



PATIENT	PRESENTING CLINICAL SIGNS
Missy Relampagos	Presented for ongoing intermittent loose stool, abdominal bloating, and picky appetite. - Physical exam findings: Grade 2/6 systolic heart murmur, overweight, generalized muscle loss (pronounced over dorsal spinous processes), abdomen mildly distended and firm, dental disease.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia ($60 \times 10^3/\text{ml}$, $n=200-500$, clumping also observed but overall decreased numbers), lymphopenia (891, $n=1200-8000$), elevated BUN (54, $n=14-36$) and Creatinine (3.0, $n=0.6-2.4$), 4+ proteinuria, normal T4 and fecal. Current Medications Fortiflora
BREED	
DSH	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
FS	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
AGE	
9 years	No evidence of medial Iliac or sublumbar lymphadenopathy/masses.
WEIGHT	
15.37 lbs.	Normal renal size with asymmetrical margination were 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 3.6 cm in length. The right kidney measured 4.2 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt pathology associated with the left or right adrenal glands was visualized.
IMAGING PERFORMED BY	Spleen
Sara Hansen	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. The spleen measured 0.83 cm width at the level of the hilus.
HOSPITAL NAME	Liver/ Gallbladder
Q Street Animal Hospital	The liver presented moderately enlarged to swollen in size with symmetrical yet swollen contour. The parenchyma exhibited uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was mildly prominent to dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The gallbladder was non-distended in size containing primarily anechoic content with mild, incidental, nonorganized, echogenic sludge. The cystic and common bile ducts were normal.
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INVOICE	
15914	
DATE	
1/24/23	



PATIENT	<i>Gastrointestinal</i>
Missy Relampagos	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.
SPECIES	
Feline	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.
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
DSH	<i>Pancreas</i>
SEX	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
FS	
AGE	<i>Free Abdomen</i>
9 years	Large volume peritoneal effusion exhibiting mild to moderate fluid echogenic changes, which may suggest fluid cellularity, was noted. Generalized mild hyperechoic omentum was noted. No overt omental masses or evidence of intraabdominal lymphadenopathy was found.
WEIGHT	
15.37 lbs.	Brief subjective echocardiogram revealed subjective evidence of left and possibly right heart chamber enlargement with subjective subnormal LV contractility. Concurrent mild to possible moderate volume pleural effusion was also noted. No overt pericardial masses were visualized.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Large volume peritoneal effusion exhibiting fluid echogenic changes • Hepatomegaly exhibiting mild evidence of vascular congestion • Mild gallbladder sludge - incidental • Moderate chronic renal changes • Subjective nonspecific possible cardiomyopathy with concurrent pleural effusion • Overtly normal visualized gastrointestinal tract
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Sara Hansen	Abdominocentesis +/- thoracocentesis for fluid analysis, cytology, +/- C/S if evidence of inflammatory cells is suggested for further assessment. FIP is technically a potential in this case yet considered less likely owing to the patient's age. Biventricular effusion with evidence of hepatic congestion owing to cardiac disease or underlying neoplastic process, given the lack of significant additional intraabdominal visceral pathology such as carcinomatosis, lymphomatosis, or similar, are considered the primary differential diagnoses in this case.
HOSPITAL NAME	
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DATE	Three-view thoracic radiographs and full echocardiographic workup if possible are recommended. An extremely guarded prognosis is indicated.
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PATIENT

Missy Relampagos

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 years

WEIGHT

15.37 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street Animal
Hospital

REFERRING VET

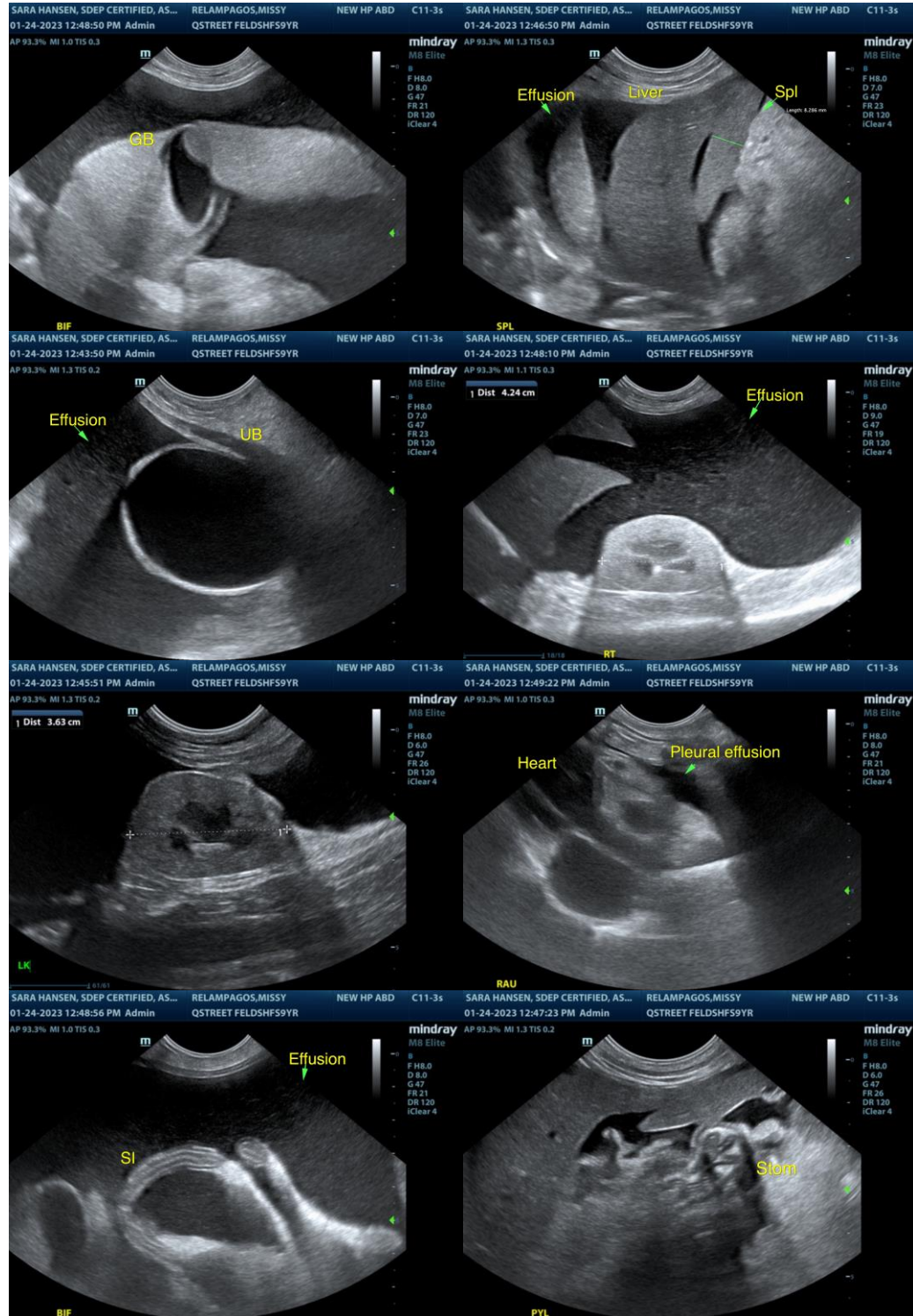
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PATIENT

Missy Relampagos

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 years

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15.37 lbs.

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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)
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