



PATIENT

Avocado Pickersgill

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6yr

WEIGHT

7.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kevin Moon DVM

HOSPITAL NAME

Shiloh Veterinary
Hospital

REFERRING VET

Katie Craig DVM

INVOICE

24796

DATE

05/11/2026

PRESENTING CLINICAL SIGNS

History of FIP treatment with injectable medication (GS-441524) approximately 2 years ago, responded well to treatment

Recent blood work showed elevated globulins, suspected FIP flare but patient remained clinically normal

Lives with two other cats currently; third orange cat removed from household 3 months ago due to behavioral issues

Inappropriate elimination began after introduction of third cat 2 years ago

Chronic intermittent loose stool, previously managed with pumpkin and probiotics

Occasional coughing, some panting with stress/exertion

Abnormal PE/Chem/CBC/UA Results: RBC 5.55 L 6.30 11.82 10⁶/uL HGB 8.0 L 9.0 16.0 g/dL HCT 22.6 L 26.0 50.2 % Calcium 8.3 L 8.8 11.9 mg/dl Total Protein > 11.0 6.0 8.0 g/dl Albumin 2.5 2.3 3.5 g/dl Globulin - value not reported, >8.5 g/dl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 non-dependent particulate sediment. The sediment may indicate cellular, crystalline debris or lipid droplets. 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 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 3.8 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was not definitively visualized owing to mesenteric lymphadenopathy and increased adrenal artifact.

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 asymmetrically enlarged with rounded asymmetrical contour. Generalized variable non-homogenous parenchyma exhibiting discrete to well-defined hypoechoic to mixed echogenic intraparenchymal nodules. Example of liver nodule measured 1.9 cm in diameter. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.



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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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.21 cm in width.

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

Intermittent variably enlarged, asymmetrical mildly non-homogenous, mesenteric and medial iliac lymph nodes.

Mesenteric lymph node measured 2.1 by 1.0 cm.

Medial iliac lymph node measured 2.3 by 1.1 cm.

Generalized mild omental hyperechogenicity.

Moderate volume peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged non-homogenous liver exhibiting ill-defined to well-defined intraparenchymal nodules.
- Unremarkable gastrointestinal tract.
- Peritoneal effusion and variable mesenteric /medial iliac lymphadenopathy.
- Normal kidneys/ urinary bladder with mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the liver, peritoneal effusion and mesenteric/medial iliac lymphadenopathy include recurrent FIP or neoplasia. Assuming normal clotting status and using a 25ga needle, hepatic and accessible lymph node FNA cytology, as well as effusion analysis cytology +/- C/S if evidence of inflammation and FIP titer / PCR are recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. An extremely guarded prognosis is indicated.



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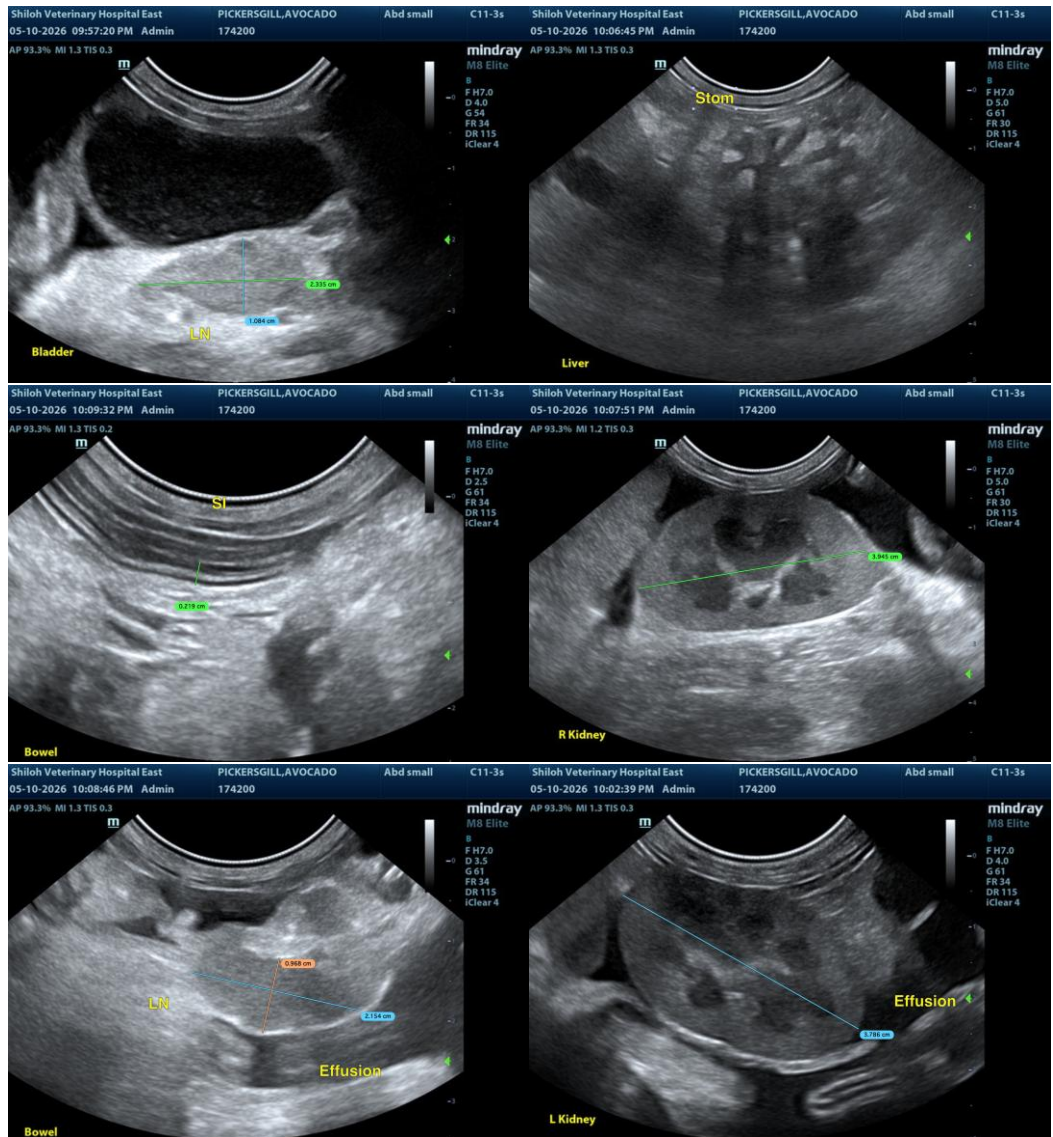
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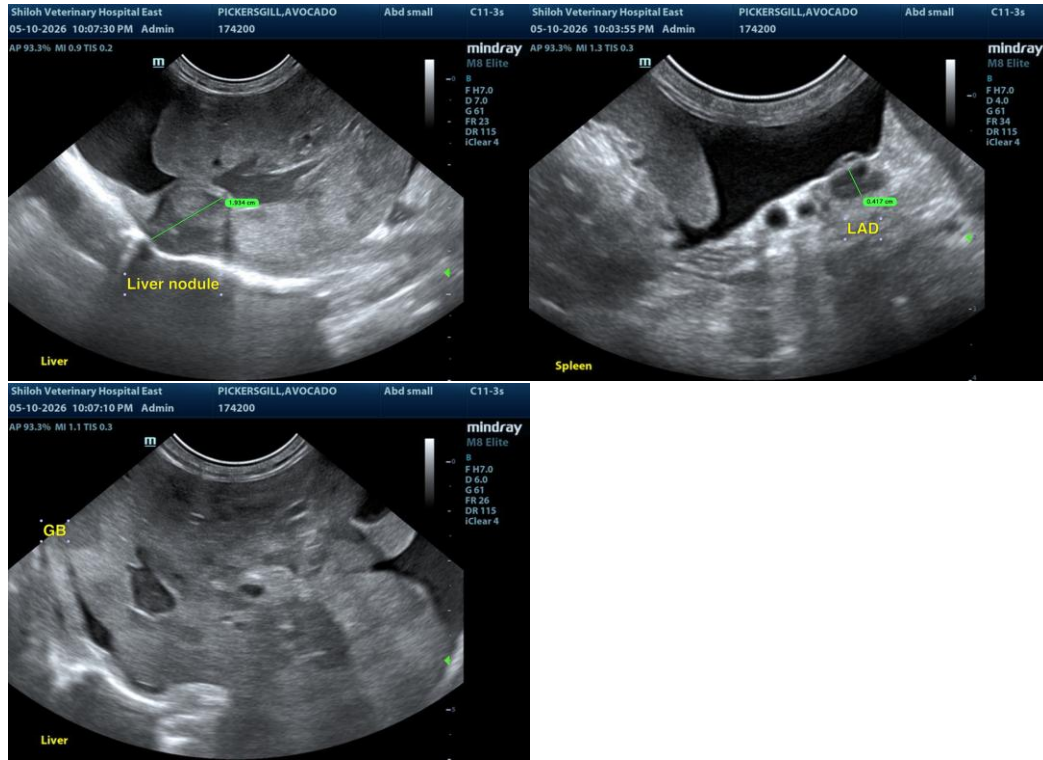
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Kevin Moon DVM

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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