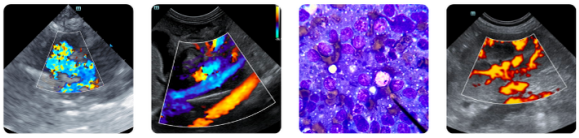


SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ollie Degroote

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 years

WEIGHT

5.5 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Aldershot Animal Hospital

REFERRING VET

Dr. Wallace

INVOICE

10688

DATE

11/5/2025

PRESENTING CLINICAL SIGNS

Presented with one week duration of ascites, concerns of neoplasia, eating and drinking normally, was straining in box just before the Ultrasound today. Previous history of pancreatitis. No meds. Abdominocentesis revealed blood tinged fluid, drew off 60ml and still very distended with fluid.

Abnormal PE/Chem/CBC/UA Results: BW WNL other than GGT 10

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 3.5 cm, and the right kidney measures 4.0 cm.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

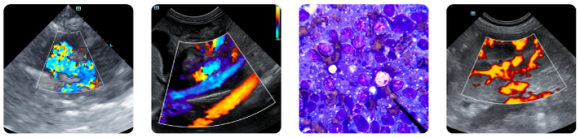
The liver is subjectively small in size with diffusely undulating or scalloped capsular contour or margins. Patchy, ill-defined, hypo- to anechoic areas are noted throughout the parenchyma, resulting in a “moth eaten” appearance diffusely. Reduced visualization of normal parenchyma vessels biliary tract is present. No focal lesions are observed.

What I believe is the gallbladder is normal but the liver is so cystic and abnormal, it’s difficult to determine gallbladder from other cystic areas.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ollie Degroote

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 years

WEIGHT

5.5 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Aldershot Animal Hospital

REFERRING VET

Dr. Wallace

INVOICE

10688

DATE

11/5/2025

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a very very large amount of echogenic appearing free fluid noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- The liver changes are non-specific and could represent a benign process such as multiple benign feline biliary cystadenomas and other cysts versus hematomas, chronic inflammatory disease, other. However, infiltrative neoplasia can't be ruled out without tissue sampling.
- A very very large amount of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

SECONDARY FINDINGS

- Age related kidney changes.
- A mild to moderate amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound can't speak to liver function, but given the small volume of liver and the absence of any normal liver, I'm concerned about function and therefore if patient's total bilirubin is not increased, bile acids are recommended.

Sampling of the free abdominal fluid for analysis and cytology is recommended if patient's coagulation status is appropriate.

Pending results of above, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Pending results of above, an echocardiogram may also be indicated.

If a diagnosis is not obtained from the fluid analysis or other. Direct sampling of the liver via fine needle aspirates can be considered, again, if patient's coagulation status is appropriate.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

PATIENT

Ollie Degroote

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 years

WEIGHT

5.5 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Aldershot Animal Hospital

REFERRING VET

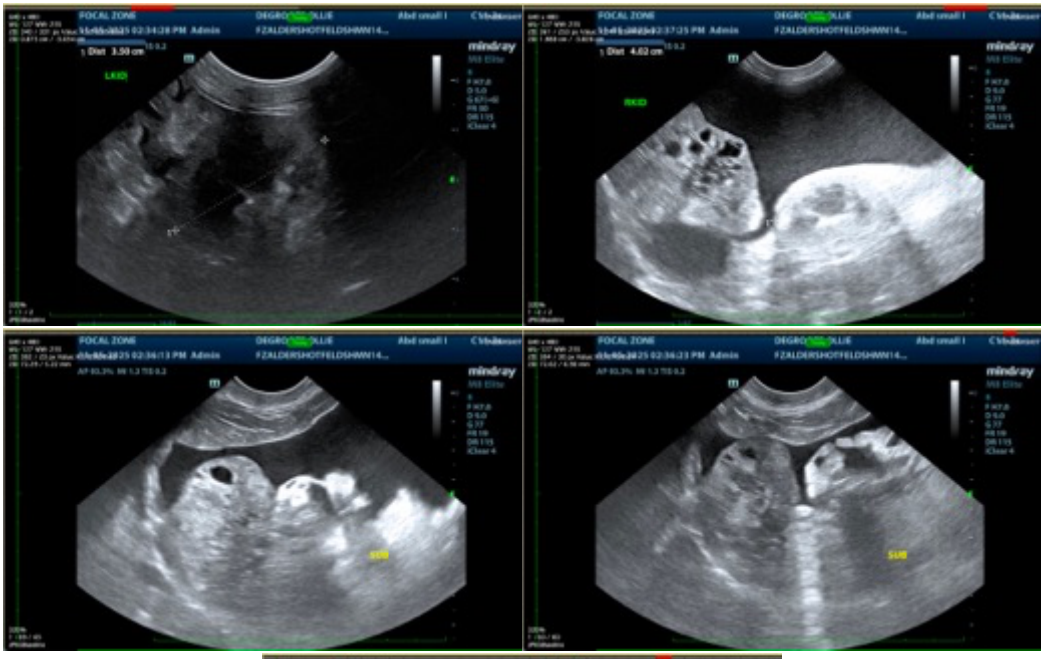
Dr. Wallace

INVOICE

10688

DATE

11/5/2025



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com