



PATIENT PRESENTING CLINICAL SIGNS

Jax Huckaby

Jax presented last week with a h/o apparent weight loss and modest inappetence and lethargy. Px appeared to have abdominal fluid on palpation. Labwork was run and showed elevated bilirubin, slightly low bun, elevated globulin and amylase and mild neutrophilia. Px was treated symptomatically with SQ fluids that seemed to help. Today 450 ml of clear but yellow fluid was drawn from abdomen after AUS. AUS ordered to further evaluate abdominal effusion and elevated tbili

SPECIES

Feline

BREED

DLH

Abnormal PE/Chem/CBC/UA Results: WBC 17.5 x 10³ H Tbili 0.7 H BUN 10 L Amylase 3043 H No fever has been noted thus far

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

5

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

WEIGHT

13.3

The left kidney has a normal shape and size (4.08 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney has a normal shape and size (4.59 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

IMAGING PERFORMED BY

Dr. James Hornbuckle

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 is visualized.

HOSPITAL NAME

Golden Isles AH

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 is visualized.

REFERRING VET

Dr. James Hornbuckle

Spleen

The spleen is subjectively normal in size (0.97 cm), 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.

INVOICE

45392

Liver

The liver is subjectively normal/borderline small in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

DATE

2/21/23

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT

Gastrointestinal

Jax Huckaby

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.

SPECIES

Feline

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

DLH

SEX

Neutered Male

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.

AGE

5

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.

WEIGHT

13.3

Free Abdomen

There is a large amount of mildly echogenic free abdominal fluid. No lymphadenopathy. The omentum is generally of normal echogenicity.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Borderline small liver – Correlate findings with abdominal radiographs, as this could be within normal limits for this individual.
- Large free abdominal fluid – Recommend fluid analysis and cytology.

IMAGING PERFORMED BY

Dr. James Hornbuckle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of free abdominal fluid present with a relatively normal abdomen. The liver subjectively looks small, but this can be misleading in a fluid distended abdomen. Initially, recommend fluid analysis and cytology, trying to classify the effusion to better guide your workup, and cytologic evaluation looking for any abnormal cells, inflammation, etc.

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. James Hornbuckle

It is somewhat unusual to have an elevation in bilirubin with normal liver enzymes. Consider a liver function test to further evaluate the liver. If significant liver dysfunction is present, consider a surgical biopsy (provided coagulation parameters are normal).

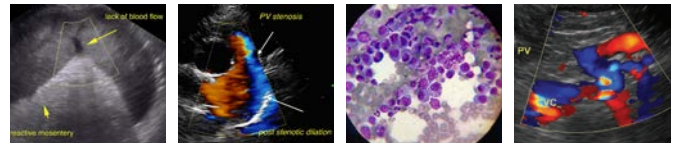
INVOICE

45392

If this is a modified transudate, recommend 3-view thoracic radiographs and possible evaluation of the heart for right-sided cardiac disease/pericardial effusion, etc. Additionally, consider the possibility of FIP, occult neoplasia, cholangitis, pancreatitis, sclerosing peritonitis, etc. A contrast CT scan may be necessary to further evaluate for more subtle lesions (vascular lesions, etc.).

DATE

2/21/23



PATIENT

Jax Huckaby

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5

WEIGHT

13.3

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. James Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

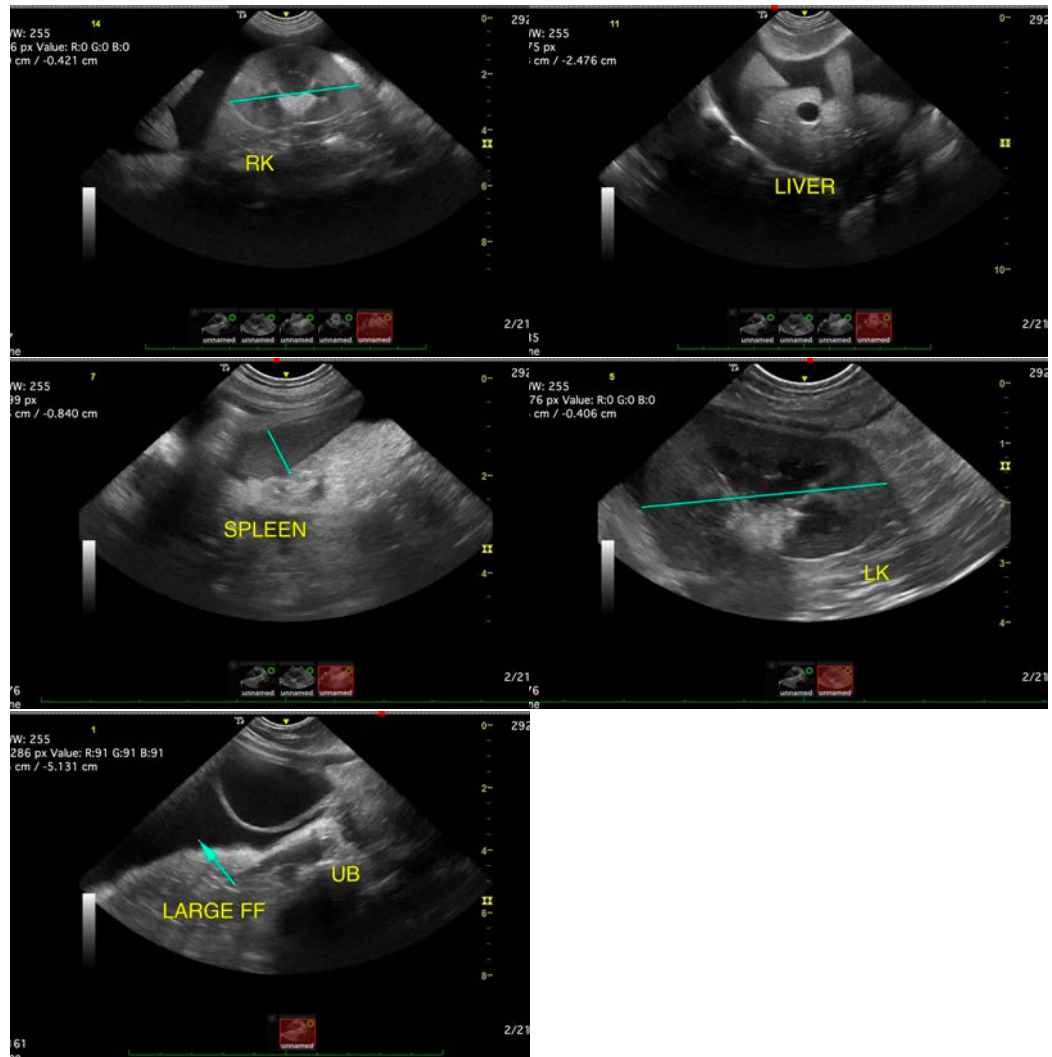
Dr. James Hornbuckle

INVOICE

45392

DATE

2/21/23



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.

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

kathleen.sennello@sonopath.com