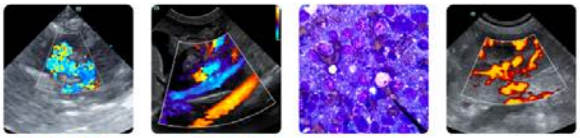


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Dave Cote

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.59 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Steeltown Cat Hospital

REFERRING VET

Dr. Hall

INVOICE

75325

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Inappetance, weight loss, lethargy. Dx with pleural effusion on 05/16/26 at another clinic. A grade 2-3 heart murmur was auscultated on the left sternal side. no arrhythmia or pulse deficits. A mild increase in respiratory effort was observed. Lung sounds are normal and clear bilaterally, with no muffled sounds noted. Palpation revealed a moderate amount of gas in the gastrointestinal tract. The coat is dull and unkempt. A prolonged skin tent was noted, consistent with mild dehydration and age-related loss of skin elasticity. A Thoracic Focused Assessment with Sonography (T-FAST) was performed and revealed the following: Possible pericardial effusion. Thickening of the heart muscle, suspected to be the left ventricle. A small amount of pleural effusion in the caudoventral thorax

Current Medications: emavert injection given on 05/19/26 and buprenorphine 0.8mg/ml 0.06mls orally q12 hours. Ondansetron 4mg 1/2 tab orally q12 hours. Furosemide 20mg 1/4 tab orally q12 hours.

Abnormal PE/Chem/CBC/UA Results: Elevated Total Protein at 92 g/L (normal 52-88 g/L), elevated Globulin at 66 g/L (normal 23-53 g/L), low BUN at 3.7 mmol/L (normal 5.0-12.9 mmol/L), elevated Amylase at 1603 U/L (normal 100-1200 U/L), and elevated PrecisionPSL at 28 U/L (normal 8-26 U/L). Elevated White Blood Cell (WBC) count at 17.2 x10^9/L (normal 3.5-16.0 x10^9/L), low Mean Corpuscular Volume (MCV) at 33 fL (normal 37-61 fL), and low Mean Corpuscular Hemoglobin (MCH) at 10.1 pg (normal 11-21 pg). High relative neutrophils at 86% (normal 35-75%), low relative lymphocytes at 9% (normal 20-45%), and high absolute neutrophils at 14.79 x10^9/L (normal 2.50-8.50 x10^9/L). Radiographic Findings Abdominal and thoracic radiographs revealed significant pleural effusion. There was also suspicion of abdominal effusion.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, 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. The kidneys measure 4.5 cm each.

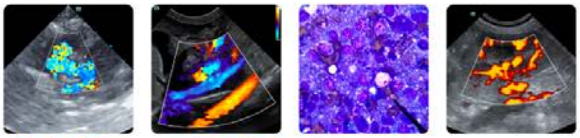
Adrenal Glands

The right adrenal gland is unable to be visualized in these images.

The left adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Dave Cote

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.59 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Steeltown Cat Hospital

REFERRING VET

Dr. Hall

INVOICE

75325

DATE

5/21/26

Liver

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

This study is difficult to fully interpret due to a large amount of gas artifact, markedly enhanced hyperechoic fat and mesentery diffusely, gastrointestinal contents and just overall poor detail between organs. Having said that, the parts of the stomach wall that are visible are normal in thickness and layering. The lumen is moderately to markedly distended with fluid. The bowel that is able to be visualized appears normal. The lumen of the small intestine is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

There is no apparent pathologic lymphadenopathy noted in these images.

Diffusely there is enhanced hyperechoic, almost clumped fat and mesentery and a moderate amount of free fluid.

PRIMARY FINDINGS

- Subtly scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- The liver changes are non-specific but suggestive of a microscopic hepatopathy with both benign differentials such as bacterial or lymphoplasmacytic cholangiohepatitis, hepatic lipidosis, other benign infectious or inflammatory hepatopathy, as well as infiltrative neoplasia such as round cell neoplasia i.e., lymphoma being differentials that can't be differentiated without tissue sampling.
- Mild to moderate acute pancreatitis is suspected, but subjectively the degree of pancreatic parenchyma change is mild compared to the other pathology noted (free fluid, hyperechoic clumped mesentery and fat, etc.). Therefore, pathology other than pancreatitis is suspected as a contributing factor to these things.

PATIENT

Dave Cote

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.59 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Steeltown Cat Hospital

REFERRING VET

Dr. Hall

INVOICE

75325

DATE

5/21/26

SECONDARY FINDINGS

- Moderate age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

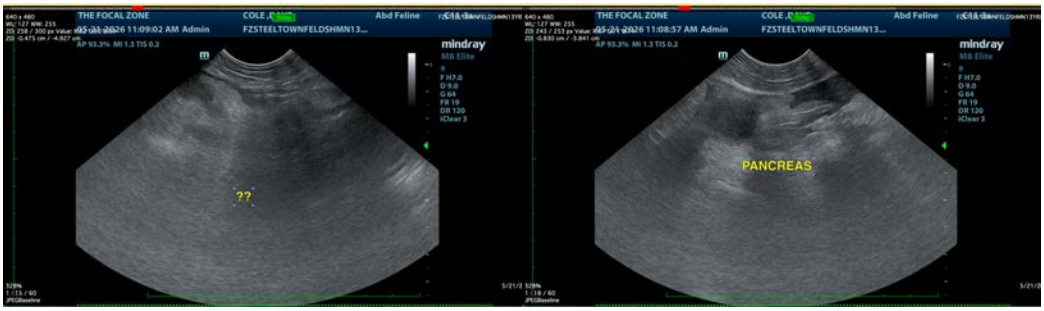
An echocardiogram is recommended.

A blood pressure is recommended.

Sampling of the bicavitary effusion for analysis and cytology is recommended if patient's coagulation status is appropriate. At that same time, fine needle aspirates of the liver and spleen could be considered.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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



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

PATIENT

Dave Cote

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.59 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Steeltown Cat Hospital

REFERRING VET

Dr. Hall

INVOICE

75325

DATE

5/21/26