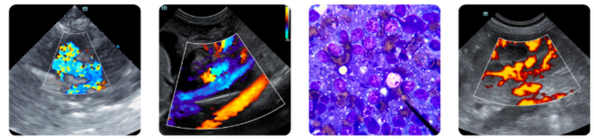


PATIENT

Blackjack Green

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14 yrs 4 months

WEIGHT

12.75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Isaac

HOSPITAL NAME

Valley West & Elk Valley VH

REFERRING VET

Amy Isaac

INVOICE

12796

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: History of cystotomy and perineal urethrostomy in September due to bladder stones and feline lower urinary obstruction. Was doing well at home and then yesterday owner felt that he was doing to the litterbox more frequently, not necessarily straining. Still eating and drinking.

Abnormal PE/Chem/CBC/UA Results: Abdominal effusion found and trying to determine if uroabdomen. Normal chem panel, not azotemic. Normal electrolytes. Abdominocentesis performed after scan, over 250 ml of straw-colored fluid removed from abdomen. Protein count of 4. Do not have cell count yet. Creatinine in abdominal fluid and blood are the same. Blackjack is alert and QAR. Abnormal proBNP. Poss grade 1 heart murmur. Large firm knot on ventral/left lateral abdomen, unsure if scar tissue from surgery?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended to mildly subnormal in size containing mild anechoic urine. No evidence of bladder mineral, calculi or tumors with minor dependent lumen. Overtly normal intact visible urinary bladder wall with ventral apical urinary bladder wall measuring ~0.23 cm. No obvious pathology the trigone, cystourethral junction. Urethra overtly normal in structure and tone to a depth of 2.0 cm.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or hydronephrosis present. The left kidney measured 3.8 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

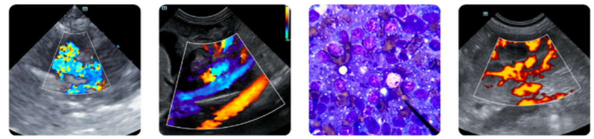
The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was overall normal in size with mild area of asymmetrical medial capsule contour. Possible mildly expansive non-homogeneous medial splenic nodule was present measuring 1.2 cm in diameter. Potential for impinging non-homogeneous nodular omentum or indistinct perisplenic lymph node.

Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. 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, non-organized, echogenic, nonmineralized biliary sludge. No evidence of gallbladder wall edema. The common bile duct was not visualized.



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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 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. Small intestine wall measured 0.24 cm.

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

Pancreas

The pancreas was indistinctly visualized owing to increased peripancreatic omental artifact.

Free Abdomen

Generalized non-homogeneous subtle nodular omentum and mild to moderate volume echogenic peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Non-distended to mildly subnormal urinary bladder with anechoic urine
- Mildly age-related kidneys, no evidence of pyelectasia or hydronephrosis
- Normal volume liver, non-edematous gallbladder with mild bile sediment
- Mild to moderate peritoneal effusion, generalized non-homogeneous indistinctly nodular omentum
- Possible mildly expansive non-homogeneous medial splenic nodule vs impinging nodular omentum or lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The same abdominal effusion/serum creatinine level is not overtly consistent with definitive uroabdomen as fluid creatinine should be higher than serum creatinine level given its inability to cross the peritoneal space. Correlation with comparison of fluid and serum potassium level is recommended. injection of agitated saline unto the urinary bladder with concurrent sonographic monitoring and +/- contrast urography to definitively assess or rule out ruptured urinary bladder if clinically indicated would be ideal. Cytospin cytology of abdominal effusion and +/- C/S to assess for inflammatory or neoplastic cells or if inflammatory effusion component is recommended.

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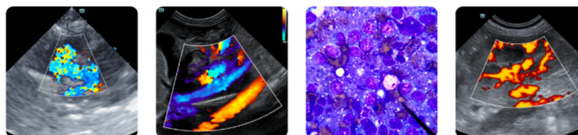

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Educational Teleconsultation Services™

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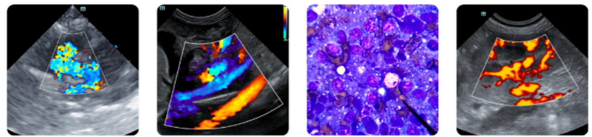

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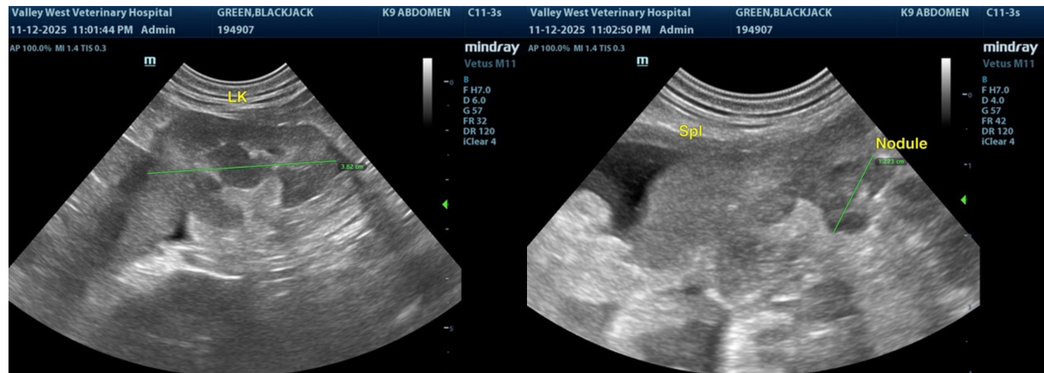

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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