



PATIENT	PRESENTING CLINICAL SIGNS
Chi Chi Olenowski	Hx of diabetes, hasnt eaten in days, very lethargic
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
DSH	
SEX	Mildly prominent renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.4 cm in length. The right kidney measured 5.3 cm in length.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
9	
WEIGHT	Adrenal Glands
12	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
IMAGING PERFORMED BY	Liver/Gallbladder
Jenn	The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with mild uniform increased echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the liver/diaphragm measuring 0.89 cm, without overt evidence of thrombosis. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No overt evidence of gallbladder wall edema. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
Rockaway Animal Hospital	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
REFERRING VET	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
Dr. Maniar	Normal visible colon wall layers were present with apparent formed feces in lumen.
INVOICE	Pancreas
12645ag	
DATE	
01/10/2023	



PATIENT

Chi Chi Olenowski

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

SPECIES

Feline

Free Abdomen

Moderate volume echogenic peritoneal free fluid was present.

BREED

DSH

Generalized hyperechoic mesentery was noted. Intermittent non-specific mildly prominent non-homogenous mesenteric lymph nodes were present, an example measuring 1.2 cm in diameter.

Transdiaphragmatic view of the caudal thorax revealed evidence of suspected concurrent pleural effusion.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Moderate volume echogenic peritoneal effusion, suspect concurrent pleural effusion
- Hepatomegaly exhibiting subjective vascular congestion and uniform increased parenchyma echogenicity, concurrent prominent cranial abdominal caudal vena cava
- Mildly prominent to hypoechoic pancreas-edema vs low-grade to mild pancreatitis possible
- Sonographically unremarkable GI tract

AGE

9

Secondary findings

- Mild urinary bladder sediment
- Diabetic nephropathy

WEIGHT

12

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Given the evidence of hepatic and vena cava congestion, concern for extra abdominal is thoracic or cardiac component to the bicavitary effusion is warranted. Echocardiogram and three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology may be considered to assess for primary parenchymal disease i.e. inflammation, occult neoplasia, etc. Correlation with effusion analysis cytology +/- C/S is recommended.

IMAGING PERFORMED BY

Jenn

Potential for pancreatic inflammation is possible although sonographically the appearance of the pancreas is not overtly consistent with severe pancreatitis as an obvious cause of the bicavitary effusion. Correlation with a spec fPL suggested.

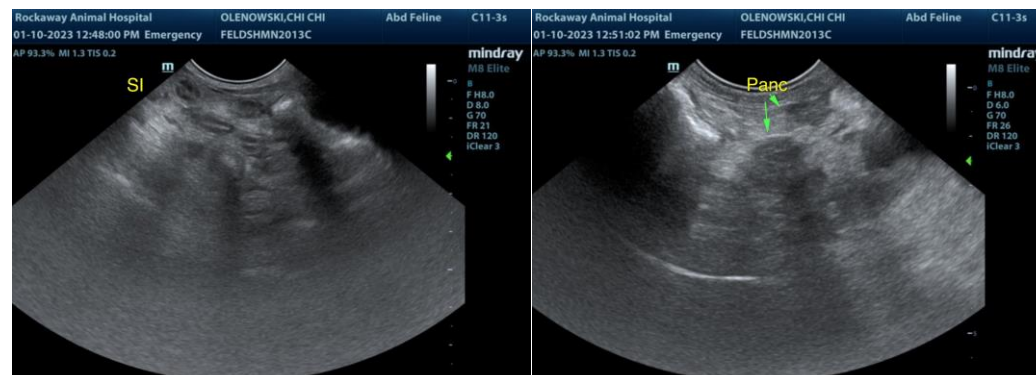
HOSPITAL NAME

Rockaway Animal
Hospital

A guarded prognosis is indicated.

REFERRING VET

Dr. Maniar



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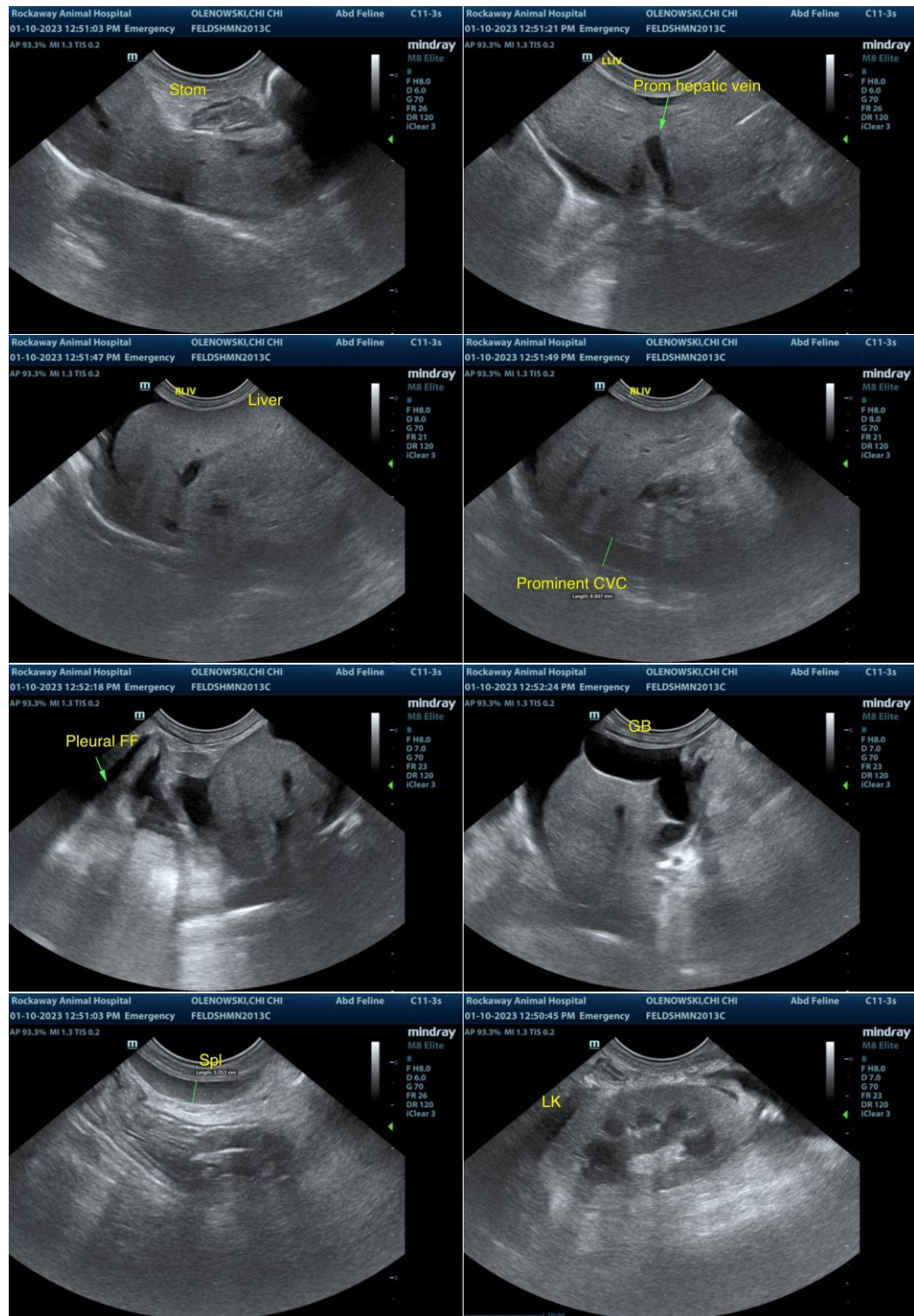
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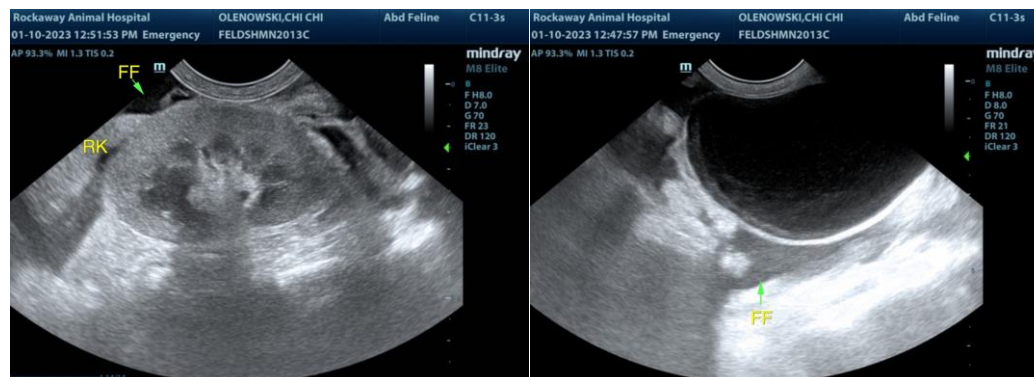
Dr. Maniar

INVOICE

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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 can be of any further assistance, please contact me.

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