



## PATIENT

Baby Zhang

## SPECIES

Feline

## BREED

DSH

## SEX

Not Provided

## AGE

13 Years

## WEIGHT

8.3 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr. Lara Cabugawan

## INVOICE

14598

## DATE

03/24/26

## PRESENTING CLINICAL SIGNS

- Presented for ongoing abdominal distention for a month. Owner stated decrease appetite, not sure for any vomiting / diarrhea has 7 other cats at home. Indoor / outdoor, not up to date on vax.

PE: LS OU, HM grade 2/-3/6, dental ds, large, distended abdomen (after abdominocentesis - diffused thickened GI tract, possible cranial abdominal mass) Abdominocentesis - serosanguineous peritoneal fluid ~ 700 ml slight cloudy / turbid.

## 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 mild urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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 3.4 cm in length. The right kidney measured 4.3 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. The spleen measured 0.95 cm width level of the mid spleen.

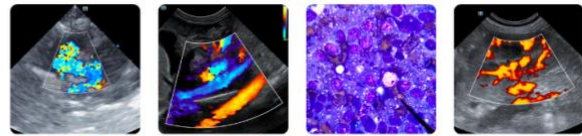
### Liver & Gallbladder

The liver presented subjective mildly enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. Mild nonobstructive gallbladder and cystic duct mineral was present.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of 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 ileus, obstruction or foreign material. No evidence of pathology at the level of the ileocolic junction.

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

### *Pancreas*

## BREED

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The pancreas base and right pancreas presented asymmetrically enlarged in size exhibiting nonhomogenous hypoechoic parenchyma with generalized nonhomogenous to nonuniform hyperechoic omentum and a moderate to significant volume of mildly echogenic peritoneal effusion.

### *Free Abdomen*

## SEX

Not Provided

No overt lymphadenopathy was present.

## ULTRASONOGRAPHIC FINDINGS

### AGE

13 Years

### Primary Findings

### WEIGHT

8.3 pounds

- Mildly enlarged noncongested liver.
- Mild nonobstructive gallbladder and cystic duct mineral.
- Asymmetrically enlarged hypoechoic pancreas.
- Normal gastrointestinal tract with nonshadowing gastric ingesta.
- Significant volume of peritoneal effusion and nonhomogenous omentum.

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### Secondary Findings

- Mild chronic renal changes.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid, no evidence of passive congestion with hepatic vasculature or vena cava or significant, diffuse hepatic disease as well as no evidence of intestinal mural disease or other pathology that would be responsible for an effusion of this nature, lymphatic obstruction owing to carcinomatosis and lymphomatosis or similar is of primary concern. Inflammatory effusion, secondary to pancreatitis is not definitively excluded yet given the degree of effusion, is thought less likely.

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Recommend abdominocentesis, rapid cytopsin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. FIP is technically a potential; therefore, FIP titers on the fluid may be considered if clinically indicated or pending fluid analysis; however, given the age of the patient FIP is less likely. Carcinomatosis, lymphomatosis are the primary differentials.

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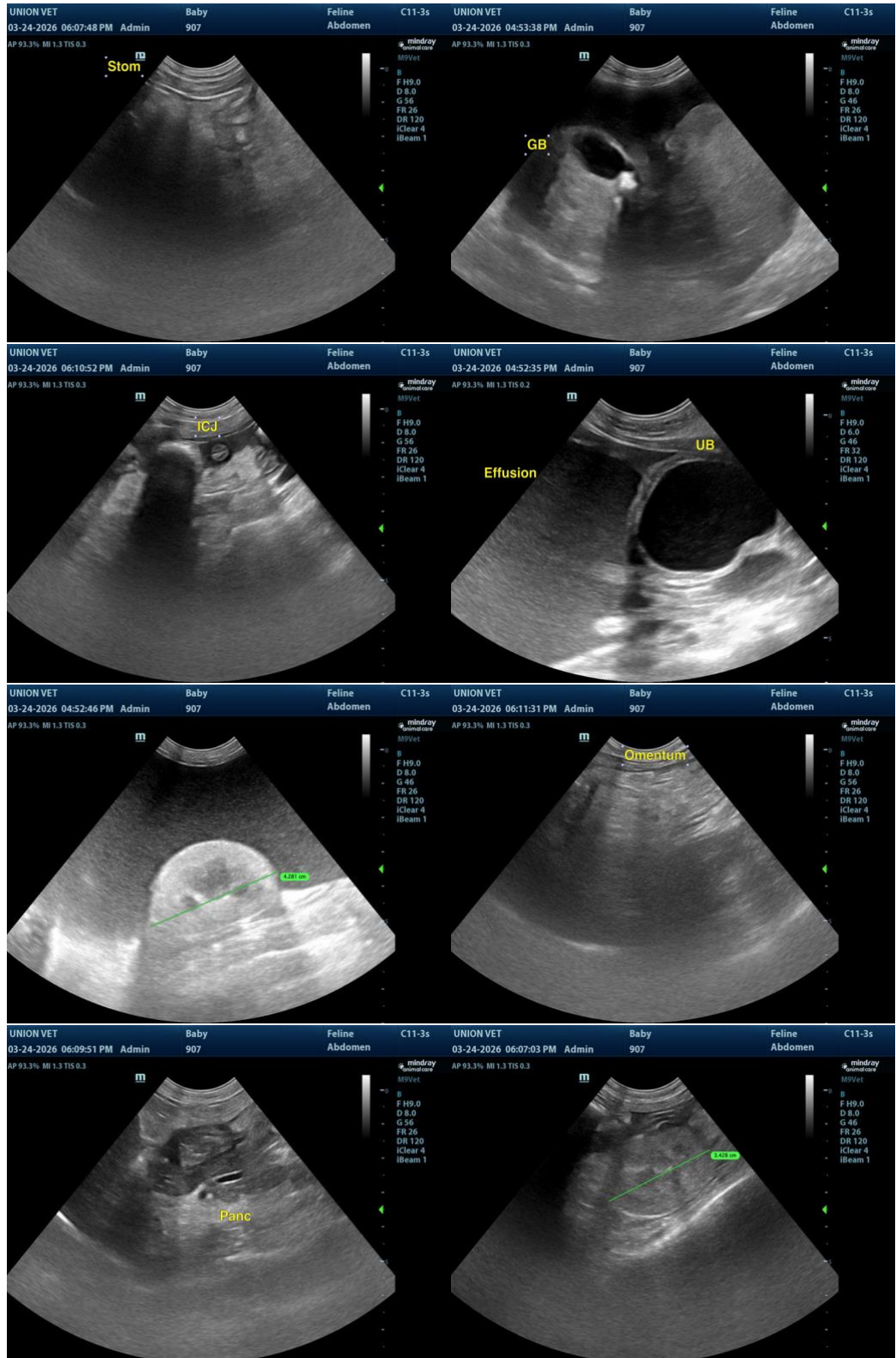
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)