



## PATIENT

Kuro Frascella

## SPECIES

Feline

## BREED

Mainecoon

## SEX

Male Neutered

## AGE

9y

## WEIGHT

9.7

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

## HOSPITAL NAME

Byram AH

## REFERRING VET

Dr. Carlos Abdul-Chani

## INVOICE

13294

## DATE

3/18/26

## PRESENTING CLINICAL SIGNS

History:

- No clinical signs. Patient admitted for body shave and lab work. During cysto mesent. LN's were noted to be enlarged. Owner ok'd full abd. U/S

Abnormal PE/Chem/CBC/UA Results: Pending.

## 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. 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.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm.

### Spleen

The spleen presented mildly enlarged in size exhibiting 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. The spleen measured 1.2 cm width level of the mid spleen.

### Liver

The liver exhibited asymmetrical hepatomegaly with concurrent asymmetrical hepatic capsule contour. Variable heterogeneous lobar hepatic parenchyma exhibiting variably sized, hyperechoic intraparenchymal nodules with an example of larger nodule measuring 2.6 cm in diameter. Normal vascular volume was present. 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**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid.

The small intestine presented intact segmental generalized mildly thickened intestinal wall exhibiting subtle altered wall layer ratio owing to propensity for minor prominent muscularis layer. Small intestinal wall measured 0.28 cm.

Normal visible colon wall layers were present with apparent semi-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**

Intermittent, enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 2.6 cm x 1.0 cm. Mild volume peritoneal effusion was present.

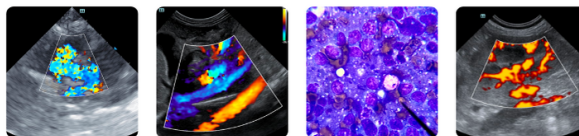
**ULTRASONOGRAPHIC FINDINGS**

- Large non-homogeneous liver with variably sized hyperechoic intraparenchymal nodules
- Mild splenomegaly
- Borderline mildly thickened intact small intestinal wall
- Intermittent mesenteric lymphadenopathy
- Mild volume peritoneal effusion

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Correlation with pending lab work and urinalysis is recommended. Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma/nodule, splenic accessible lymph node and accessible lymph node FNA cytology in conjunction with effusion analysis cytology, +/- C/S or FIP titers/PCR is recommended for further clarification.





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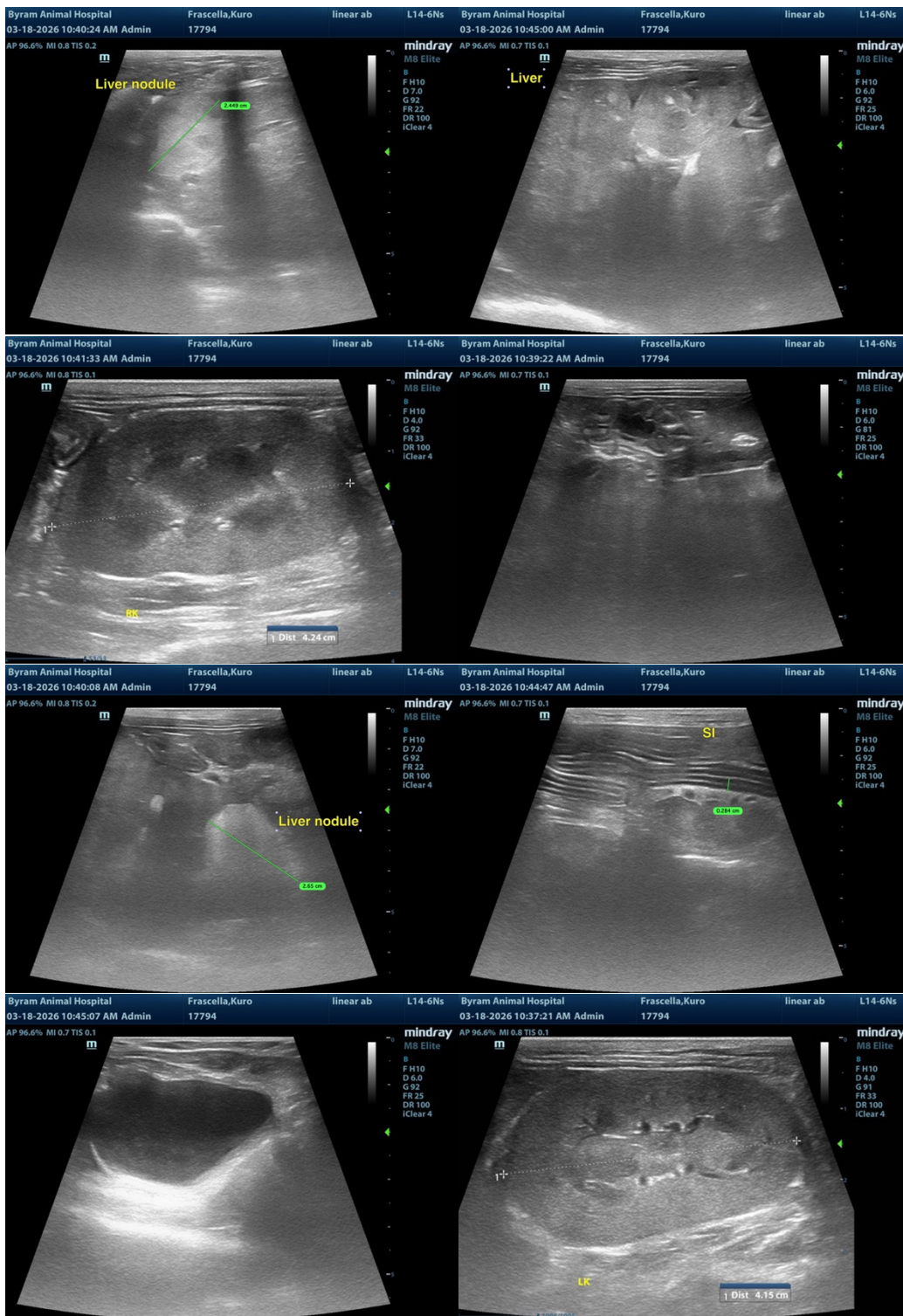
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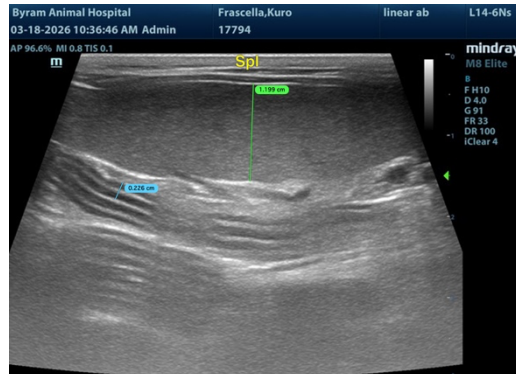
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)