



PATIENT

Charlie Michael

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14yr

WEIGHT

9.04lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Shohola Veterinary
Hospital

REFERRING VET

Dr DeMeo

INVOICE
24527

DATE
04/20/2026

PRESENTING CLINICAL SIGNS

Decreased appetite, weight loss, lethargy. First visit w us 4/17 for 2nd opinion for anorexia and lethargy, hiding, ADR. Prev vet -enlarged spleen on U/S. Current Meds: Elura, Onsior, Cerenia, Zorbium applied 4/17 (torb/midz for scan)

Abnormal PE/Chem/CBC/UA Results: SDMA 24.5; Neuts 12284

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LIMITED HEART

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 3.1 cm in length. The right kidney measured 3.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width.

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 subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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.

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

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

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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.

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Free Abdomen/Limited Heart

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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Brief subjective cardiac sonogram revealed overtly normal cardiac structure and function, and adequate LV systolic contractility. No definitive cardiac tumors or evidence of pericardial effusion. Moderate volume mildly echogenic pleural effusion was present. A definitive thoracic or pulmonary mass was not obvious in the visible window.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable abdomen with mild chronic renal changes
- Overtly/ subjectively normal cardiac structure / function
- Non-cardiogenic pleural effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of abdominal visceral pathology as a definitive cause of the patient's clinical signs or pleural effusion. Considerations for the non-cardiogenic pleural effusion may include inflammatory, infectious, or neoplastic etiologies. Technically FIP is a potential yet thought unlikely given patient age.

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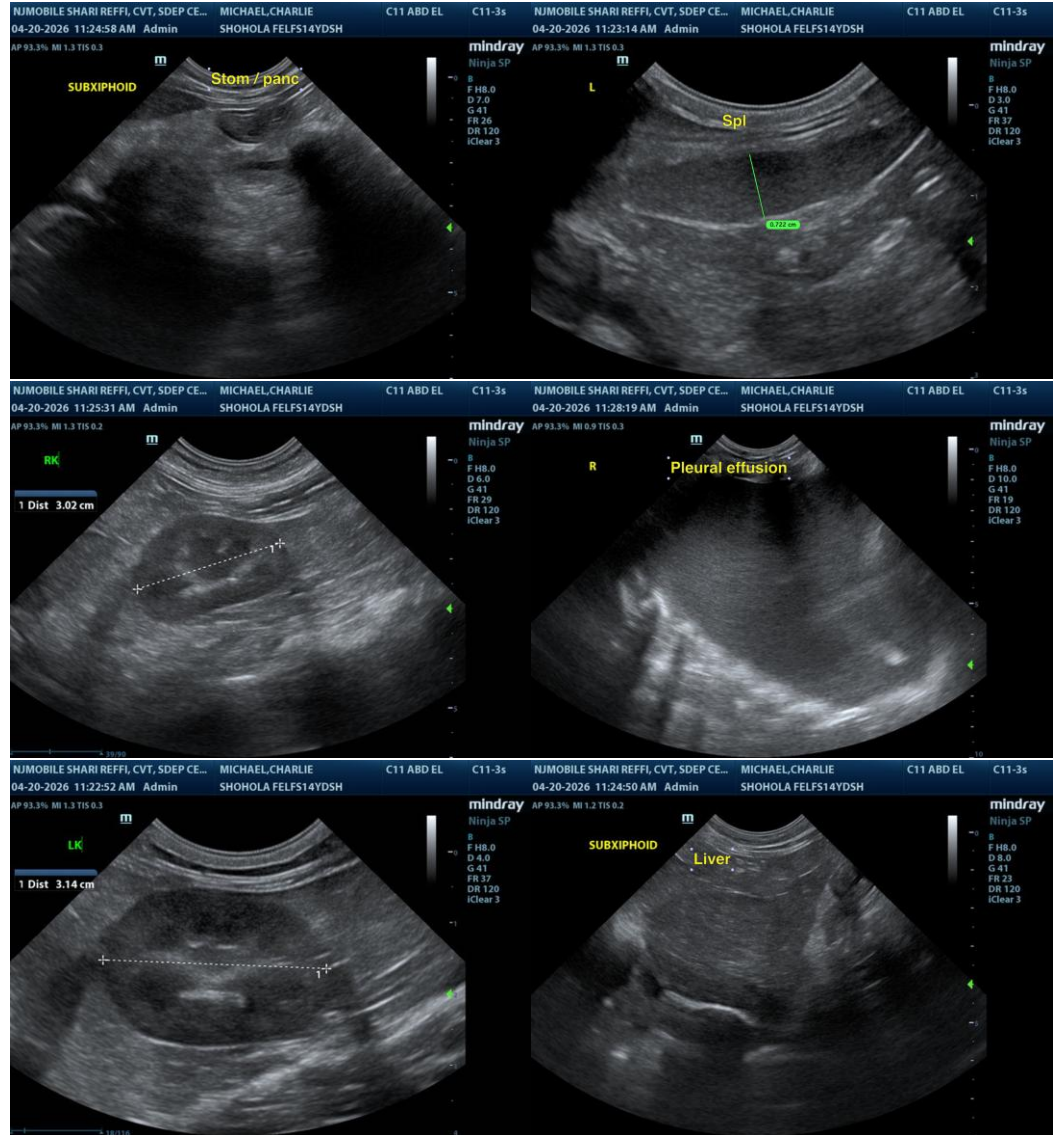
Shohola Veterinary
 Hospital

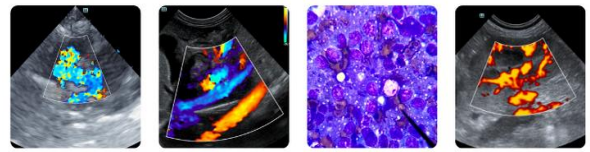
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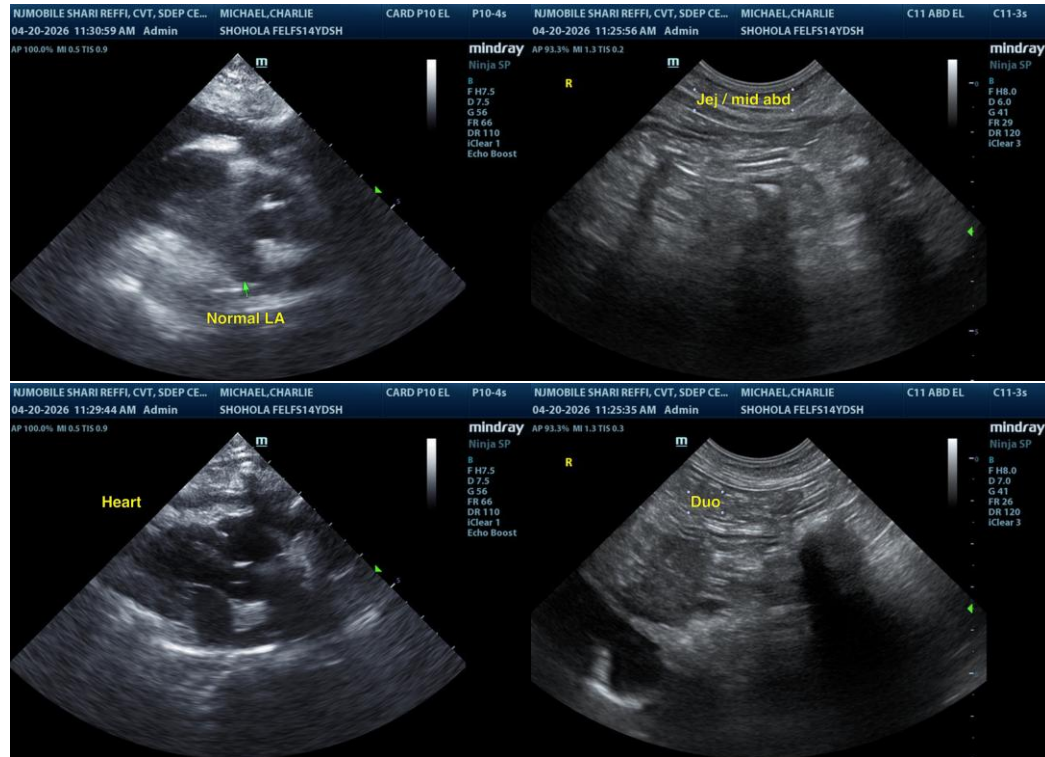
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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