



PATIENT

Ashley Kupferberg

SPECIES

Feline

BREED

Tabby

SEX

Spayed Female

AGE

14 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Midland Park
Veterinary Hospital

REFERRING VET

Dr. Shokoff

INVOICE

14490

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- Presented for vomiting and distended abd X 2-3 weeks.
- Severely distended abd. w/ ascited, Dec. BCS 3/9, Lateral nodular masses and non descript firm thickening of the lateral body walls

Abnormal PE/Chem/CBC/UA Results: ^ GGT 5, ^ Lipase 5041, Dec. HCT 26.7, ^ WBC 21.75 k/uL, ^ Neut 16.96 k/uL, ^ Monos 3.3 k/uL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with a dorsal urinary bladder mass measuring 1.7 cm x 1.4 cm. Anechoic urine was present. The urethra was normal in structure and tone to a depth of 3.0 cm.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen revealed variably sized nonhomogenous nodular changes with an example measuring 1.6 cm in diameter.

Liver & Gallbladder

The liver presented asymmetrically enlarged with multifocal nonhomogenous intraparenchymal nodules to target lesions with an example measuring 1.9 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 was indistinctly visualized with no evidence of gastric distention with retained ingesta, fluid or foreign material.

The visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

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.

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Free Abdomen

No overt lymphadenopathy was present. Diffuse nonhomogenous nodular omentum with a significant volume of echogenic peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Multicentric abdominal neoplasia consistent with carcinomatosis or similar.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with effusion analysis cytology, +/- culture and sensitivity is recommended. Technically, FIP is a potential yet considered unlikely given the patient's age. Unfortunately, poor prognosis.

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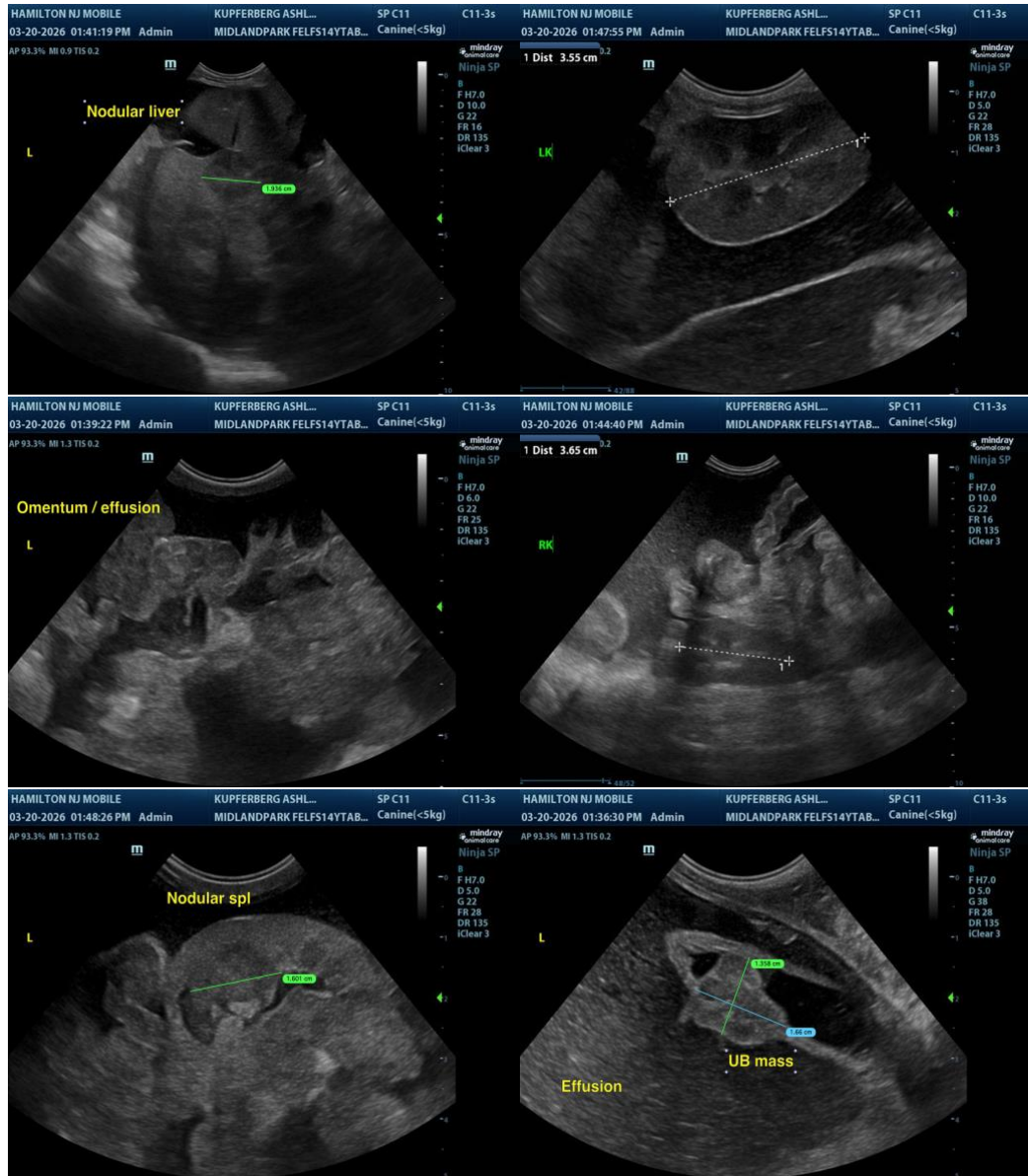
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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