



PATIENT

Quincy Ralph

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

10 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Forest Valley
Veterinary Clinic

REFERRING VET

Dr. Shaw

INVOICE

15387

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: firm, long mass in line with colon, inappetant, 3/9, emaciation/cachexia
ABNORMAL Labwork Values ALP 90.8, PHOS 6.1, CRE 2.0 Cytology of fluid from chest- clear, straw colored. 2g/dL mostly inflammatory cells but did see a few large squamous cells with moderate cytoplasm that appeared multi nucleate, including signs of mitosis Current Medications Gabapentin, Mirataz Transdermal ointment. Radiographic Findings N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent /moderate 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 and enhanced corticomedullary border demarcation were present. Mild hyperechoic cortex was present without evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The bilateral adrenal glands presented enlarged in size. The left adrenal gland measured 0.57 cm width. The right adrenal gland measured 0.85 cm width.

Spleen

The spleen was mildly enlarged and 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 1.1 cm width level of the mid spleen.

Liver & Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 primarily intact wall layering with normal wall layer ratio. Segmental and intestinal mural mass was visualized exhibiting thickened hypoechoic wall and loss of mural detail. Small intestine wall measured 0.60 cm wall width. No evidence of intestinal obstructive pattern.

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

Multifocal hypoechoic to swollen mesenteric lymphadenopathy to lymphatic masses were present with a significant volume of echogenic peritoneal effusion and nonhomogenous hyperechoic omentum. An example of lymph nodes measured 5.2 cm x 3.2 cm.

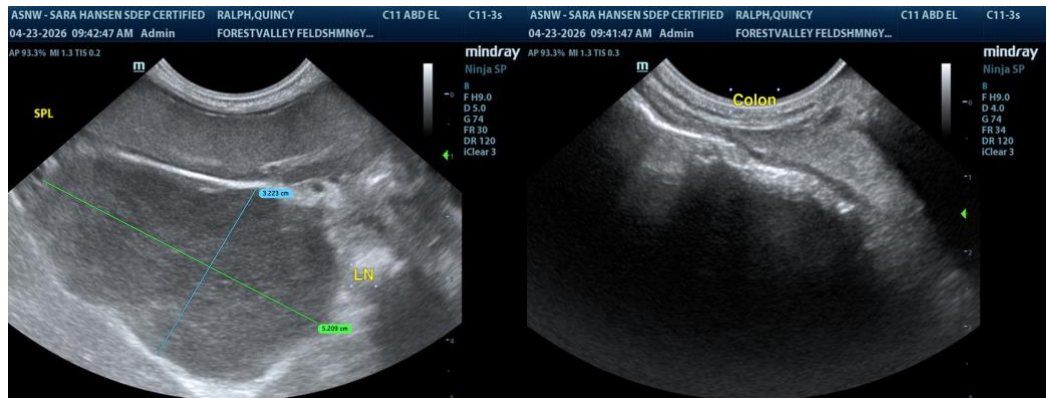
Transdiaphragmatic view of the caudal thorax revealed concurrent pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- Multicentric neoplasia including marked lymphadenopathy/lymphatic masses, segmental intestinal mural mass, hepatosplenomegaly and bicavitary effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FIP is also a potential yet considered less likely. Further assessment may include pathology review of peritoneal effusion and FNA cytology of enlarged lymph nodes/lymphatic mass +/- FIP titers/PCR, if clinically indicated. A poor prognosis is unfortunately indicated.





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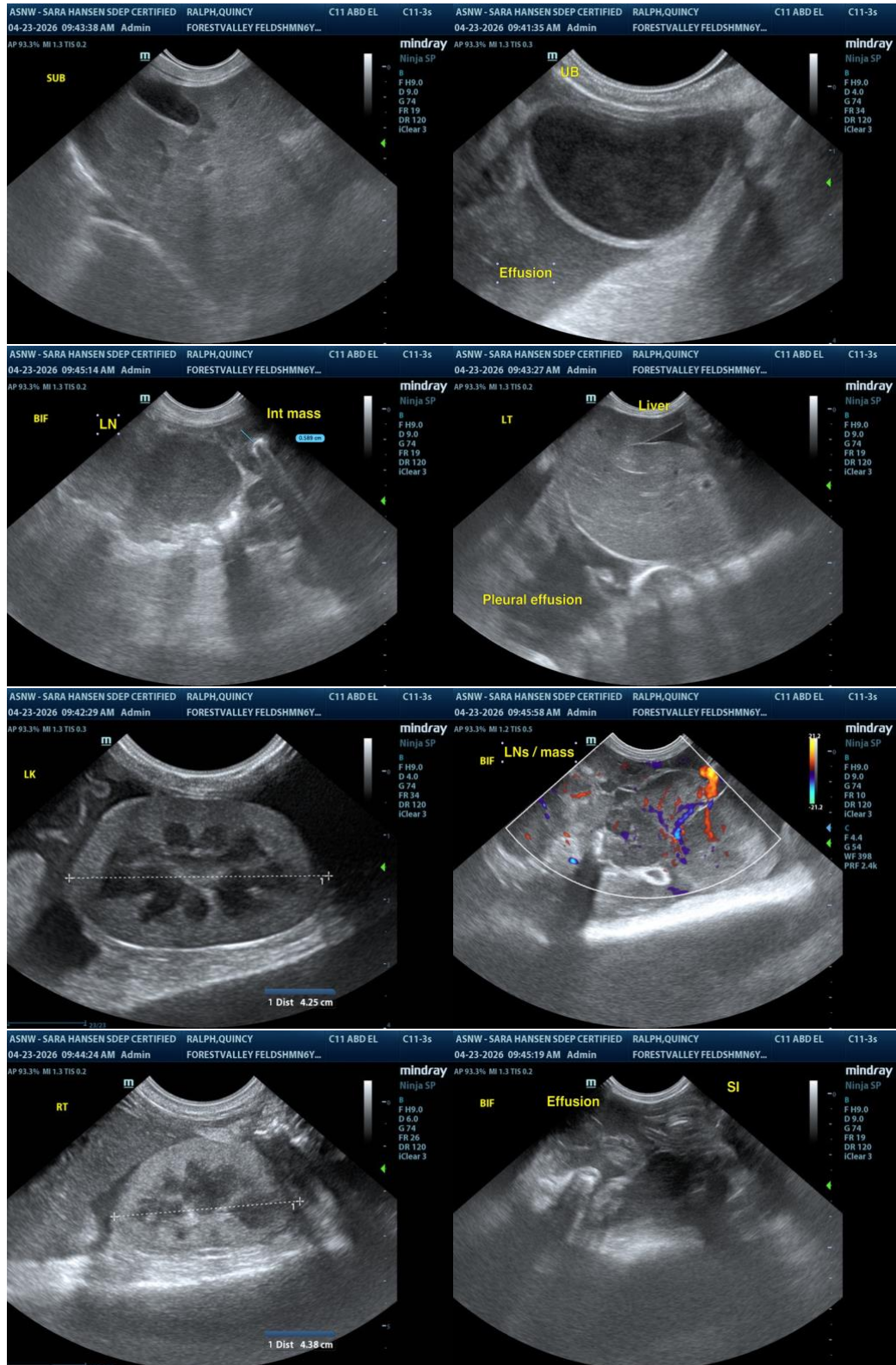
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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