



PATIENT	PRESENTING CLINICAL SIGNS
Lola Philogene	P IS A 9YR OLD F/S TABBY CAT PRESENTING TODAY FOR DISTENDED ABDOMEN GOING ON COUPLE MONTHS. O BROUGHT P TO ANOTHER VET 4 DAYS AGO WAS REFERRED TO ER FOR RADS AND U/S. P WAS SEEN A YEAR AGO AT ANOTHER VET FOR WEAKNESS AND INFECTION WAS GIVEN ABX O TRYING TO FIND PHONE NUMBER FOR PREVIOUS VET.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Distended abdomen with fluid wave. Walnut sized mass in cranial abdomen palpable.
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	<i>Urinary System</i>
SEX	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 were noted.
SF	No evidence of pathology in the area of the aortic trifurcation.
AGE	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.
9 Years	
WEIGHT	<i>Adrenal Glands</i>
9 lbs	The left and right adrenal glands were not definitively visualized owing to the presence of peritoneal free fluid.
INTERPRETED BY	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited generalized enlargement, normal splenic vasculature, generalized maintained uniform parenchyma exhibiting moderate coarse echotexture, and normal subjective splenic parenchyma echogenicity. No overt splenic masses or nodules. The spleen measured 1.3 cm width.
IMAGING PERFORMED BY	<i>Liver / Gallbladder</i>
Rivera	The liver exhibited subjective potential for mild generalized subnormal size. Areas of asymmetrical ventral and caudal hepatic contour as well as subtle generalized nonhomogeneous hepatic parenchyma exhibiting moderate coarse echotexture and evidence of parenchymal remodeling were present. The portal vein to the level of the porta hepatis appeared to be mildly prominent in size measuring 0.68 cm diameter. No overt evidence of portal vein thrombus.
HOSPITAL NAME	<i>Gastrointestinal</i>
DPC Veterinary Hospital	The gallbladder was non-distended with prominent to mildly echogenic gallbladder walls. The gallbladder wall measured 0.17 cm width. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. White	
INVOICE	
49419	The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing without overt evidence of obstruction to pyloric outflow.
DATE	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. The jejunum wall width measured 0.20 cm.
1-9-22	



PATIENT

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

Lola Philogene

Pancreas

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 was evident.

SPECIES

Feline

Free Abdomen

BREED

DSH

Moderate to severe volume, subjectively anechoic, peritoneal free fluid was present.

Generalized mild reactive mesentery was noted.

No overt evidence of lymphadenopathy was present.

SEX

SF

Moderately sized to large complex cystic appearing mass like lesion present in the mid to cranial primarily right cranial abdomen. The mass appeared to exhibit potential for multiple chambers measuring approximately 5.0-6.0 cm in diameter. The unspecified mass was in the area of the common bile duct caudal to the gallbladder. It did not appear to be affecting the right kidney as the right kidney was definitively visualized based on labeled video clips.

AGE

9 Years

ULTRASONOGRAPHIC FINDINGS

- Nonspecific splenomegaly.
- Moderate to severe volume, primarily anechoic, free fluid.
- Nonhomogeneous liver exhibiting subjective mild subnormal size - suspect chronic hepatopathy, vacuolar hepatic changes, chronic active hepatitis, cholangiohepatitis, cirrhosis, fibrosis, or other hepatopathy.
- Mild to moderate chronic renal changes.
- Complex unspecified cystic appearing mass lesion primarily in the right cranial abdomen - unspecified to complex pancreatic or hepatic cyst, neoplasia, significant common bile duct distension (cholangitis, CBD obstruction considered less likely given normal gallbladder signs) or other.

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

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INVOICE

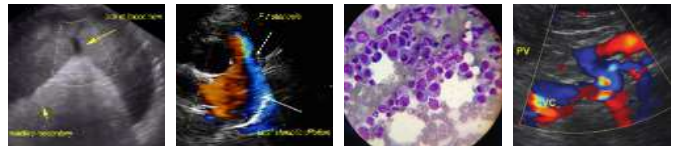
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DATE

1-9-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend peritoneal effusion analysis cytology +/- culture and sensitivity if evidence of inflammatory cells suggested. Non-septic effusion i.e., increased vascular permeability, decreased hydrostatic pressure, portal hypertension, less likely septic effusion with potential for neoplastic effusion possible. FIP is technically a potential in this patient yet considered unlikely given the patient's age. Abdominal CT if possible, likely ideal in this patient for further clarification and assessment.



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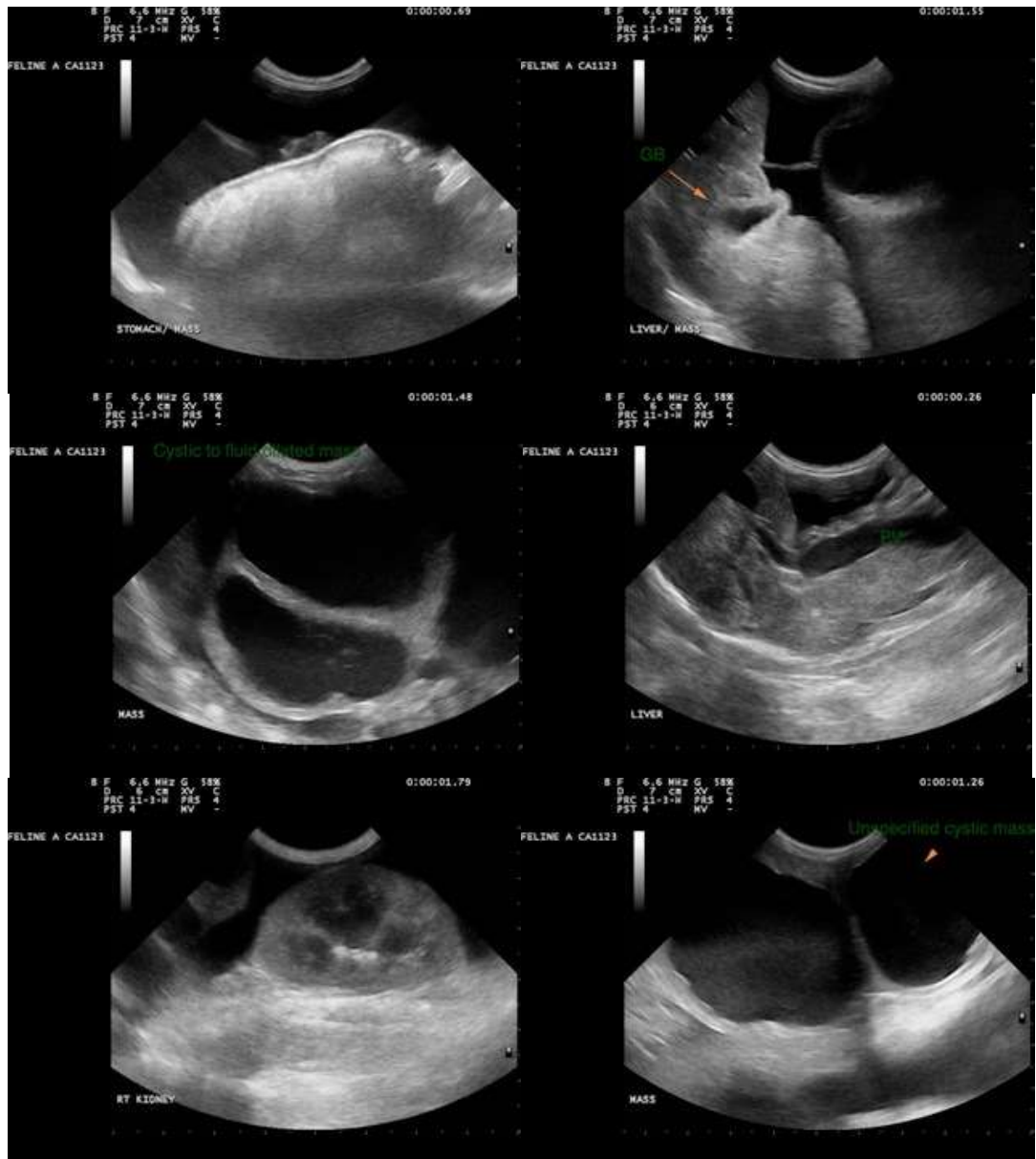
Dr. White

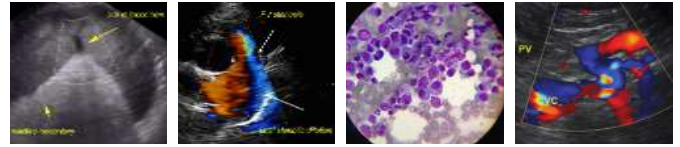
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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