



PATIENT

Macassa Oilly

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

5.72 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Wayland

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Daniel

INVOICE

72562

DATE

12/14/25

PRESENTING CLINICAL SIGNS

Pt present 12/10, O noticed the resp rate was 54 and shallow breathing. O said that this weekend pt has been acting off and hiding more. Previous incidents of concerns of underlying asthma, most notable after play/increased activity where P will have to stop, hunker down, and start "hacking". Pt indoor only. Large volume of pleural effusion noted on TFAST. Shred sign noted in mid to caudal thorax.

Thoracocentesis performed to obtain fluid sample: thick, viscous, opaque fluid obtained from the left thorax. Chest tubes placed, pt hosp. on O2 support and IVF, IV ABX. Chest tubes removed last night.

Abnormal PE/Chem/CBC/UA Results: Respiratory: tachypneic (70-80 brpm), shallow resp; no overt crackles or wheezes ausculted, poss. decreased lung sounds in the cranial thorax, but P intermittently growling during exam; pk MMs, not cyanotic Abd: Not overtly tense; palpation of R cranial abdomen revealed a firm mass like effect but also could be fir stool in colon but P reactive for palpation; no overt distention appreciated -ALT 200 -EPOC: HCT 17, Hgb 5.9, BE -5.1, all other wnl -CBC: HCT 22.2, RDW 29.1, WBC 39.77, Neut 1.95, Neit 29.43, Monoc 7.34, all other wnl Pro-BNP: 151.0 pmol/L (Abnormal <100 pmol/L normal, cardiac disease unlikely; abnormal, further diagnostics recommended FAST Scan Day Shift: No appreciable pleural fluid. Some BE lines noted in mid thorax. Heart contractility wnl, normal La:Ao ratio.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left measures 4.17 cm. Right measures 4.18 cm.

Adrenal Glands

The adrenal glands are not definitively visualized.

Spleen

The spleen measures 1.06 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is



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documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

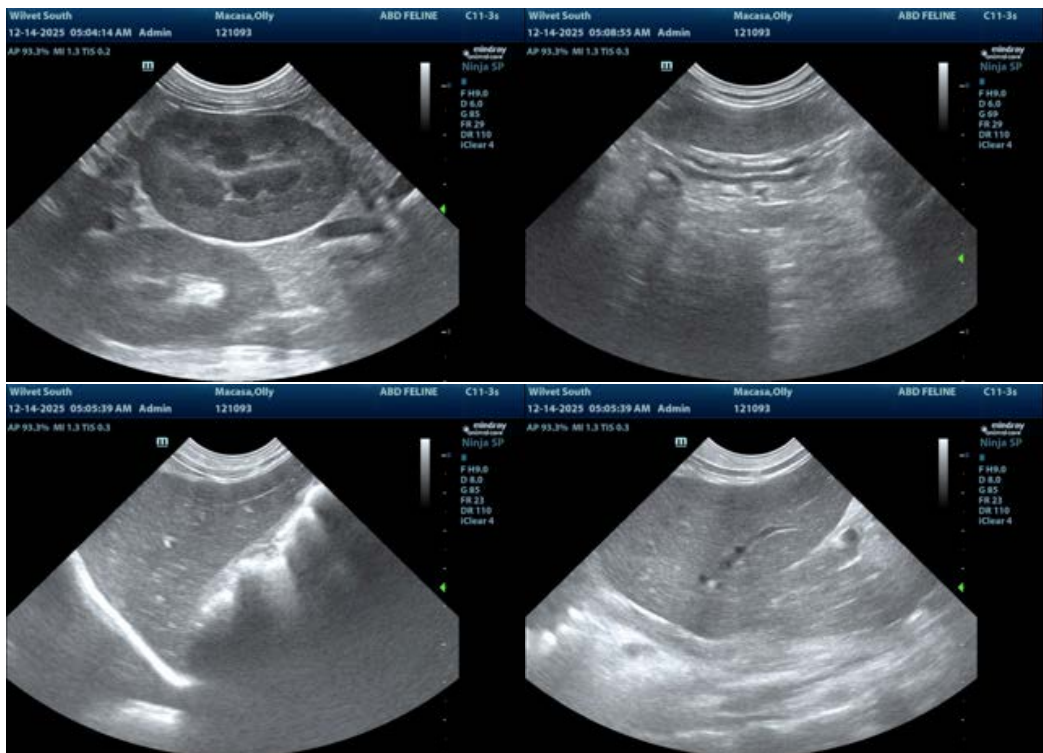
No lymphadenopathy or free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- This study represents a normal abdomen for this patient's age.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt underlying etiology of the clinical signs identified.





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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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

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