



## PATIENT

Hoshi Bumpers

## SPECIES

Feline

## BREED

Bengal

## SEX

Neutered Male

## AGE

15 Years

## WEIGHT

9.9 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brandi Barry, DVM

## HOSPITAL NAME

Bluegrass Animal  
Hospital

## REFERRING VET

Alexis Haddock, DVM

## INVOICE

74608

## DATE

4/20/26

## PRESENTING CLINICAL SIGNS

Patient presented 4/17/26 with a 1 week history of not eating or drinking well. Owner has been appreciating weight loss & lethargy at home. Unable to obtain labs at initial visit due to temperament. Patient returned this morning for sedated labs and AUS. Increased respiratory effort noted on presentation; owner also observed this over the weekend.

Abnormal PE/Chem/CBC/UA Results: Cranial abdominal mass palpable on exam 4/17/26. Generalized muscle wasting and low BCS of 3-4/9 noted. A-FAST revealed a soft tissue mass and free fluid. CBC/Chem17/Lytes performed 4/20/26: HACT 31.1% (N), NEU 10.5 (H), ALKP 12 (L) Therapeutic thoracocentesis performed after AUS. 92mL of serosanguinous fluid removed from thoracic cavity. Serosanguinous fluid also sampled from abdominal cavity. RR 52 brpm on intake and 28 brpm following thoracocentesis.

## 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 non-dependent 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Right kidney measured 4.2 cm. Left kidney measured 3.6 cm.

### Adrenal Glands

No obvious pathology in the areas of the left and right adrenal glands.

### Spleen

The spleen was mildly asymmetrically enlarged. Mild non-homogeneous splenic parenchyma. No definitive masses or nodules. The spleen measured 1.3 cm in width.

### Liver

Generalized asymmetrical hepatomegaly noted, exhibiting multiple variably sized to expansive non-homogeneous intraparenchymal nodules to masses. Suspect irregular caudal expanding non-homogeneous liver mass into area of cranial abdomen and caudal to the stomach, measuring approximately 4.4 cm x 2.8 cm.

### Gastrointestinal

The stomach presented variably thickened wall with mild retained fluid. Stomach wall measured 0.32 cm. Visualized segments of small intestine exhibited intact wall layering with maintained wall layer ratio and empty intestinal lumen to the level of the colon. The visualized colon was sonographically normal.



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## Pancreas

The pancreas was not definitively visualized owing to increased peripancreatic omental artifact and suspect caudal expanding liver mass.

## Free Abdomen

Significant volume echogenic peritoneal effusion noted. Non-homogeneous, hyperechoic omentum noted.

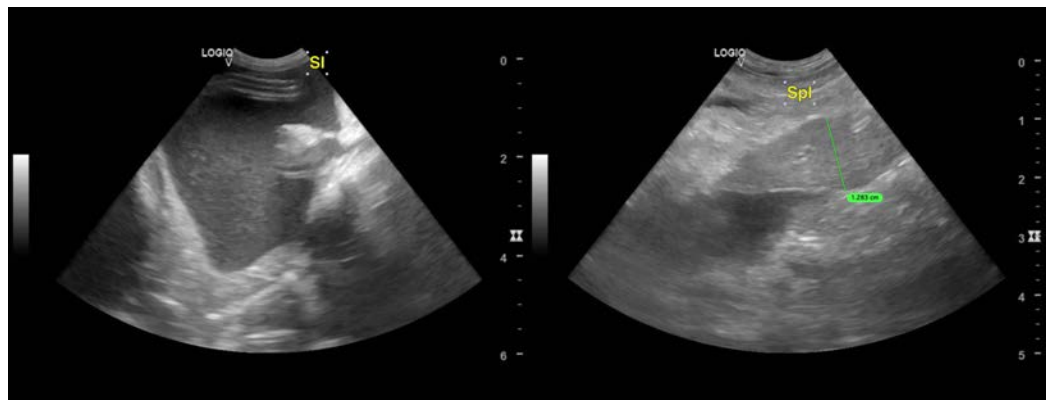
Transdiaphragmatic view of the caudal thorax revealed concurrent pleural effusion with asymmetrical non-homogeneous lung with potential areas of air entrapment.

## ULTRASONOGRAPHIC FINDINGS

- Irregular hepatomegaly with suspect caudally expanding liver mass and multiple intraparenchymal separate liver masses/nodules.
- Mild asymmetrical splenomegaly.
- Mild to variably thickened hypomotile stomach, sonographically unremarkable visualized small intestine.
- Significant volume bi-cavitary effusion, asymmetrical non-homogeneous lung and hyperechoic omentum.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An unspecified non-hepatic caudal to perigastric mass such as non-obvious pancreatic or omental mass cannot be definitively excluded. However, multicentric bicavitary neoplastic criteria is met, such as carcinomatosis, lymphomatosis, or similar. Effusion analysis and cytospin cytology, as well (assuming normal clotting status) hepatic FNA cytology using 25-gauge needle could be considered for further clarification. Curative surgical options unfortunately are precluded, indicating poor prognosis.





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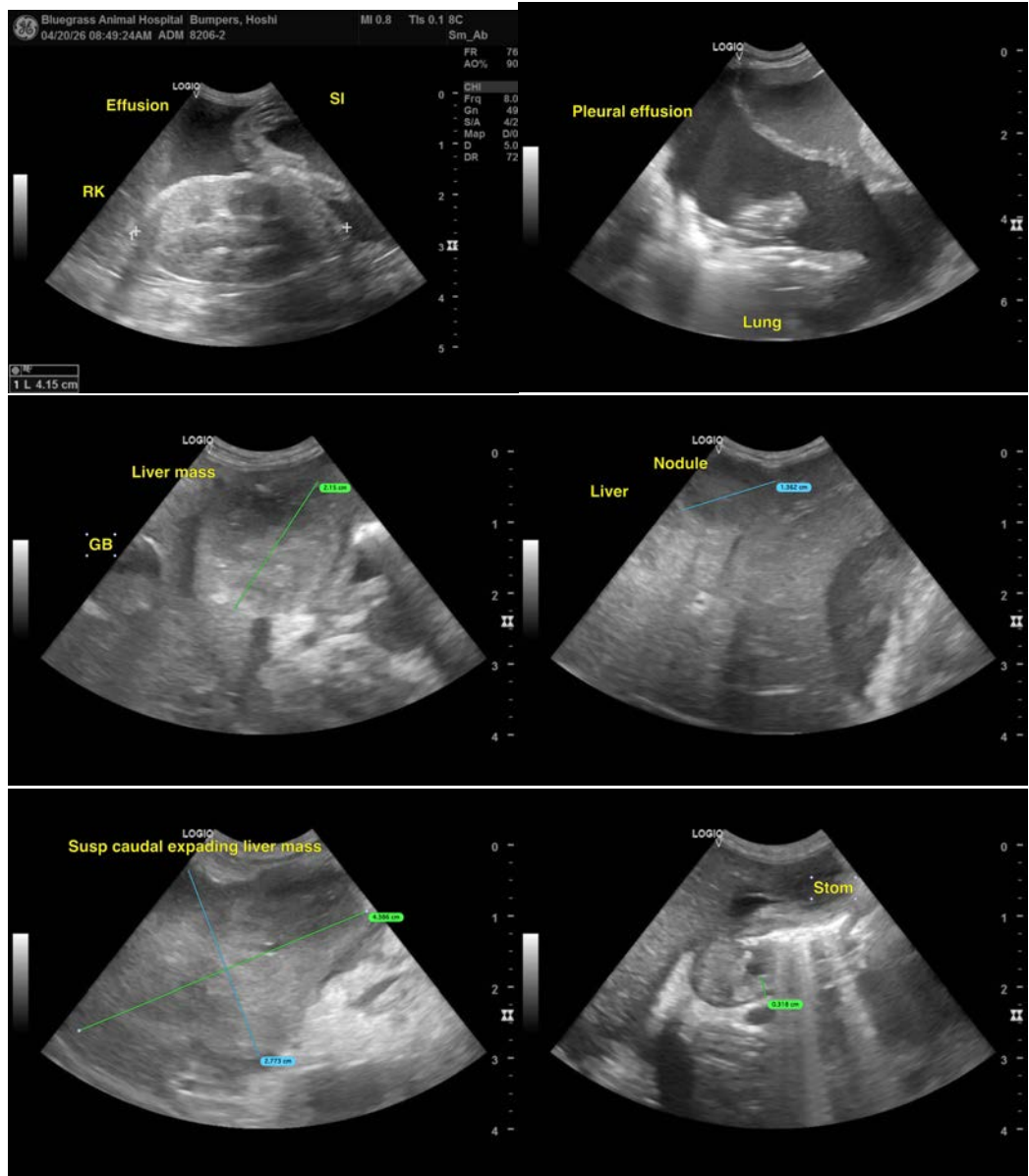
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

info@SonoPath.com