PATIENT

Nala Nikolozski

SPECIES

Feline

BREED

Tabby

SEX

Spayed Female

AGE

14 Years

WEIGHT

12 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Packanack AH

REFERRING VET

Dr. Mahoney

INVOICE

36048

DATE

3/2/26

PRESENTING CLINICAL SIGNS

Ascites, anorexia, chronic wt loss, abdominal distension severe.

Abnormal PE/Chem/CBC/UA Results: TP-5.6 GGT-11 tbili-2.5 na-132 cl-100 mchc-36 wbc-32.9 neu-28.79 mono-1.60 eos-0.12 baso-0 mpv-22.5 pct-0.94

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. Mild nondependent particulate 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.

The area of the iliac trifurcation was free of pathology.

Normal size and margination was present in the kidneys. 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. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 4.0 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

The liver presented subjective borderline hepatomegaly with symmetrical contour and homogenous mild increased hepatic parenchyma, exhibiting mild coarse echotexture. Normal vascular volume was noted. No masses or nodules were visualized

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized.

Gastrointestinal

The stomach was indistinctly visualized yet exhibiting regional thickened wall, exhibiting hypoechoic mural echogenicity and loss of gastric wall layer detail. The stomach contained a mild amount of non-shadowing to progressively shadowing ingesta and gas.

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The visualized segments of small intestine exhibited intact wall layering with a borderline thickened segmental intestinal wall. No evidence of intestinal mechanical/metabolic ileus to level the colon. The small intestinal wall measured 0.30 cm.

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

Pancreas

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

Free Abdomen

Generalized non-hematogenous nodular momentum was noted. Moderate volume echogenic peritoneal effusion was noted.

Other

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse nonhomogenous nodular omentum and echogenic peritoneal effusion
- Non-congested, mildly hyperechoic liver
- Indistinctly visualized yet subjective mild thickened stomach and segmental small intestine
- Normal spleen

Secondary Findings

- Chronic renal changes
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no evidence of subject cardiomyopathy, hepatic congestion or reported sub-normal albumin levels, lymphatic obstruction owing to carcinomatosis, lymphomatosis or similar with potential intestinal involvement is a primary concern.

Abdominocentesis with effusion analysis, cytology, +/- culture and sensitivity is recommended. FIP is technically a potential yet considered less likely given patient age. Carcinomatosis, lymphomatosis or other neoplasia is the primary differential.

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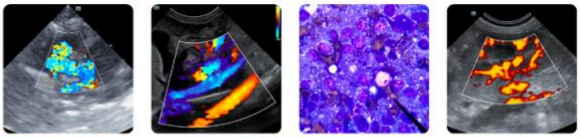

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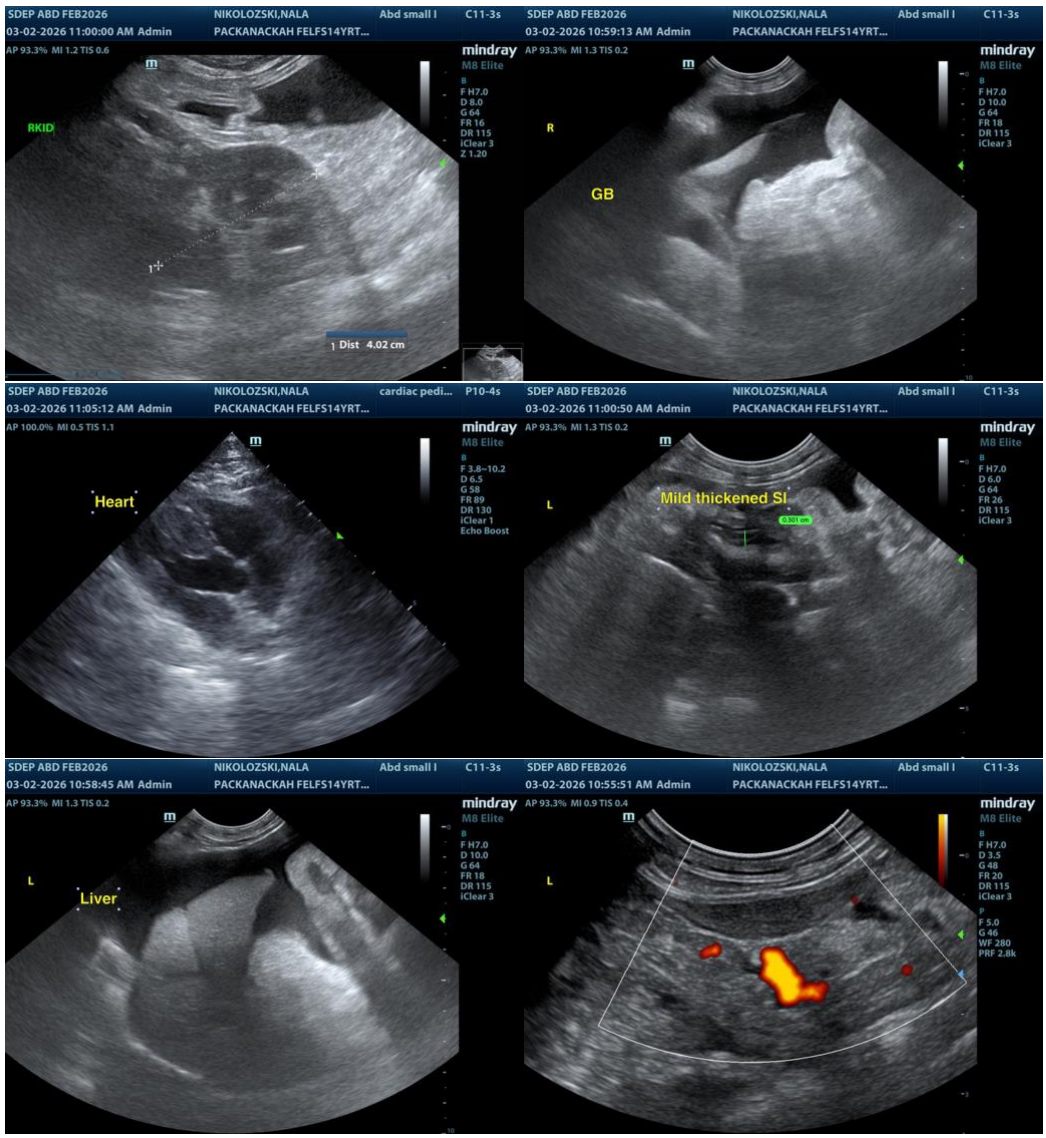

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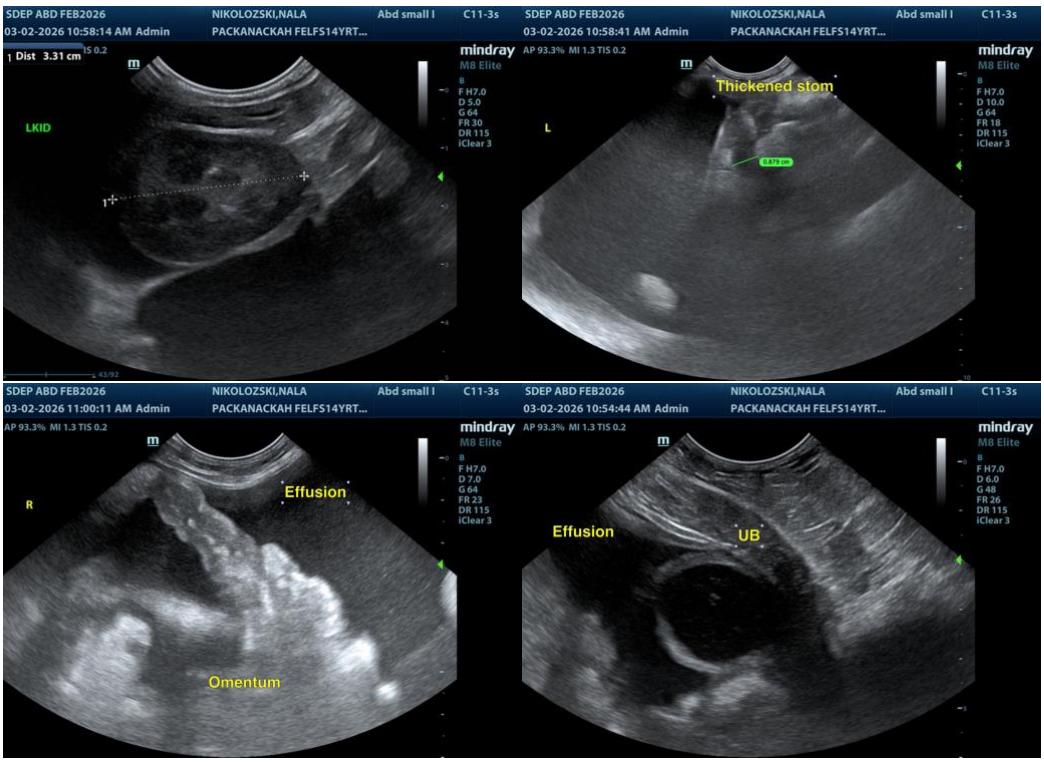

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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