

**PATIENT**

Rosie Riley

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

10yr

**WEIGHT**

3.0kg

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Renee Trionfetti, VMD

**HOSPITAL NAME**

Blue Pearl Wyomissing

**REFERRING VET**Lincoln Highway  
Veterinary Clinic**INVOICE  
24405****DATE**

04/06/2026

**PRESENTING CLINICAL SIGNS**

AUS to further evaluate weight loss (2-3 lbs in 6 mos), vomitng x 1 mos, no diarrhea. Still E/D. Lethargy. Bloodwork shows hypoalbuminemia, leukocytosis with a neutrophilia (toxic, degenerative), monocytosis, mild normocytic, normochromic anemia.

Abnormal PE/Chem/CBC/UA Results: rDVM 3/11/26 - Chem: Alb 1.7 L, Glob 4.8-n, normal LES, BUN 14-n, Cr 0.5 L, SDMA 16.2 H, TCa 7.8 L - CBC: Hct 29%, normocytic, normochromic, mod anisocytosis, polychromasia, nRBC 14 H, mod rouleaux, Plts 284-n, WBC 36.7 H-degenerative, Neut 32,663 H-mild toxic, Lymph 2,202-n, Mono 1,468 H, RBC 5.3 L, Hgb 8.8 L - T4: 0.5 L - UA: USG 1.065 H, pH 6.0, Pro 2+, NSF

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. An indistinct to intermittent hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

No visualized evidence of significant medial iliac or sublumbar lymphadenopathy or masses.

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.30 cm width at the caudal pole. The right adrenal gland measured 0.34 cm width at the caudal pole.

**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 presented mildly 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



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mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. A mildly irregular mixed echogenic caudal intraparenchymal liver mass was present measuring 3.1 cm x 2.5 cm. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

### **Gastrointestinal**

The stomach presented regionally thickened gastric body wall with suspect caudal mural proliferation into the area of the left pancreas. Area of suspect stomach mural proliferation measured ~ 3.3 cm x 2.0 cm. Thickened stomach wall exhibiting loss of wall layer detail measured 0.46 cm in width. The stomach contained moderate variably echogenic non-shadowing ingesta.

Multiple intestinal mural masses were present exhibiting variably thickened hypoechoic wall and loss of intestinal wall layering. An example of a larger intestinal mass measured 3.8 cm x 2.2 cm.

Overall intact visible colon wall although concurrent non-visualized colon mural mass not excluded. Semi formed feces in colon lumen.

### **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.

### **Free Abdomen**

Generalized non-homogenous nodular appearing hyperechoic omentum.

Moderate volume peritoneal effusion.

Transdiaphragmatic view of the caudal thorax revealed concurrent pleural effusion.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Multicentric neoplasia involving the gastrointestinal tract and liver with possible concurrent left limb pancreatic mass and bicavitary effusion strongly suggestive of lymphomatosis, carcinomatosis or similar

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

High-grade multicentric likely round cell neoplasia is present. Technically FIP is a potential yet considered unlikely given patient age. Further assessment may include effusion analysis and FNA cytology of accessible intestinal /hepatic mass with potential for oncology consultation.

However, a poor prognosis is unfortunately indicated.



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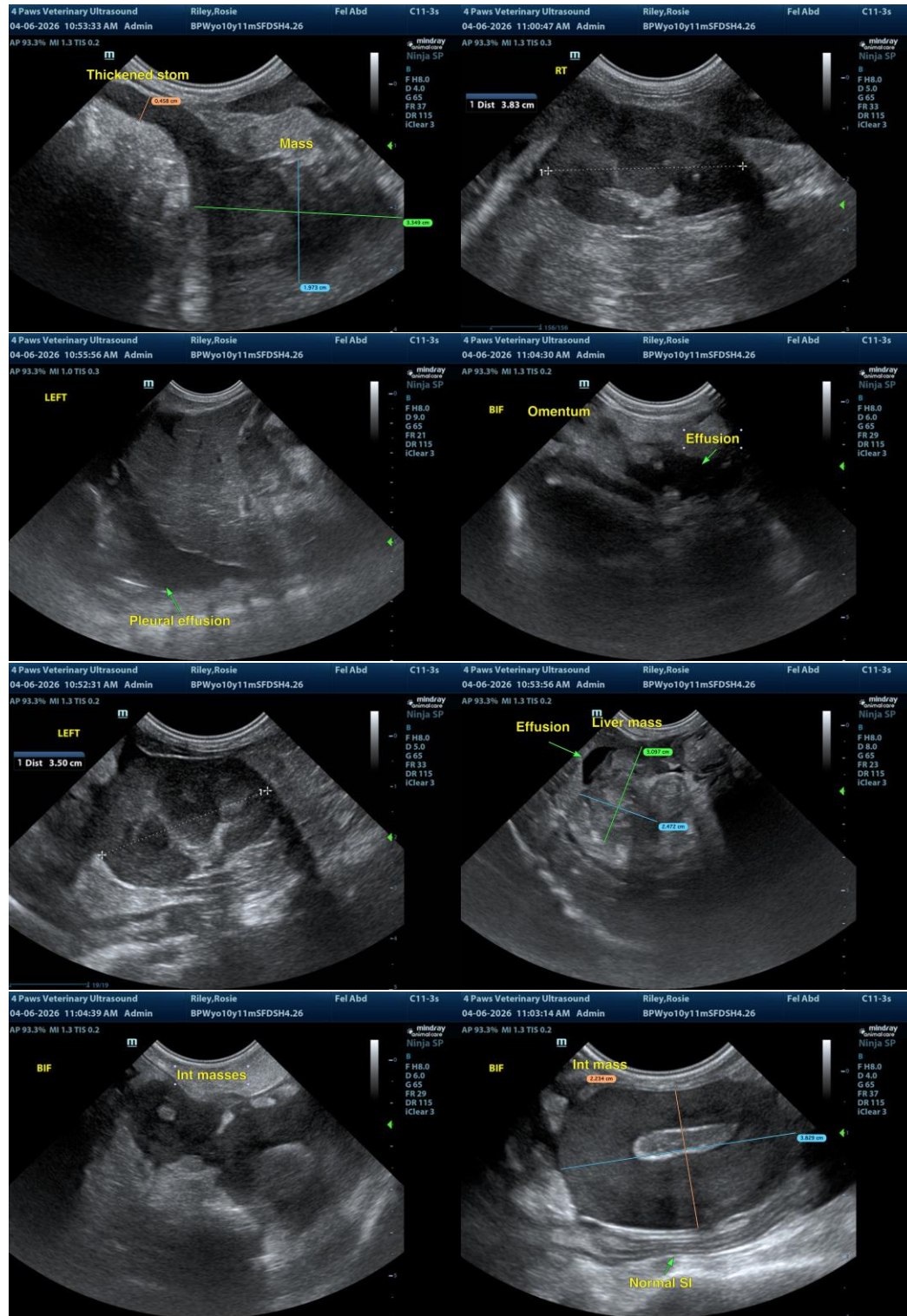
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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](mailto:info@sonopath.com)

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