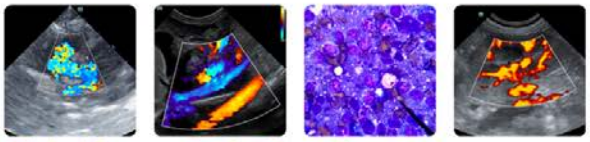


PATIENT

Toby Jordan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

9 Years

WEIGHT

12.01

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler-Post

INVOICE

72425

DATE

1/23/26

PRESENTING CLINICAL SIGNS

Abdomen hard and distended. Drew 1 L light yellow serous fluid w/abdominocentesis before AUS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended, precluding adequate assessment of the bladder wall. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.51×2.45 cm. Cortical thickness measures 0.41 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 4.65×2.09 cm. Cortical thickness measures 0.44 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Adrenal glands are not evaluated, as no images or measurements were provided.

Spleen

Splenic thickness measures 0.57 cm. The splenic parenchyma demonstrates normal echogenicity with a fine, homogeneous echotexture and no focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The provided images show the liver to be subjectively normal in size, with sharp margins and a smooth, regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is not evaluated, as no images or video clips were provided.

Gastrointestinal

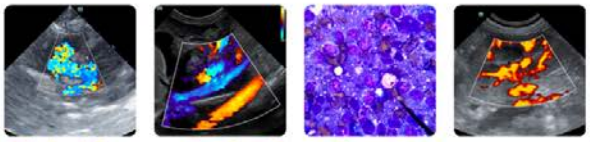
The stomach is empty and folded, with preserved wall layering and a mural thickness of 2.38 mm. The pylorus measures 3.68 mm.

Duodenum: not visualized.

Jejunum: mural thickness 2.10 mm; mucosa 1.06 mm; submucosa 0.54 mm; muscularis propria 0.34 mm.

Ileum: mural thickness 1.68 mm; mucosa 0.57 mm; submucosa 0.78 mm; muscularis propria 0.36 mm, with preserved wall layering.

The ileocecal junction is not visualized.



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No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified. The colon wall measures 1.16 mm, with formed fecal material present in the descending colon.

Pancreas

The pancreas is not visualized.

Free Abdomen

Turbid abdominal effusion is present. Cranial mesenteric and ileocecal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation has a normal appearance.

PRIMARY FINDINGS

- Turbid abdominal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound is notable for the presence of moderate to marked turbid abdominal effusion, which was previously drained prior to imaging. No focal abdominal masses, organomegaly, or obvious structural abnormalities are identified to explain the effusion.

Gastrointestinal tract demonstrate preserved architecture and echogenicity, with no ultrasonographic evidence of neoplasia, severe inflammation, or infiltrative disease. Objective intestinal measurements are within expected limits, with preserved wall layering and no sonographic features suggestive of primary gastrointestinal pathology.

Several structures—including the gallbladder, pancreas, adrenal glands, and portions of the gastrointestinal tract—were not evaluated due to lack of provided images, limiting complete assessment of the abdomen.

In cats, this pattern raises consideration for systemic, inflammatory, infectious, or vascular causes of effusion, including but not limited to feline infectious peritonitis (FIP), cardiac disease, hypoproteinemia, or, less commonly, disseminated neoplastic disease not yet producing mass lesions.

Ultrasonography alone, while excluding many potential causes, cannot determine the etiology of the effusion in this case, and correlation with fluid analysis and clinicopathologic data is essential.

Recommendations:

- Prioritize comprehensive analysis of the abdominal effusion, including cytology and total protein concentration, as fluid characterization is critical for etiologic determination in this case.

- Given the presence of large-volume turbid effusion without an identifiable structural abdominal cause, infectious and inflammatory etiologies should be actively considered, including feline infectious peritonitis (FIP). Correlation with serum globulin concentrations, albumin-to-globulin ratio, and targeted effusion testing (Rivalta test and/or coronavirus PCR, if clinically indicated) is recommended.

- Cardiac evaluation should be considered to assess for occult cardiac disease as a potential cause of isolated abdominal effusion in cats.

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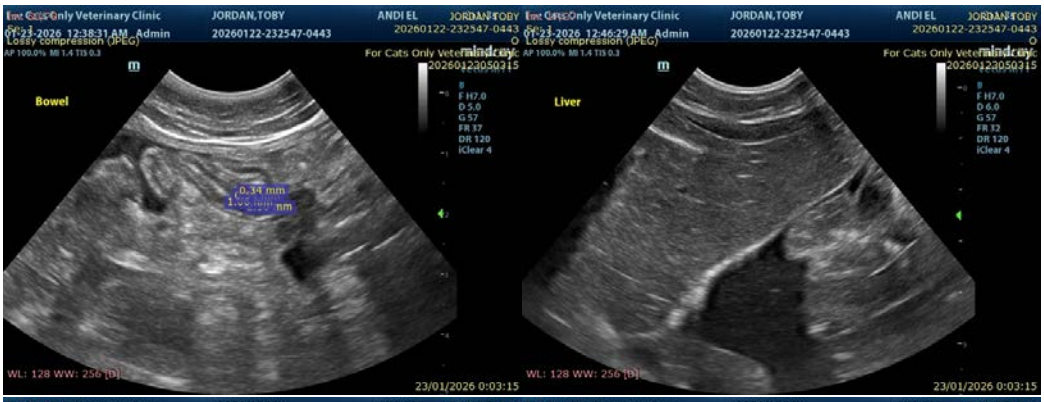
- If effusion analysis and systemic evaluation are non-diagnostic or if clinical status deteriorates, repeat or more comprehensive imaging and/or further diagnostic escalation may be warranted.



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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com