


PATIENT PRESENTING CLINICAL SIGNS

Buddy Sharp History: Chronic intermittent vomiting. 1 week history of distended abdomen, vomiting, muscle wasting, lethargy. No meds. Withdrew 80mls of fluid, will send to lab.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Mildly elevated neuts with suspected bands, mildly decreased PCT and PLT (false from collection? vs true) Mildly elevated glucose, mildly decreased Na, Cl, rest WNL. Rad report: gastric herniation through the esophageal hiatus with persistence over multiple images likely secondary to abdominal cavity disease. Marked volume peritoneal effusion. Nonspecific. Mineral in the liver supports choledocholithiasis likely incidental in cats. Lucent focus in right caudal peritoneal space concerning for gas.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX

Neutered Male

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with mostly anechoic urine and bladder thickness is considered normal for volume of urine. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed.

AGE

10 years

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.54 cm. There is a slight decrease in corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

4.88 kg

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.92 cm. There is a slight decrease in corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Jessica Midence, DVM,
 DACVIM (SAIM)

Adrenal Glands

The adrenal glands were not visualized in the available images.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The spleen was not visualized in the available images.

HOSPITAL NAME

Beatties PH Stoney
 Creek

Liver

The liver is subjectively small in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. There were hyperechoic areas throughout the liver suspected to be the reported mineralization on the radiographs. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

REFERRING VET

Baskin

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. There was a small volume of dependent echogenic debris but no obvious gall stones. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract

The stomach was not visualized in the available images.

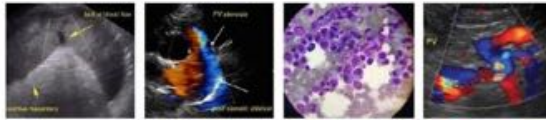
INVOICE

12510

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The loops of intestines were mostly suspended within the echogenic debris. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

DATE

3.24.23



PATIENT The sections of colon are visualized with formed fecal material and gas shadowing distally.

Buddy Sharp **Pancreas**
The pancreas was not visualized in the available images.

SPECIES **Peritoneum**
Feline There is a huge volume of echogenic effusion throughout the abdomen. The mesentery is diffusely thickened and has an almost nodular appearance. There is no reverberation artifact that would raise concern for free air within the abdomen. No lymph nodes were seen. There is no evidence of caudal aortic thrombus at the bifurcation.

BREED **ULTRASONOGRAPHIC FINDINGS**
DSH

SEX **Primary Findings**
Neutered Male

- Huge volume of echogenic effusion
- Nodular omentum. Concern for carcinomatosis.

AGE **Secondary Findings**
10 years

- Chronic degenerative renal changes

WEIGHT **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

4.88 kg

The large volume of effusion on this exam made it challenging to evaluate other organs. The effusion is highly echogenic which raises concern for either a high protein transudate or an exudate. The appearance of the mesentery is almost nodular, which raises concern for carcinomatosis or other neoplasia, though a primary lesion was not found (consideration would be given to a pancreatic neoplasm). Pending cytology results, consider a therapeutic abdominocentesis and a repeat ultrasound, or CT scan of thorax and abdomen may be necessary. Other differentials would include septic peritonitis from any infectious source (e.g., perforated intestines, bacterial cholangiohepatitis, urosepsis, etc.), FIP, round cell neoplasia, or organ torsion (though none of these were suggested by this exam).

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IMAGING PERFORMED BY

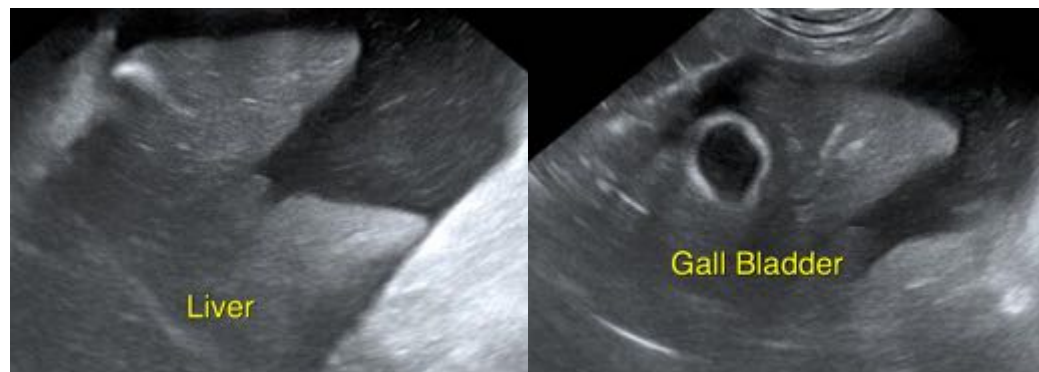
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HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

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PATIENT

Buddy Sharp

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 years

WEIGHT

4.88 kg

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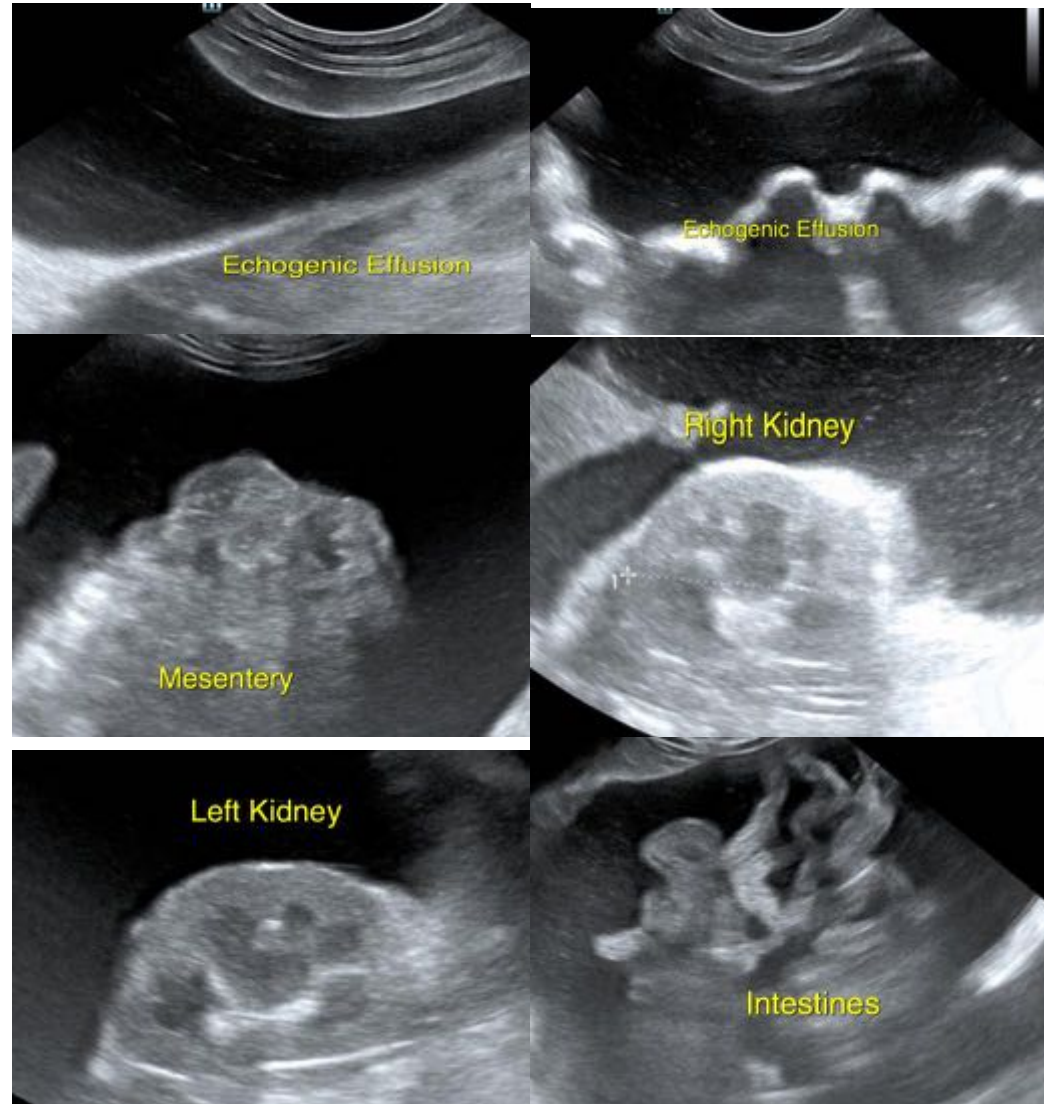
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Creek

REFERRING VET

Baskin



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.

Jessica Midence, DVM, DACVIM (SAIM)
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INVOICE

12510

DATE

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