



PATIENT

Jigger Zittrauer

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

17yr

WEIGHT

12

INTERPRETED BY

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

IMAGING PERFORMED BY

Trae Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Trae Cutchin

INVOICE

24251

DATE

03/18/2026

PRESENTING CLINICAL SIGNS

Diabetic, fair control, underweight, pot bellied appearance, pale mucosa

Abnormal PE/Chem/CBC/UA Results: Anemia, increased BUN, normal creatinine, hyperglycemia. Urine analysis shows mild decrease USG (1.023). Other labs still pending. Patient has ascites. Fluid is serosanguinous, highly cellular including large numbers rbc's, neutrophils, some macrophages, a few lymphocytes, one eosinophil seen. 4.6 g/dl total solids

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with normal tone and normal appearing bladder wall. The 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 were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with subjectively mildly decreased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 was markedly enlarged with asymmetrical capsule contour and non-homogenous parenchyma exhibiting multiple non-homogenous intraparenchymal masses. An example of a liver mass measured 3.1 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.

Gastrointestinal

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 borderline to mildly thickened wall. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.26 cm in width.

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

Pancreas

The generalized pancreas exhibited asymmetrical enlargement exhibiting non-homogenous hypoechoic parenchyma.

Free Abdomen

Generalized non-uniform hyperechoic omentum and moderate to significant volume peritoneal effusion.

Intermittent variably swollen to hypoechoic non-homogenous mesenteric lymph nodes with potential for indistinct lymphatic to mesenteric masses. An example of a swollen lymph node measured 2.0 by 1.5 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged non-homogenous liver with multiple liver masses
- Asymmetrically enlarged non-homogenous hypoechoic pancreas
- Variable hypoechoic to swollen mesenteric lymphadenopathy, potential for indistinct lymphatic or omental masses
- Generalized non-homogenous hyperechoic omentum and peritoneal effusion

Secondary

- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplastic criteria, i.e. carcinomatosis, lymphomatosis or similar is met. Pancreatitis as a contributing factor may be possible.

Further assessment may include assuming normal clotting status and using a 25ga needle, hepatic, accessible lymph node, +/- lymphatic mass and pancreatic FNA cytology in conjunction with effusion analysis cytology or C/S if clinically indicated is recommended. An unfavorable prognosis is indicated.



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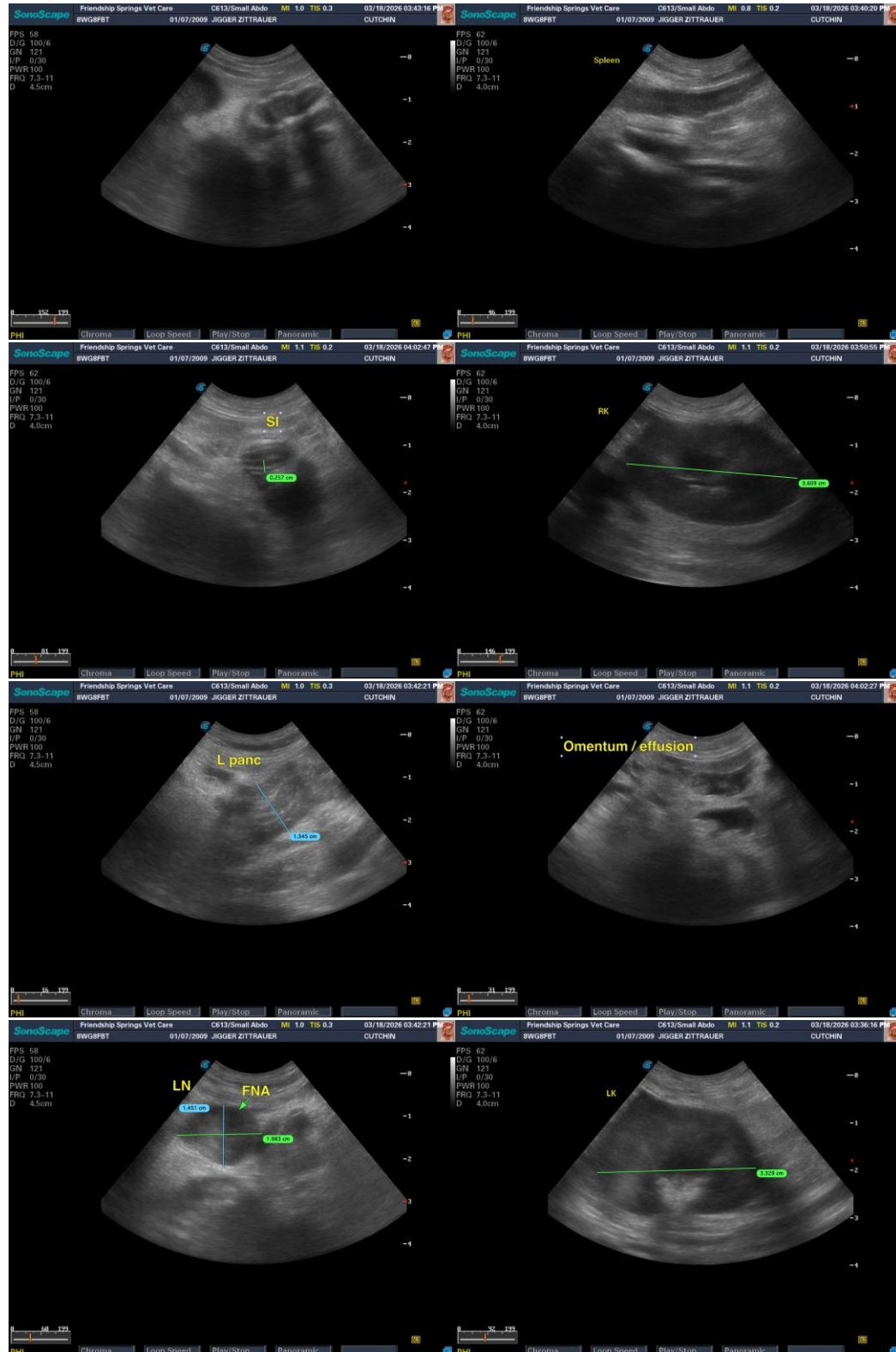
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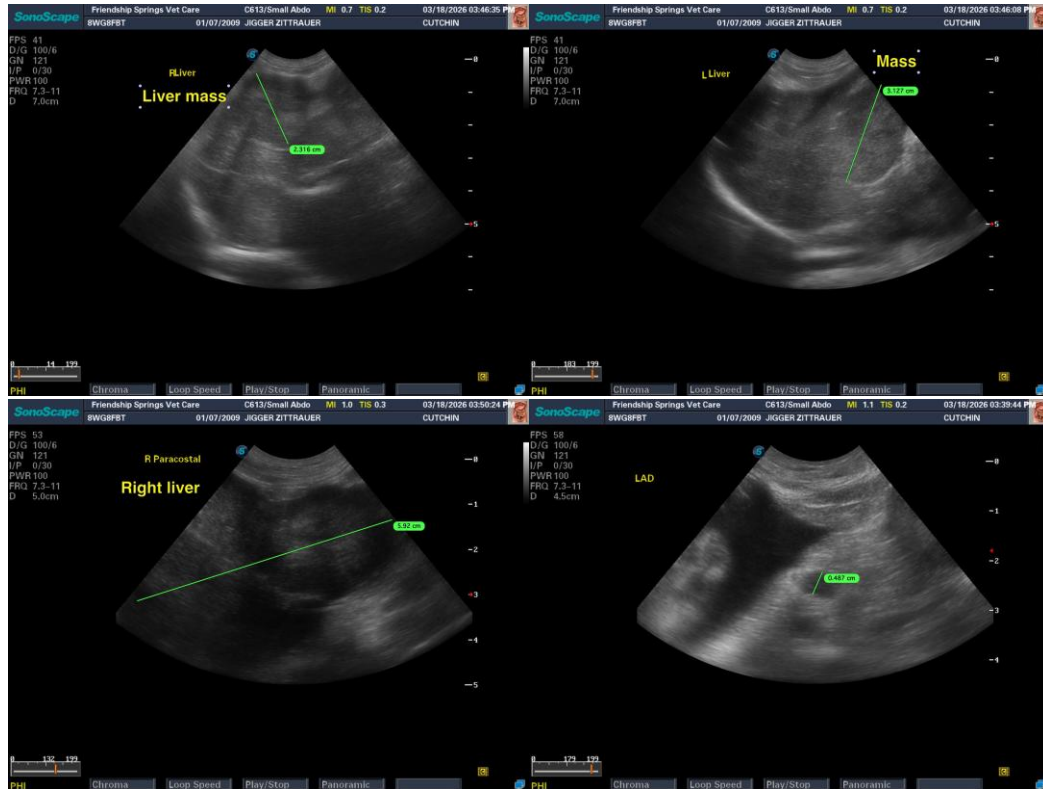
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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