



**PATIENT**

Tiger Madsen

**PRESENTING CLINICAL SIGNS**

fluid in abdomen, weight loss, muscle wasting.  
Abnormal PE/Chem/CBC/UA Results: Please see attached bloodwork, rads and rad report.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder was not clearly visualized, likely due to lack of urine distention and the large amount of free fluid in the abdomen.

**SEX**

Neutered Male

The left kidney has a normal shape and size (3.39 cm) with pyelectasia at 0.21 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

16 Years

The right kidney has a normal shape and size (3.51 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

6 Pounds

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**INTERPRETED BY**

Kathleen Sennello  
DVM, MS, Diplomate  
ACVIM (Small Animal  
Internal Medicine)

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**IMAGING PERFORMED BY**

Crystal Hill

**Liver**

The liver is large with rounded edges and is hyperechoic. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**HOSPITAL NAME**

Gagemount AH

The area of the gallbladder appears normal, and there is a small hint of a gallbladder visualized, but it does not appear distended. This is most consistent with an empty gallbladder.

**Gastrointestinal**

**REFERRING VET**

Dr. Keir

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**INVOICE**

33830

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness appears normal. Bowel loops appear bunched with a prominent surrounding hyperechoic mesentery. The duodenum measured as normal between 0.13-0.38 cm in wall thickness. The jejunum measured as normal between 0.15-0.36 cm. No focal lesions consistent with an obstruction or mass effect were observed.

**DATE**

12/30/21



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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**SPECIES**

Feline

***Pancreas***

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**BREED**

DSH

***Free Abdomen***

There is a very large amount of echogenic free fluid in the abdomen. There is no overt evidence of lymphadenomegaly. The omentum appears prominent, hyperechoic, and somewhat irregular, almost nodular in appearance. Additionally, in some areas the peritoneum appears irregular.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- Large volume echogenic free fluid – Recommend fluid analysis and cytology.
- Large, hyperechoic, rounded liver – Some of this appearance could be secondary to the surrounding hypoechoic fluid. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Mild left-sided pyelectasia – Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

**AGE**

16 Years

**WEIGHT**

6 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Kathleen Sennello  
DVM, MS, Diplomate  
ACVIM (Small Animal  
Internal Medicine)

An obvious cause for the fluid visualized in the abdominal cavity is not noted. The fluid appears very echogenic, so it less likely to be a pure transudate. Strongly recommend fluid analysis and cytology.

Additionally, the peritoneum appears somewhat irregular as well as the omentum. This could be a potential cause of the fluid (for example carcinomatosis or mesothelioma), or it could be a result of chronic inflammatory fluid and some evidence of fibrosis.

**IMAGING PERFORMED BY**

Crystal Hill

The liver is large, rounded and bright. If possible, consider fine needle aspirate of the liver (provided coagulation parameters are normal) and a liver function test.

The gallbladder is difficult to visualize and appears very empty. This could be secondary to recent contraction or less likely a ruptured gallbladder.

**HOSPITAL NAME**

Gagemount AH

If fluid analysis and cytology does not provide a diagnosis, then consider a fine needle aspirate of the liver. In some of these cases, advanced imaging of the abdomen (contrast abdominal CT) or exploratory surgery is necessary to obtain a diagnosis. I am most concerned about possible carcinomatosis.

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Dr. Keir

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**HOSPITAL NAME**

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**REFERRING VET**

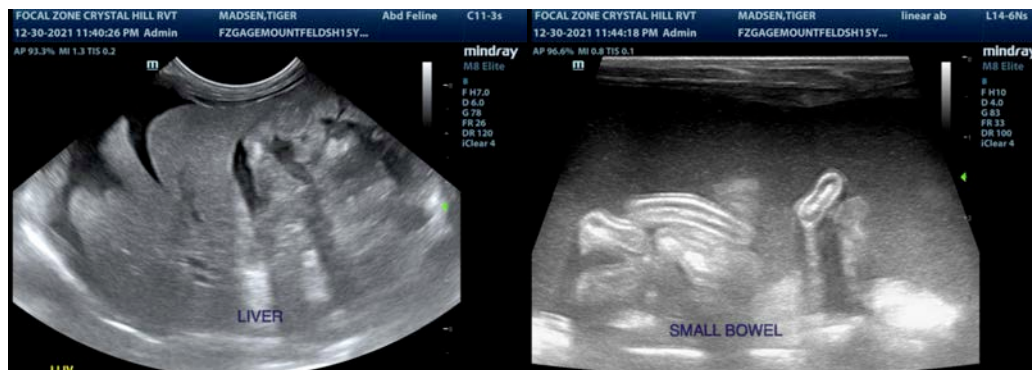
Dr. Keir

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com

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