



## PATIENT

AC Lettunich

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

6

## WEIGHT

15

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Alexis Cervantes

## HOSPITAL NAME

TLC Animal Hospital

## REFERRING VET

Dr. Kendal  
Scarborough

## INVOICE

14914

## DATE

04/07/26

## PRESENTING CLINICAL SIGNS

Patient is a referral. Patient has suspected fluid in abdomen. Patient is FIV positive. Owner reports patient has been hiding more. Distended abdomen on physical exam. On 03/23/2026 patient was seen by another DVM and they noted fluid in abdomen on U/S.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was nondistended with mild anechoic urine and normal wall. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. No uroliths or sediment were present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 cm in length.

### *Adrenal Glands*

No evidence of pathology in the areas of the left or right adrenal glands.

### *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. 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.

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.

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



**PATIENT**

**Pancreas**

AC Lettunich

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.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

DSH

No evidence of peritoneal effusion, significant omental lymphadenopathy or masses were present. Generalized normal omental echogenicity with subjective increased omental fat.

**SEX**

- Overall sonographically normal abdomen with subjective mild increased omental fat.

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

6

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No current evidence of peritoneal effusion, secondary to neoplastic criteria, significant lymphadenopathy or nonspecific peritonitis. A definitive cause of the patient's clinical signs was not obvious. Supportive care is recommended with recheck sonogram if recurrent effusion.

**WEIGHT**

15

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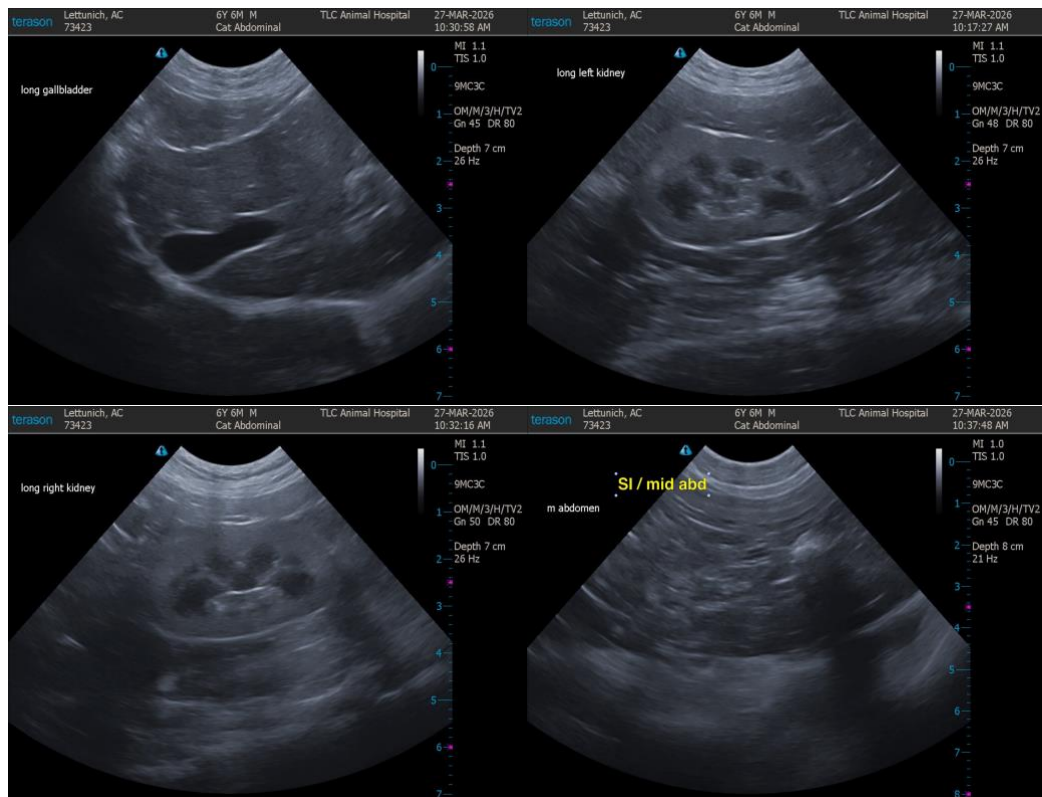
Dr. Kendal Scarborough

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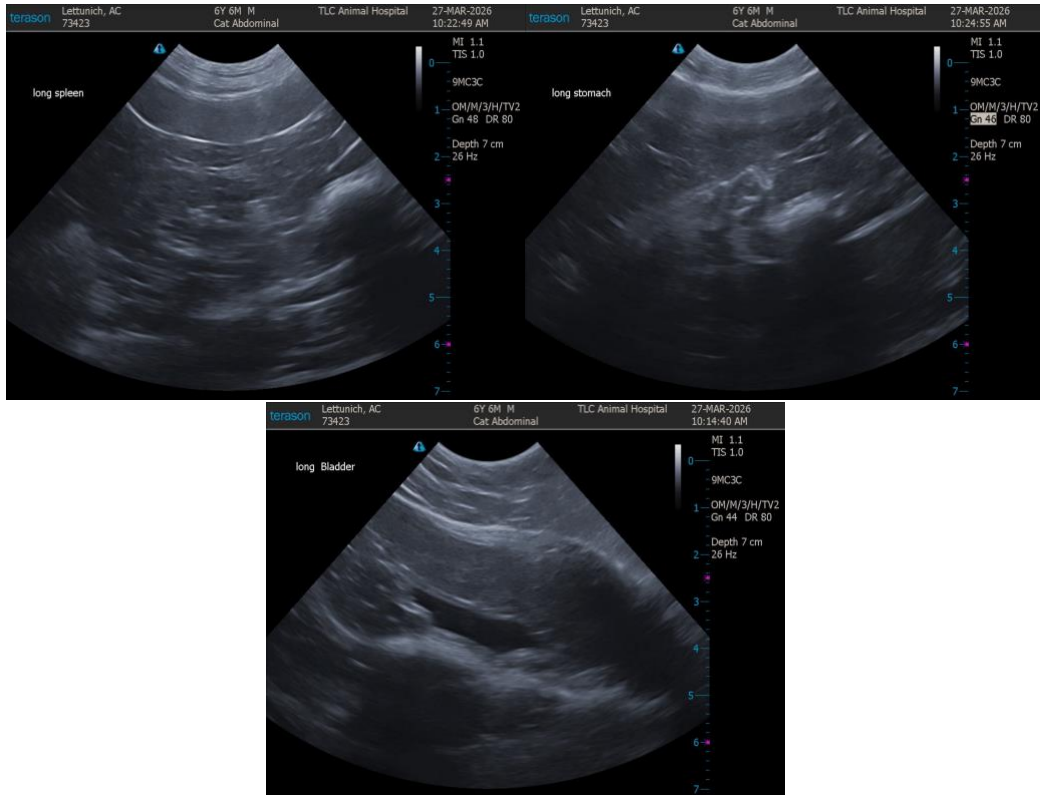
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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