

**PATIENT**

Dude Lubliner

**PRESENTING CLINICAL SIGNS**

Anorexia for 2 weeks, weight loss, abdominal fluid + distention and jaundice.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: WBC 20.06, Lym 1.44, Neu 18.48, EOS 0.06, Baso 0.00, HCT 30%, HGB 9.7, PLT 54, MPV 28.8, PCT 0.16 %, ALB 2.1, BUN 14, TBIL 3.4, Na 149, Cl 107

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered Male

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.

**AGE**

7Y

The left kidney has a normal shape and size (3.57 cm) with some cortical striations. Overall echogenicity is slightly hyperechoic with poor 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.

**WEIGHT**

10.03

The right kidney has a normal shape and size (4.03 cm). Overall echogenicity is slightly hyperechoic with poor 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)

**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.

**IMAGING PERFORMED BY**

Val Shumskaya

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.

**Spleen**

**HOSPITAL NAME**

Cresskill AH

The spleen is subjectively normal/hypovolemic in size (0.51 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.

**REFERRING VET**

Dr. Lubliner

**Liver**

The liver is subjectively normal 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.

**INVOICE**

10396

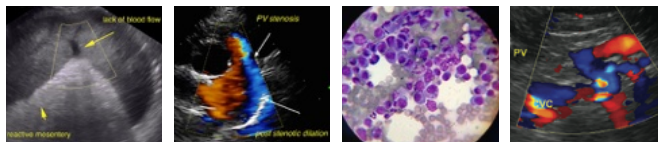
The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

**DATE**

8/10/2023

**Gastrointestinal**

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.



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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 jejunum measured as normal (0.24 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

### Pancreas

The area of 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.

### Free Abdomen

There is a large volume of echogenic free fluid. No significant lymphadenopathy is noted. The omentum is diffusely prominent and thickened with an almost nodular, irregular appearance. It is severely hyperechoic.

## PRIMARY FINDINGS

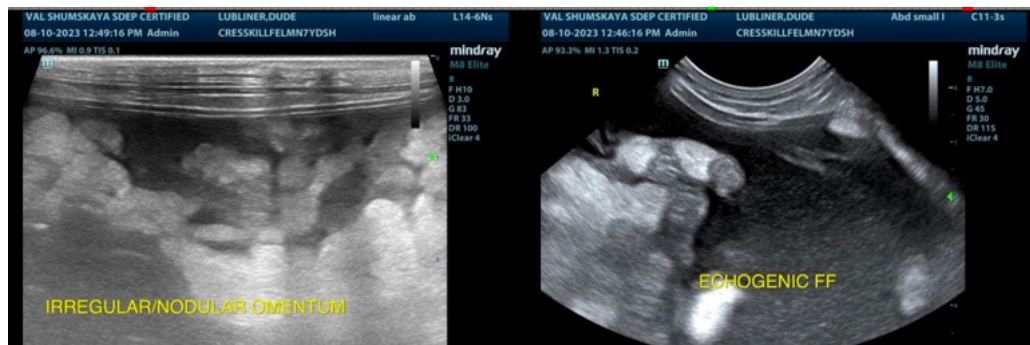
- Large volume echogenic free fluid with severely hyperechoic and irregular/nodular omentum. Findings are concerning for peritonitis (infectious or inflammatory) and/or neoplastic effusion/carcinomatosis.

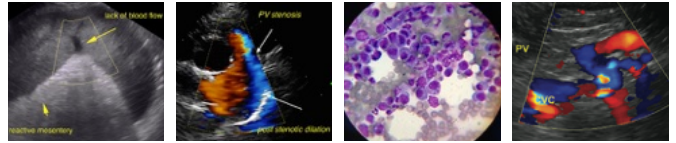
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal mass effect was not visualized on today's exam. There is a large volume of very echogenic free abdominal fluid and diffusely hyperechoic irregular/nodular mesentery. This irregularity could be a result of chronic exposure to the inflammatory fluid or could be the cause of it. Recommend fluid analysis and cytology.

Given the icterus present consider further evaluation of the liver. Consider screening for toxoplasmosis, FIP testing (FIP/PCR to Auburn University) and ideally sampling of the liver itself (fine needle aspirate if coagulation parameters are normal or a biopsy of the liver). If the liver is biopsied then consider a biopsy of the omentum at the same time. Looking for any evidence of carcinomatosis, FIP, or mesothelioma.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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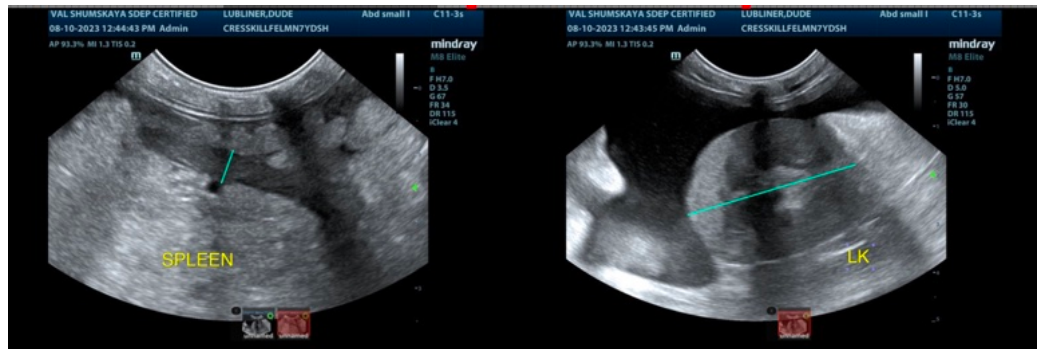
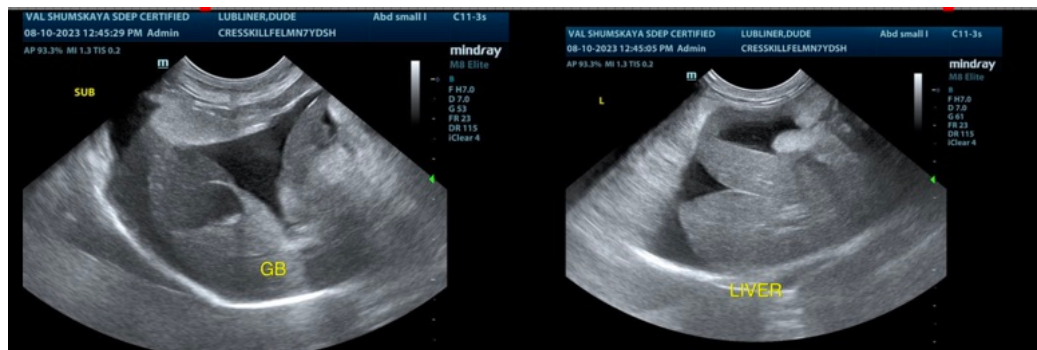
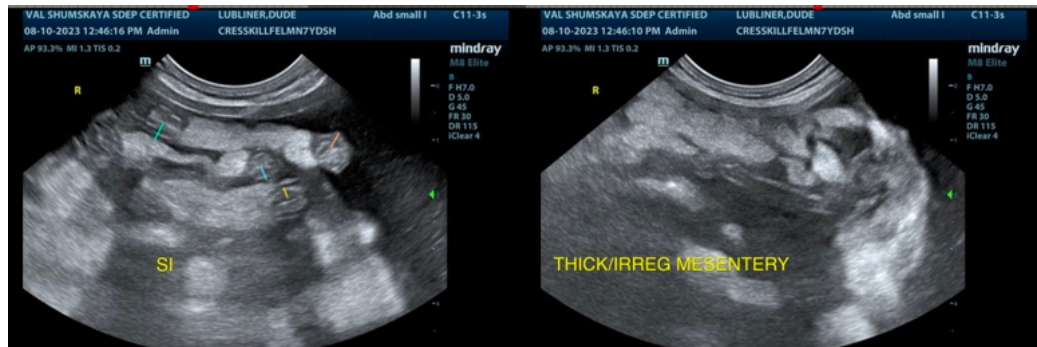
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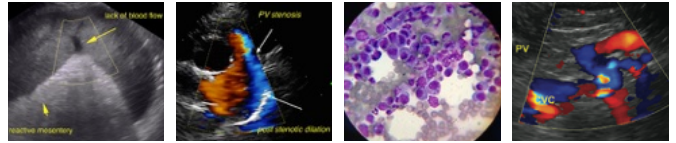
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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

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info@sonopath.com

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