



## PATIENT

Onyx Rusznica

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

11

## WEIGHT

11lbs

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Carmen

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. Mucera

## INVOICE

75074

## DATE

5-20-26

## PRESENTING CLINICAL SIGNS

The patient presents with loss of appetite and weight; an X-ray and blood test are recommended.

## RADIOGRAPHIC STUDY OF ABDOMEN & THORAX

Lateral views of the abdomen are available for review totaling 2 images. One right lateral and one left lateral view.

## RADIOGRAPHIC FINDINGS

### ABDOMEN

There is moderate loss of abdominal serosal detail, resulting in poor delineation of the gastrointestinal tract and splenic margins.

A large, poorly margined soft tissue opaque mass effect is present within the ventral mid-abdomen, causing displacement and abnormal distribution of the intestinal loops. The clear distinction between an abdominal mass and gastrointestinal wall-associated lesion is not possible.

Subjective soft tissue mass effect is also noted in the region of the pylorus.

The spleen is not separately identified and may be obscured by the adjacent soft tissue mass effect opacity and reduced serosal detail.

The liver and renal silhouettes are within expected radiographic limits.

The descending colon contains a mild amount of fecal material.

The urinary bladder is poorly distended and not clearly visualized.

### THORAX

An elongated, well-defined soft tissue opaque mass effect is present within the ventral thorax, dorsal to the region of the 2nd and 3rd sternabrae, measuring approximately 2.0 × 3.0 vertebral body lengths.

The thoracic trachea is within normal limits.

The cardiac silhouette is within normal size limits (VHS approximately 8.4).

Pulmonary vessels are within expected radiographic limits.

The pulmonary parenchyma is unremarkable. No focal pulmonary nodules or masses are identified radiographically.

The pleural space, diaphragm, ribs, and thoracic wall are unremarkable.

## RADIOGRAPHIC DIAGNOSIS

- Moderate reduction in abdominal serosal detail, most consistent with peritoneal effusion.
- Large ventral mid-abdominal soft tissue mass effect with displacement of intestinal loops. Differential diagnoses include neoplasia, gastrointestinal-associated mass lesion, conglomerate lymphadenopathy or splenic mass, pancreatic mass or severe focal inflammatory disease.
- Possible pyloric region mass effect.



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- Well-defined ventral thoracic soft tissue mass effect. Differential diagnoses include sternal lymphadenopathy, possible correlated with multicentric neoplasia or metastatic disease.
- Otherwise, norma thorax.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings demonstrate moderate abdominal effusion associated with a large mid-abdominal soft tissue mass effect and, secondarily, a possible pyloric region abnormality. These findings are highly suspicious for infiltrative or neoplastic abdominal disease, including alimentary lymphoma, intestinal or mesenteric neoplasia, carcinomatosis, or conglomerate lymphadenopathy. Severe inflammatory or infectious peritonitis, including feline infectious peritonitis (FIP), remains an additional differential consideration.

The ventral thoracic soft tissue opacity may represent enlarged sternal lymph nodes, possibly associated with multicentric neoplasia or metastatic disease.

Abdominal ultrasonography is strongly recommended for further characterization of the abdominal effusion, better definition of the origin of the abdominal mass, and evaluation of the gastrointestinal tract wall thickness, including the pyloric region. Ultrasound-guided abdominocentesis with fluid analysis and cytology is recommended. Fine-needle aspiration or tissue sampling of any identified abdominal mass lesion or lymphadenopathy should also be considered, if clinically appropriate.

**Fig. 1. Lateral X-ray demonstrating moderate loss of abdominal serosal detail with a large ventral mid-abdominal soft tissue opaque mass effect.**





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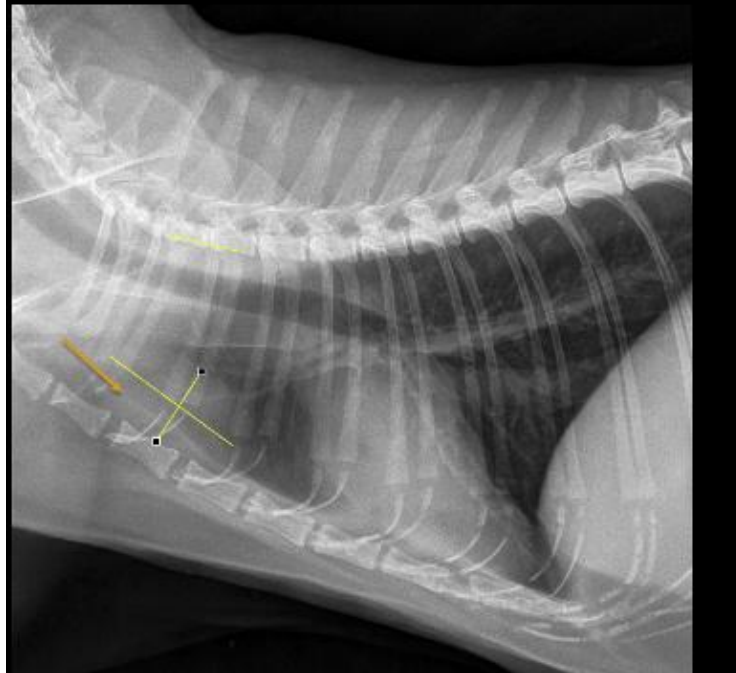
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## Fig 2. Sternal lymphadenopathy



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet**  
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