



PATIENT PRESENTING CLINICAL SIGNS

Sherbert Lore History: Lethargy, intermittent vomiting/partial anorexia, large, tense abdomen, 2/6 murmur since 12.2019

SPECIES Medication: Miralax

Feline CBC/Chemistry Panel 9/28/21- HCT 53.2, WBC 15.3 with monocytosis, BUN 15, Creatinine 1.7, Potassium 5.3, Na/K ratio 28, Albumin 3.2, Unremarkable liver enzymes, TBili 0.1, Spec fPL 2.7

BREED

Domestic Shorthair

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 The area of the aortic trifurcation was free of pathology.

WEIGHT

16.9 Pounds Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.25 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was indistinctly visualized owing to peritoneal free fluid, as well as regional omental artifact, subjectively measuring 0.40 cm in width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

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 0.80 cm width at the level of the hilus. No splenic masses or nodules were noted.

HOSPITAL NAME

Dr. Sam's VHC

REFERRING VET

Dr. Derr

Liver/ Gallbladder

INVOICE

12343

The liver exhibited subjective mild subnormal size, with subjectively normal structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

DATE

10.11.2021



PATIENT

The gallbladder was non-distended in size with mild gallbladder debris extending into the mildly dilated cystic biliary duct.

Sherbert Lore

Gastrointestinal

SPECIES

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.

Feline

BREED

The visualized segments of small intestine exhibited intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Domestic Shorthair

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

SEX

Pancreas

FS

Sonographic assessment of the pancreas was limited owing to the presence of peritoneal free fluid and regional peripancreatic omental artifact. Overt evidence of pancreatic masses was not definitively evident. Potential for chronic to low-grade pancreatitis may be present yet isoechoic to adjacent omentum or may present as sonographically unremarkable.

AGE

9 years

Free Abdomen

WEIGHT

Marked, subjectively acellular to mild cellular peritoneal free fluid was present. Generalized nonuniform to subtly nodular omentum was noted. The potential for concurrent minor mesenteric lymphadenopathy is possible, yet evidence of significant hypoechoic to swollen lymphadenopathy was not noted.

16.9 Pounds

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Marked peritoneal free fluid with generalized nonuniform to subtly nodular omentum
- Subjective mild subnormal liver size
- Mild age-related kidneys
- Mild gallbladder debris

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Dr. Sam's VHC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder bladder is nonspecific and may be owing to fasting or indicate mild nonclinical cholestasis.

REFERRING VET

Dr. Derr

The free fluid may indicate non-septic (increased vascular permeability), decreased hydrostatic pressure (considered less likely given recent normal albumin levels), portal hypertension potentially owing to underlying chronic hepatopathy, septic / inflammatory effusion with potential for neoplastic effusion i.e., carcinomatosis, lymphomatosis, or similar.

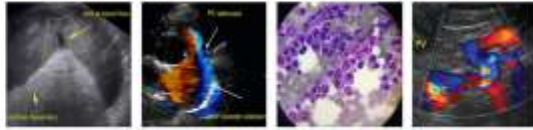
INVOICE

12343

DATE

10.11.2021

Recommend abdominocentesis, cytopsin cytology of the effusion +/- C/S if evidence of inflammatory cells for further assessment. FIP is technically a potential yet considered less likely given the age of the patient. Potential for underlying chronic hepatopathy is possible given the subjective subnormal



PATIENT

Sherbert Lore

liver size as well as the short half-life of hepatic enzymes in cats. No evidence of hepatic congestion as with cardiogenic effusion. Concern for neoplasia given the nodular omentum such as carcinomatosis, lymphomatosis, or similar is of primary concern, although not definitive. Guarded prognosis pending additional diagnostics including fluid analysis.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

9 years

WEIGHT

16.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Dr. Sam's VHC

REFERRING VET

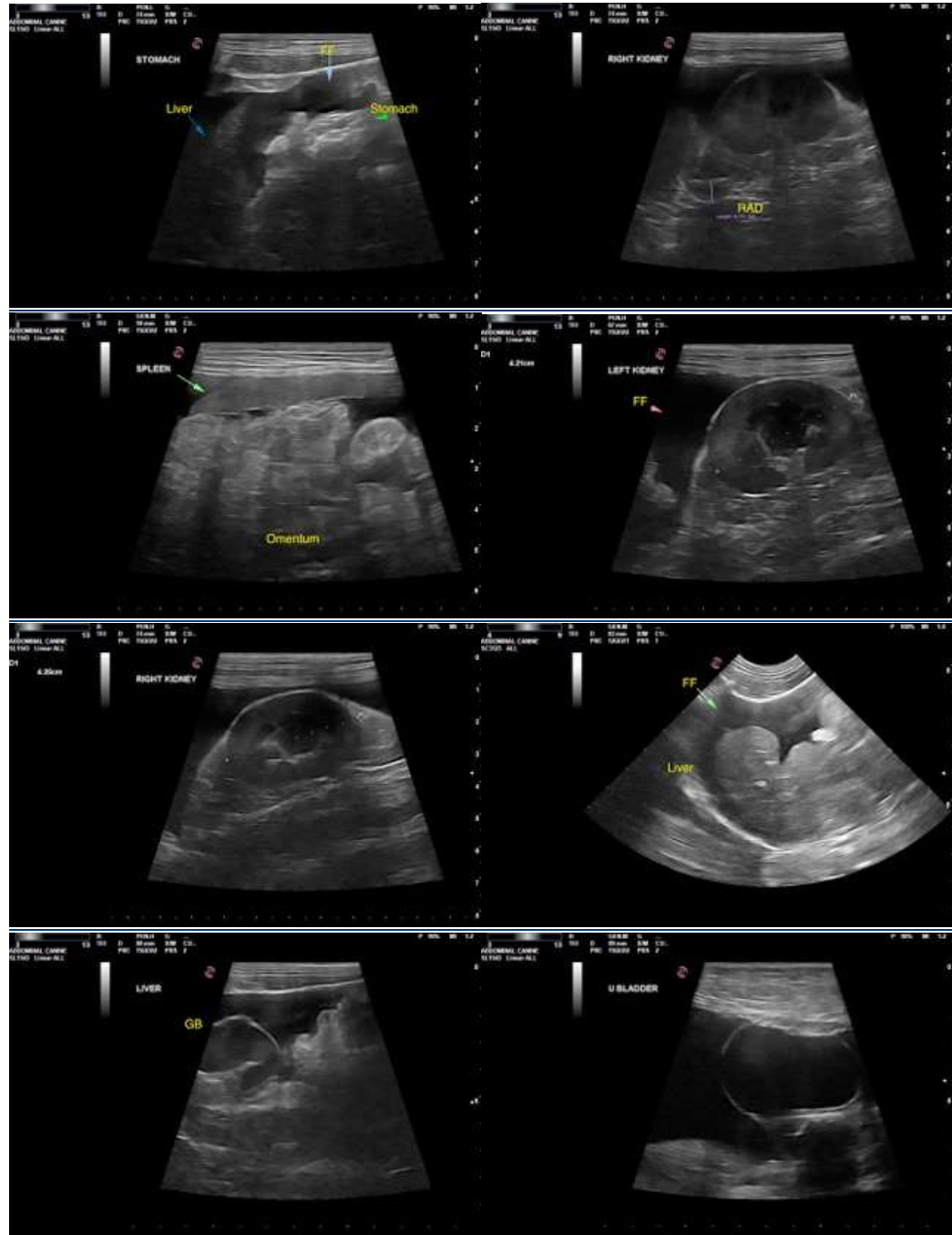
Dr. Derr

INVOICE

12343

DATE

10.11.2021





PATIENT

Sherbert Lore

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.

SPECIES

Feline

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.

BREED

Domestic Shorthair

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

SEX

FS

AGE

9 years

WEIGHT

16.9 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Dr. Sam's VHC

REFERRING VET

Dr. Derr

INVOICE

12343

DATE

10.11.2021