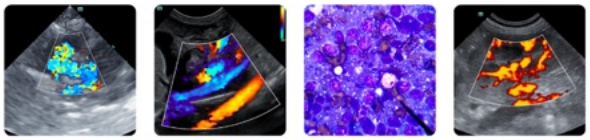


PATIENT

EleanorMaryville Alcoa Animal Rescue Center

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

7 years

WEIGHT

6.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Disney

INVOICE

71605

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Found as a stray
- AS pinna crusted over large amount of granulation tissue and purulent material. When ear was cleaned and debrided the cartilage and pinna had been eaten away and there was proliferation of granulation tissue. A biopsy and culture were obtained
- P had increased resp effort and some pleural effusion present on thoracic xray
- CBC: moderate anemia (25%) and leukocytosis CHEM 17: sl decreased Ca 7.1 mildly increased ALT 151 TT4: WNL UA: NSF, SPGR >1.040 FeLV/FIV: neg/neg ProBNP: normal Sample of ascites: suspect modified transudate based on SPGR and TP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall is thin and smooth. The urine is markedly turbid with abundant suspended sediment. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 4.06×2.20cm in the sagittal plane. Cortical thickness is 0.38cm. The renal cortex is diffusely increased in echogenicity compared to the hepatic parenchyma. Corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color flow appears normal.

The right kidney is normal in shape and size, measuring 4.43×2.40cm in the sagittal plane. Cortical thickness is 0.36cm. The renal cortex is diffusely increased in echogenicity compared to the hepatic parenchyma. Corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color flow appears normal.

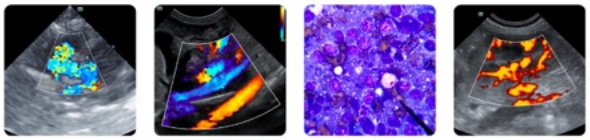
Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane:

- Left adrenal gland measures 0.20cm at the cranial pole and 0.21cm at the caudal pole.
- Right adrenal gland measures 0.23cm at the cranial pole and 0.20cm at the caudal pole.

Spleen

Splenic thickness is 0.98cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.



PATIENT

EleanorMaryville Alcoa Animal Rescue Center

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

7 years

WEIGHT

6.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Disney

INVOICE

71605

DATE

2/16/26

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma is homogeneous and isoechoic compared to the falciform fat. The hepatic veins and caudal vena cava appear mildly distended and contain abundant spontaneous echogenic contrast within the venous flow. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall measures 1.70mm. The contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.51mm and preserved wall layering.

Pylorus: 3.65mm. Duodenum: 1.15mm. Jejunum: 1.86mm. Ileum: 1.91mm. Wall layering is preserved throughout. The ileocecal junction was not visualized. No signs of inflammation, ileus, or foreign material are identified.

Colon measures 0.44mm, with formed feces present in the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation.

Peritoneal Cavity

Abundant turbid abdominal effusion is observed.

Cranial mesenteric lymph nodes and ileocecal lymph nodes are not visualized, but the surrounding regions appear unremarkable.

The iliac trifurcation is normal.

Thoracic Cavity

Abundant pleural effusion is present with marked secondary pulmonary atelectasis.

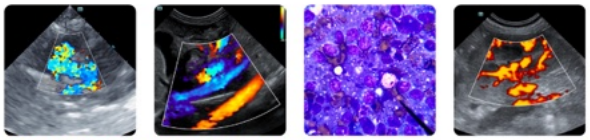
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Abundant pleural effusion with secondary pulmonary atelectasis.
- Abundant turbid abdominal effusion.

SECONDARY FINDINGS

- Mild distension of hepatic veins and caudal vena cava with spontaneous echogenic contrast (venous stasis).



PATIENT

EleanorMaryville Alcoa Animal Rescue Center

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

7 years

WEIGHT

6.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Disney

INVOICE

71605

DATE

2/16/26

- Diffuse bilateral renal cortical hyperechogenicity.
- Markedly turbid urinary bladder contents.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This examination identifies marked bicavitary effusion (pleural and abdominal) in the absence of discrete intra-abdominal mass lesions, obstructive hepatobiliary disease, or infiltrative gastrointestinal pathology. The kidneys are normal in size with preserved architecture, although diffuse cortical hyperechogenicity is present bilaterally, consistent with chronic parenchymal change.

The subjective impression of mild hepatic venous and caudal vena cava distension with spontaneous echogenic contrast must be interpreted cautiously, as no objective assessment of vena caval distensibility was performed. Therefore, while venous congestion is a consideration, it cannot be definitively concluded from this study alone.

Given the presence of abundant pleural and abdominal effusion without a focal abdominal source, the differential diagnosis includes:

- Feline infectious peritonitis (particularly if effusion protein concentration is elevated and in light of the concurrent non-regenerative anemia, leukocytosis, and mild ALT elevation noted on bloodwork).
- Cardiovascular disease (not excluded by ProBNP alone).
- Hypoproteinemia or altered oncotic forces (if supported by serum biochemistry).
- Neoplastic effusion (carcinomatosis).

The absence of ultrasonographic intestinal thickening, lymphadenopathy, or mass lesions reduces (but does not eliminate) the likelihood of infiltrative abdominal neoplasia. Likewise, the lack of overt hepatic structural change does not exclude systemic disease.

Recommendations

- Thoracocentesis and abdominocentesis with cytologic evaluation to characterize effusion.
- Rivalta testing.
- If Rivalta testing is negative and fluid analysis confirms a modified transudate, complete echocardiography is recommended despite a previously normal ProBNP.
- Correlate total protein, albumin, and globulin concentrations to assess oncotic contribution.

PATIENT

EleanorMaryville Alcoa Animal Rescue Center

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

7 years

WEIGHT

6.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

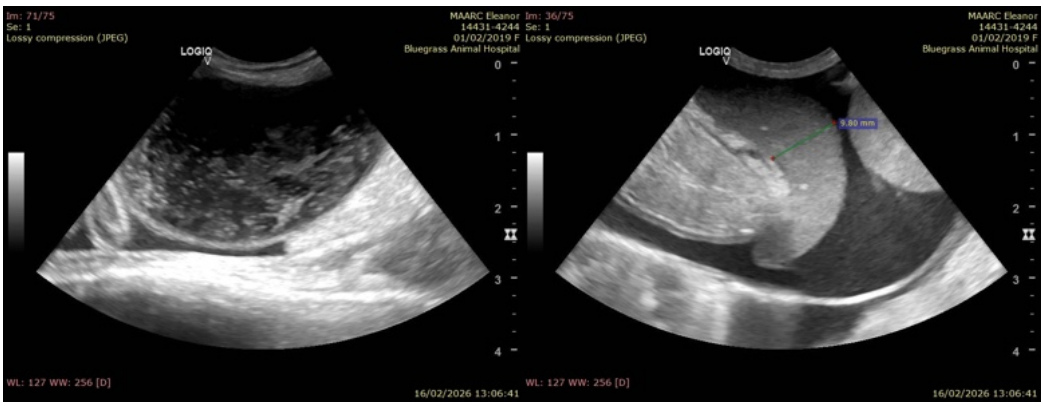
Dr. Disney

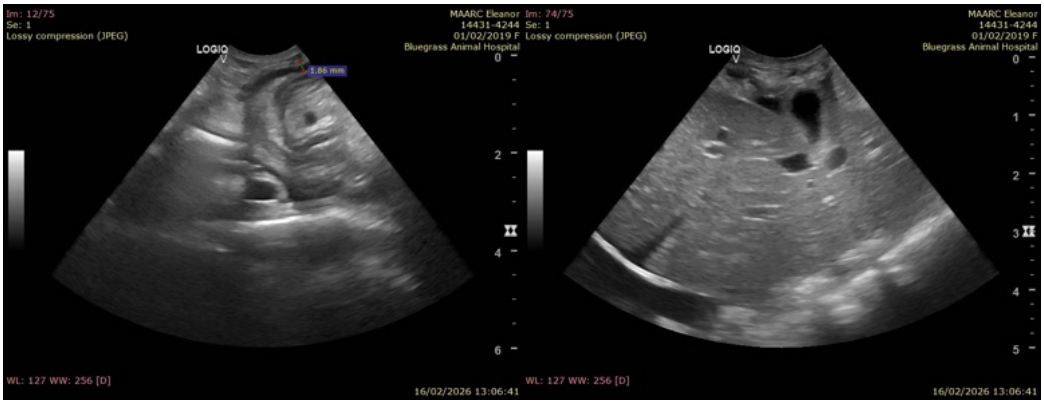
INVOICE

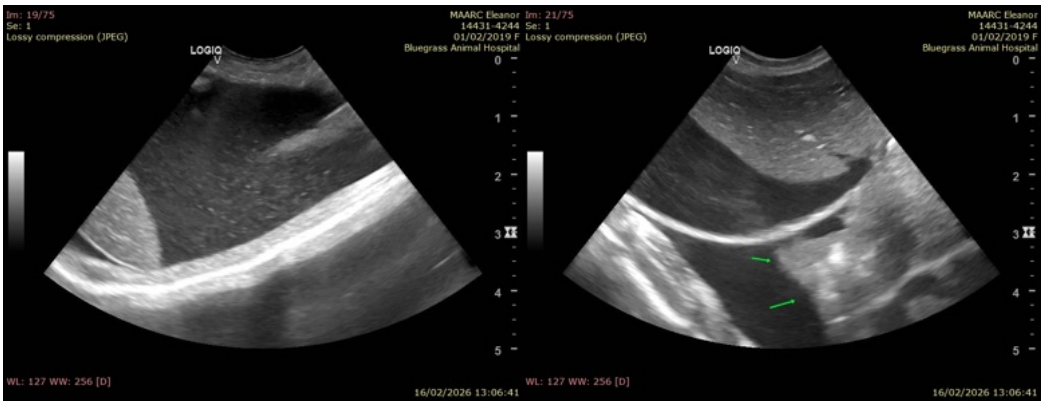
71605

DATE

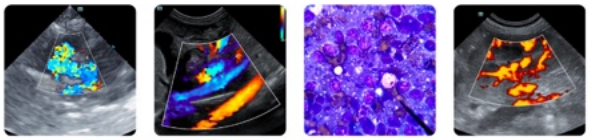
2/16/26







SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

EleanorMaryville Alcoa Animal Rescue Center

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

7 years

WEIGHT

6.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

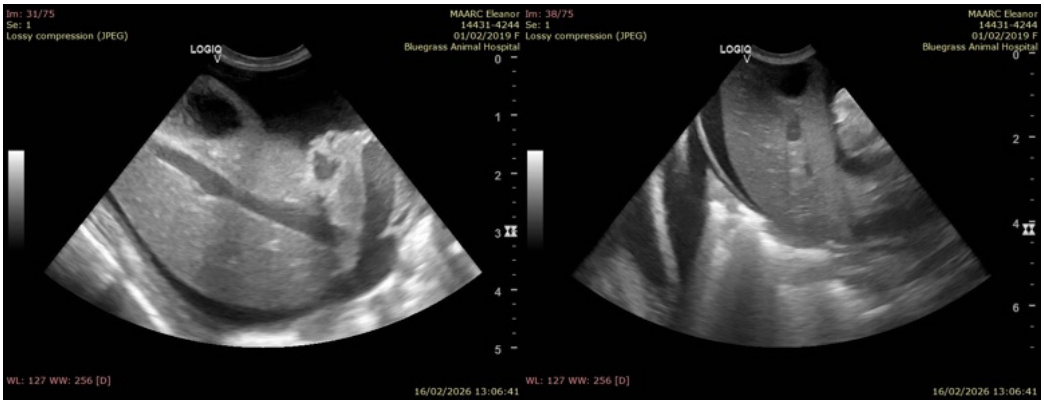
Dr. Disney

INVOICE

71605

DATE

2/16/26



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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com