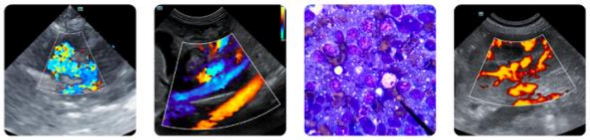


PATIENT

Beebo MacDonald

SPECIES

Canine

BREED

Maine Coon Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

10.7 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fish Creek Emergency

REFERRING VET

Dr. Johnson

INVOICE

13242

DATE

01/17/26

PRESENTING CLINICAL SIGNS

3-day history of acute lethargy, hiding, abnormal vocalization, and a distended abdomen. The owner also reported a wobbly gait and a sweet smell from the patient over the last 3 days. 5-year history of DM , on Glargine 6 units BID long term. The owner reports a decreased appetite for a few days, with minimal intake in the last 24 hours. Decreased drinking and urination have been noted over the last 3 days.

Abnormal PE/Chem/CBC/UA Results: Point of Care Diagnostics: Blood Pressure: 146/88 mmHg (mean 107 mmHg), Blood Glucose: 3.2 mmol/L, Serum Ketones: 0.1 mmol/L (normal). Complete Blood Count: Hematocrit 42%, white blood cell count 19.14 x 10^9/L (mild leukocytosis), neutrophilia 15.83 x 10^9/L, monocytosis 0.86 x 10^9/L, thrombocytosis 717 x 10^9/L. - Chemistry: Blood glucose 4.4 mmol/L, SDMA 16 ug/dL, creatinine 191 umol/L, BUN 17.3 mmol/L (mild azotemia), calcium 1.89 mmol/L (hypocalcemia), sodium 139 mmol/L (hyponatremia), chloride 100 mmol/L (hypochloremia), amylase 2312 U/L. Total protein, albumin, globulin, liver values, and T4 were within normal limits.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal 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 4.7 cm in length. The right kidney measured 4.8 cm in length. Mild pyelectasia was visualized within the right kidney.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size with asymmetrical contour and homogenous nonmineralized parenchyma. The left adrenal gland measured 0.59 cm width. The right adrenal gland measured 0.53 cm width.

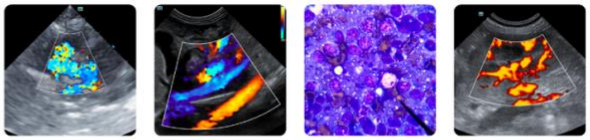
Spleen

The spleen presented mildly enlarged with mild asymmetrical splenic capsule contour and mild nonhomogenous parenchyma with no evident mass or nodules. The spleen measured 1.4 cm width level of the mid spleen.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

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.

The visualized segments of small intestine were sonographically normal. Empty intestinal lumen to the level of the colon.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas presented prominent in size with capsule asymmetry and nonhomogenous mildly hypoechoic parenchyma.

Free Abdomen

A moderate volume of mildly echogenic peritoneal effusion was present with generalized nonhomogenous hyperechoic omentum. No overt or definitive omental masses or significant hypoechoic to swollen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable empty gastrointestinal tract.
- Prominent hypoechoic pancreas.
- Mild splenomegaly.
- Noncongested liver.
- Mild gallbladder debris.
- Mildly echogenic peritoneal effusion and generalized nonhomogenous omentum.

Secondary Findings

- Bilateral chronic renal changes with mild right kidney pyelectasia.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no subnormal albumin levels, no evidence of passive hepatic congestion or significant diffuse hepatic disease or intestinal mural disease that would be responsible for peritoneal effusion. Primary considerations may include nonspecific peritonitis, possibly secondary to pancreatitis or neoplasia, i.e. carcinomatosis, lymphomatosis or similar. Correlation with effusion analysis, cytology, +/- culture and sensitivity, if evidence of effusion inflammatory component is recommended. Technically, FIP is a potential yet considered less likely given patient's age. FIP titers/PCR on effusion could be considered if clinically indicated. Primary concern for carcinomatosis, lymphomatosis or similar is warranted as sonographically and subjectively, pancreatitis, if present, did not overtly appear to be severe.

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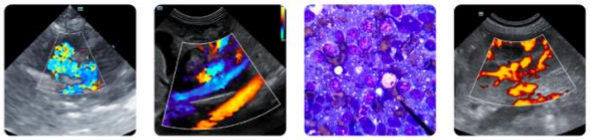

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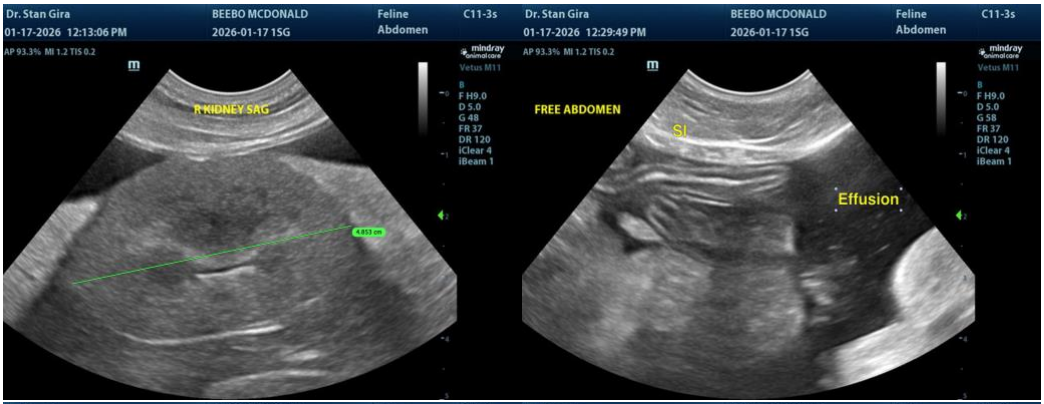

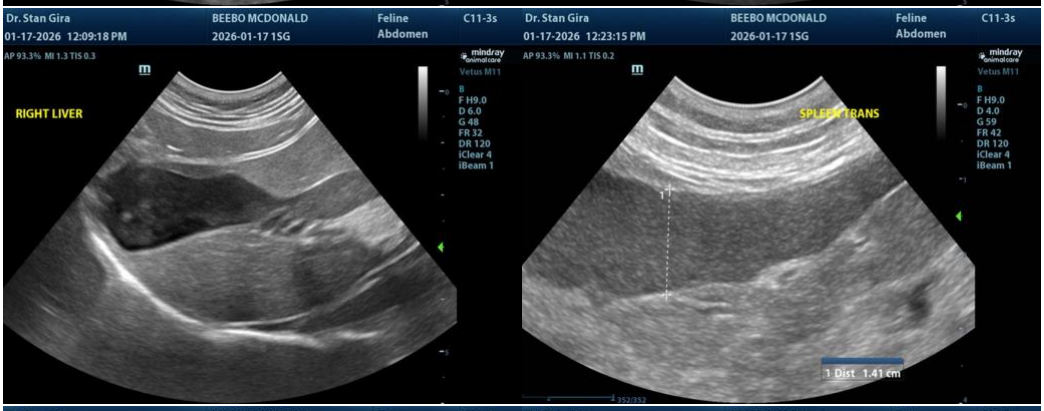

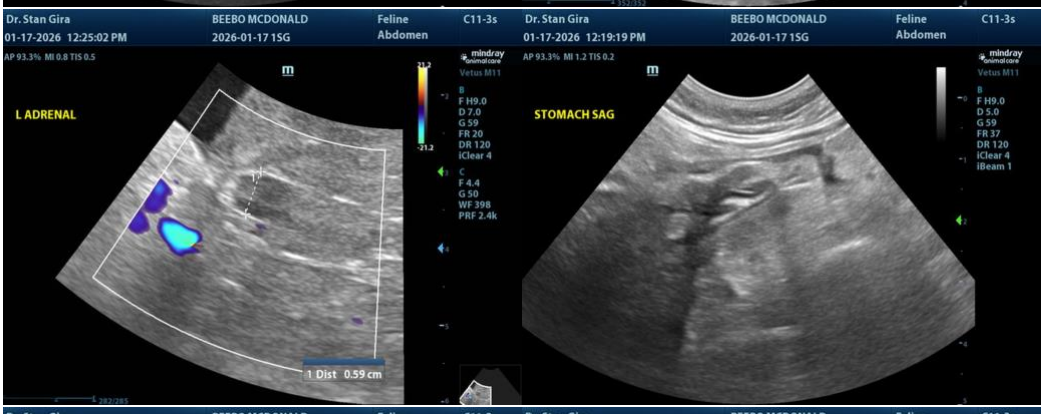

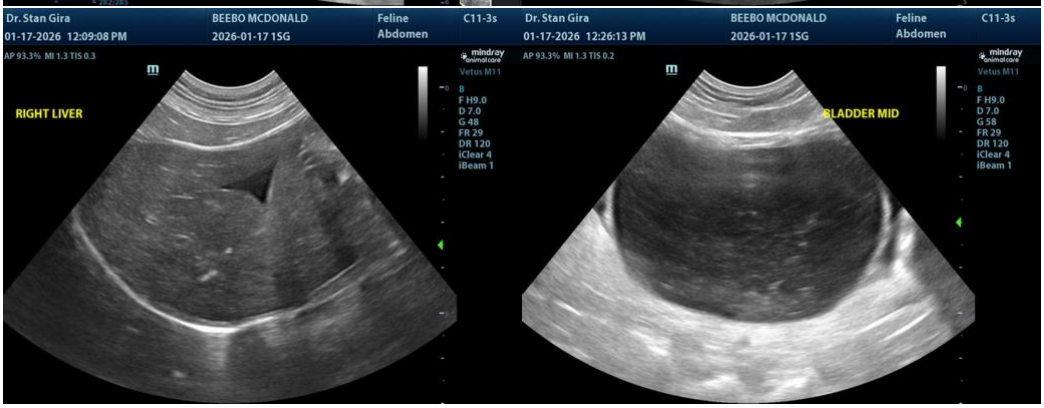

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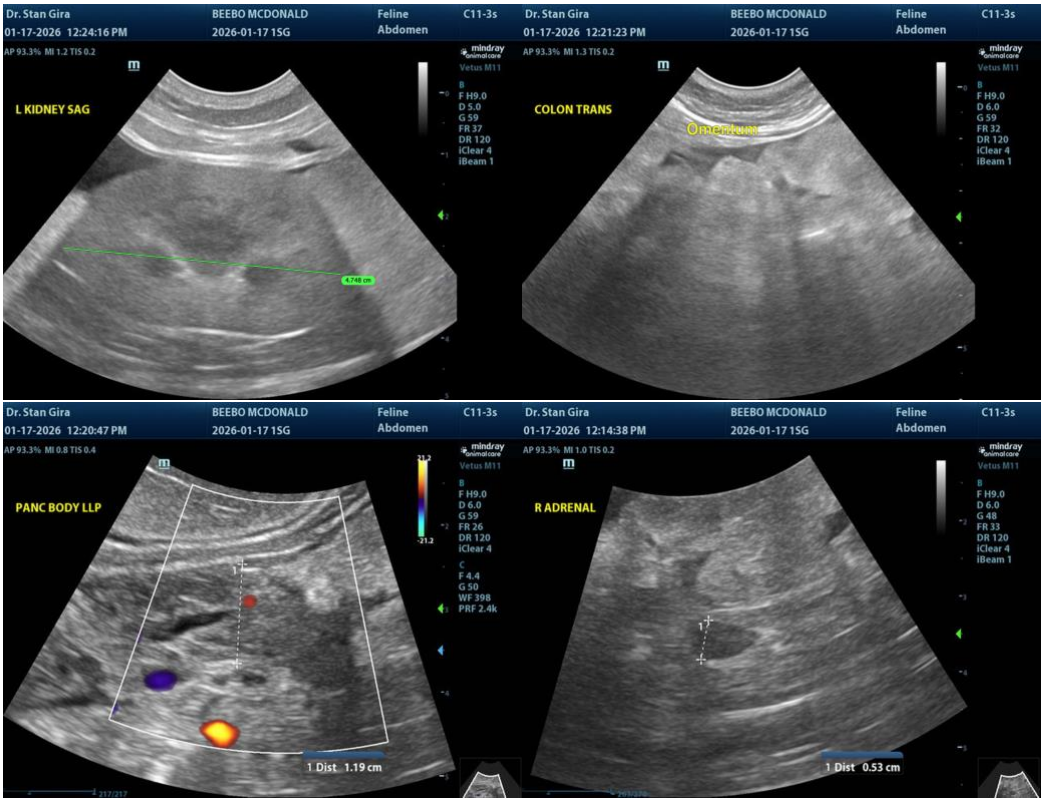

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com