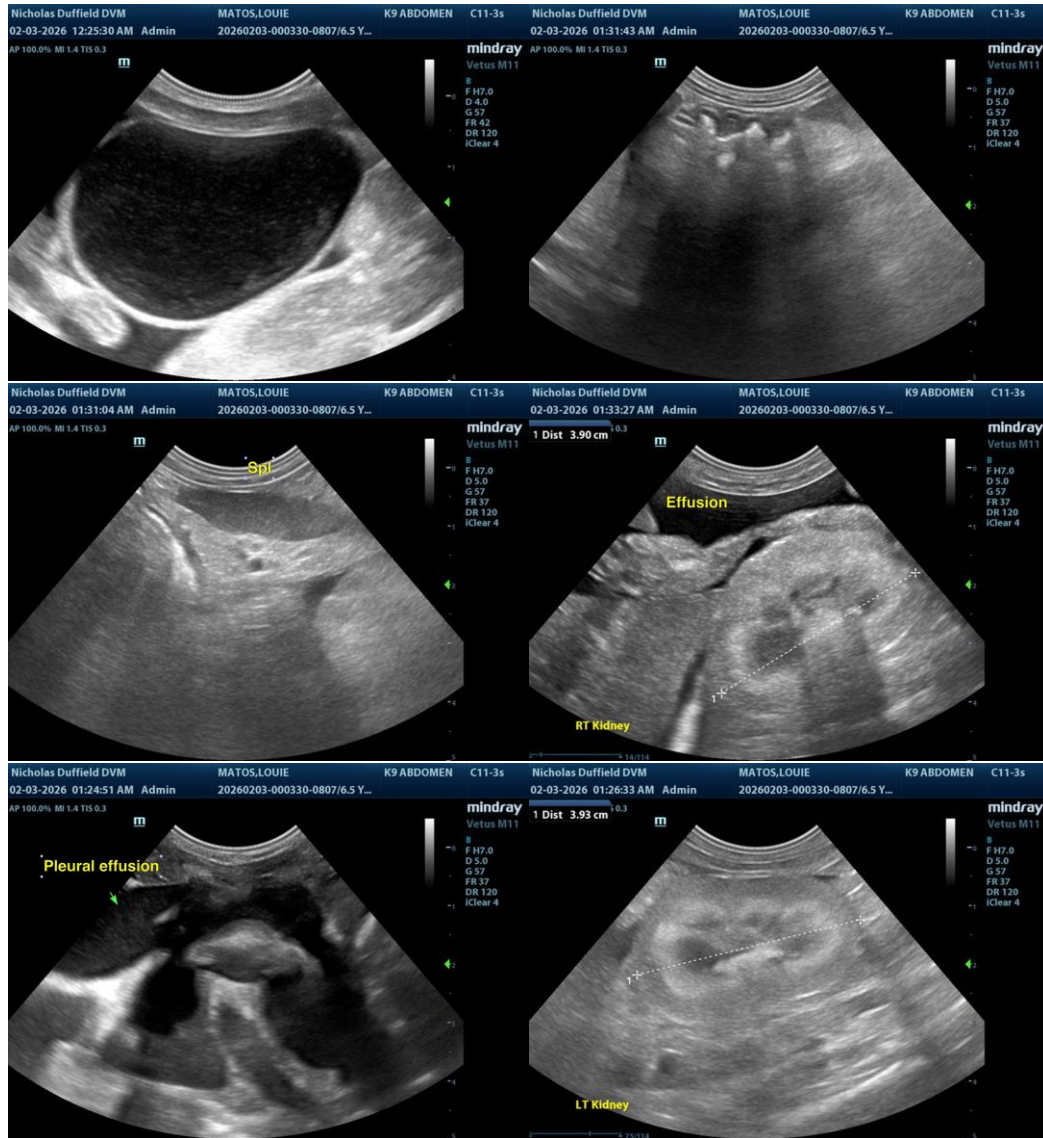
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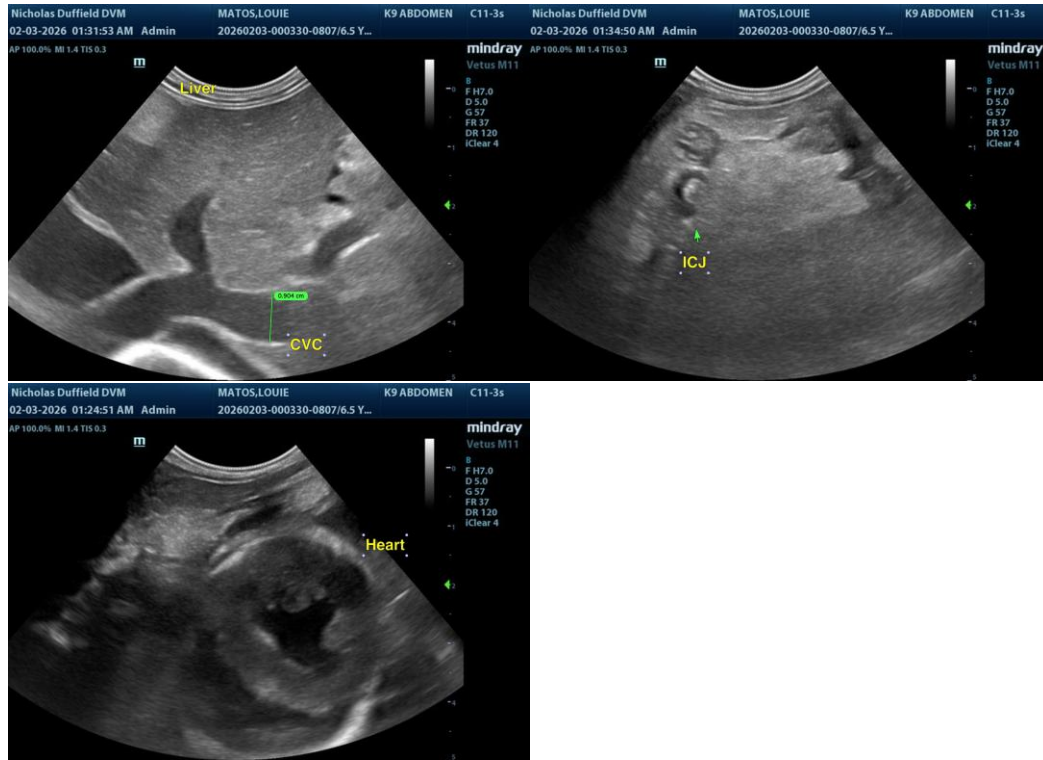
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com