



PATIENT	PRESENTING CLINICAL SIGNS
Rudy Youngren	Losing weight, some vomiting, dehydrated and distended abd
	Dehydrated, distended abd
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	<i>Urinary System</i>
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 minor non-dependent particulate sediment which may indicate minor cellular debris/protein 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	The left kidney exhibited subnormal size with areas of asymmetrical margination and a moderate loss of corticomedullary border demarcation. Increased cortex echogenicity was present. The left kidney measured 2.5 cm in length. The right kidney was not definitively visualized.
M	
AGE	The area of the aortic trifurcation was free of pathology.
16	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
WEIGHT	<i>Adrenal Glands</i>
9.2	The left and right adrenal glands were not distinctly visualized.
INTERPRETED BY	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen was not visualized potentially owing to volume contraction or displacement secondary to the peritoneal effusion.
IMAGING PERFORMED BY	<i>Liver</i>
Dr. Steele	The liver exhibited possible generalized enlargement secondary to several variably sized intraparenchymal cysts/cyst like masses, an example measuring 6.6 cm in diameter. Generalized non-uniform to remodeled parenchyma was present.
HOSPITAL NAME	The gallbladder was indistinctly visualized. No obvious evidence of post hepatic obstructive criteria was noted.
Loving Care Veterinary Hospital	<i>Gastrointestinal</i>
REFERRING VET	The stomach was indistinctly visualized potential owing to gastric displacement. No obvious evidence of ileus, obstruction or foreign material.
Dr. Steele	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.
INVOICE	Normal visible colon wall layers were present with apparent formed feces in lumen.
11767ag	<i>Pancreas</i>
DATE	The pancreas was indistinctly visualized.
10/03/2022	<i>Free Abdomen</i>



PATIENT

Rudy Youngren

Mid abdominal non-uniform to hypoechoic nodular mesentery to possible indistinct mesenteric mass measuring 5.5 cm in diameter was present. No omental masses or overt lymphadenopathy was present.

Moderate to marked volume peritoneal free fluid with mild to moderate echogenic changes was present.

SPECIES

Feline

- Moderate to marked peritoneal free fluid with echogenic changes
- Mid abdominal non-uniform nodular mesentery, possible ill-defined mesenteric mass
- Non-uniform liver with several variably sized cysts/cyst like masses-suggestive of cystic biliary adenomas, minor potential for neoplastic criteria
- Left kidney moderate chronic renal changes and subnormal size

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

M

Recommend abdominocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. FIP is technically a potential; therefore, FIP titers on the fluid are essential; however, given the age of the patient FIP is less likely. Carcinomatosis, lymphomatosis are the primary differentials. Possible effusion secondary to primary hepatopathy could also be considered if significant hepatic enzyme elevations/icterus etc.

AGE

16

WEIGHT

9.2

The free fluid has mild echogenic changes to it. Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid as well as no evidence of passive congestion with hepatic vasculature or vena cava and no significant, diffuse hepatic disease is noted as well as no evidence of intestinal perforation or other pathology that would be responsible for effusion of this nature, lymphatic obstruction owing to carcinomatosis and lymphomatosis or similar is my primary concern.

INTERPRETED BY

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

Assuming normal clotting status and using a 25g needle, a hepatic and mesenteric nodule FNA for screening cytology could be considered. A very guarded to unfavorable prognosis is indicated pending additional diagnostics.

IMAGING PERFORMED BY

Dr. Steele

HOSPITAL NAME

Loving Care
Veterinary Hospital

REFERRING VET

Dr. Steele

INVOICE

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SPECIES

Feline

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REFERRING VET

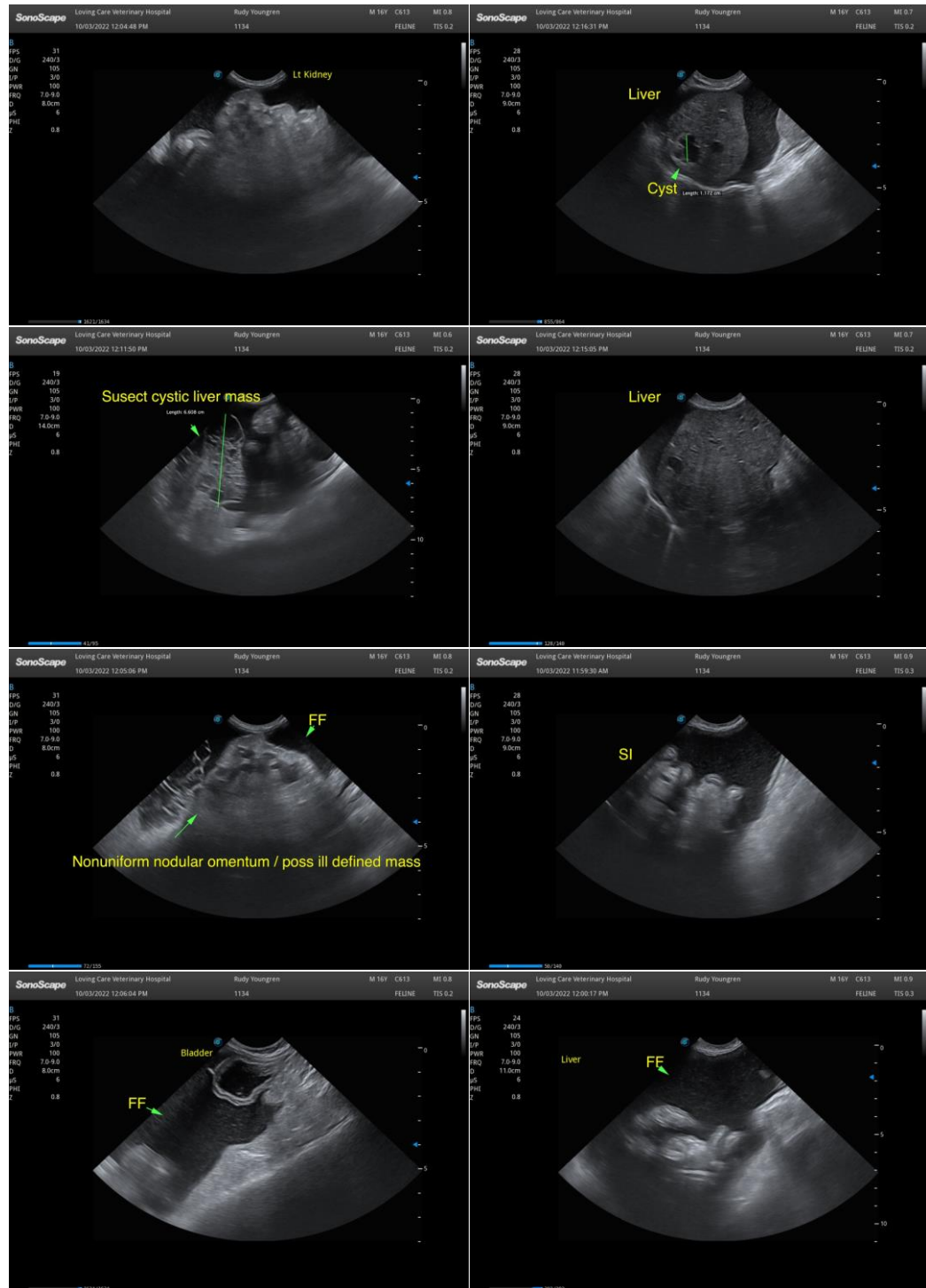
Dr. Steele

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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.



PATIENT

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

Rudy Youngren

info@SonoPath.com

SPECIES

Feline

BREED

DSH

SEX

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AGE

16

WEIGHT

9.2

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**IMAGING
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