



**PATIENT**

Fizz Malinowski

**PRESENTING CLINICAL SIGNS**

History: Ascites. Diarrhea, app ok.

**SPECIES**

Feline

Labs: Albumin 2.0, Globulin 5.3, Calcium 7.7, BUN 13, Creatinine 0.7, Unremarkable liver enzymes.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DLH

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. Aortic trifurcation was normal.

**SEX**

Spayed Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

**AGE**

8 Years

**Adrenal Glands**

**WEIGHT**

12 Lbs.

The left and right adrenal glands were not definitively visualized.

**Spleen**

**INTERPRETED BY**

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

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 0.94 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Hunt

**Liver**

**HOSPITAL NAME**

Bayshore VH

The liver was normal in overall subjective size with maintained symmetrical capsule contour and normal overall hepatic parenchyma echogenicity, exhibiting mild to moderate coarse echotexture. Solitary discrete, mildly nonhomogeneous intraparenchymal nodule present in the deep liver, measuring 1.5 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Tim Hunt

**Gastrointestinal**

No overt pathology was obvious in the area of the stomach.

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The small intestine exhibited primarily intact wall layering and maintained 1:3 muscularis/mucosa ratio. Suspect segmental intestinal thickening present in the mid abdomen with intact to indistinct wall layering. Normal appearing jejunum measured 0.28 cm in wall width. Wall width in the area of suspected segmental intestinal thickening measured 0.35 cm. The ileocolic junction measured 0.41 cm. No overt evidence of ileocecolic tumors.

**DATE**

2/14/22



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The visualized colon exhibited intact and sonographically unremarkable wall layering with semi-formed feces present in the lumen.

***Pancreas***

**SPECIES**

Feline

The pancreas was indistinctly visualized. The right pancreatic limb exhibited normal size and contour with primarily uniform to mildly hypoechoic parenchyma.

***Free Abdomen***

**BREED**

DLH

Moderate to severe volume, primarily anechoic peritoneal free fluid, exhibiting potential for mild cellular component. Generalized mild nonuniform reactive mesentery present. No overt lymphadenopathy noted.

**SEX**

Spayed Female

***Other***

A rapid view of the heart was normal.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

8 Years

- Moderate to significant volume peritoneal free fluid, exhibiting potential for mild cellular component
- Concurrent, generalized mild nonuniform reactive mesentery
- Subjective segmental intestinal thickening- suspect small bowel, potential for segmental colon thickening
- Mildly hypoechoic right pancreas
- Nonspecific discreet hepatic intraparenchymal nodule

**WEIGHT**

12 Lbs.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The peritoneal free fluid may indicate non-septic (increased vascular permeability, decreased hydrostatic pressure), while the possibility of septic/neoplastic effusion, such as carcinomatosis or similar cannot be excluded. Abdominocentesis for fluid analysis, cytology +/- culture and sensitivity, if evidence of inflammatory cells, is recommended. FIP is technically a potential, therefore, FIP titers on the fluid could be considered. Potential for segmental infiltrative enteropathy/colonopathy (inflammatory versus neoplastic etiologies) possible.

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Hunt

**HOSPITAL NAME**

Bayshore VH

The nonspecific hepatic nodule may indicate benign process, such as granuloma, nodular to regenerative hyperplasia, hematopoiesis, while the possibility of primary versus metastatic hepatic neoplastic nodule cannot be excluded.

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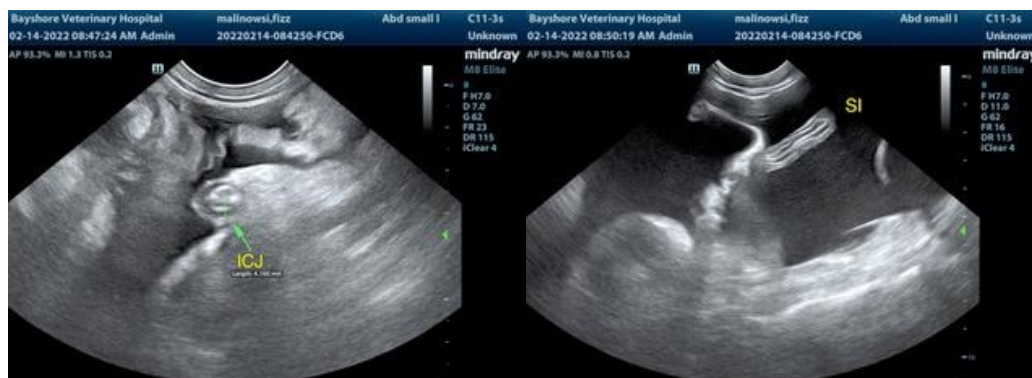
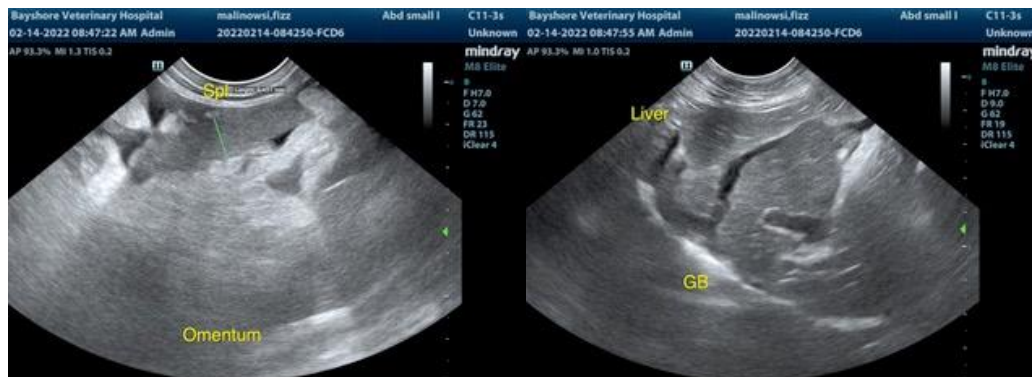
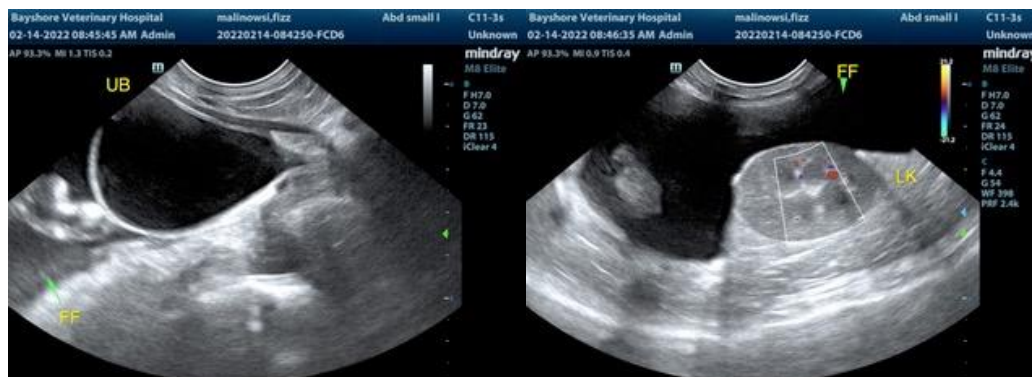
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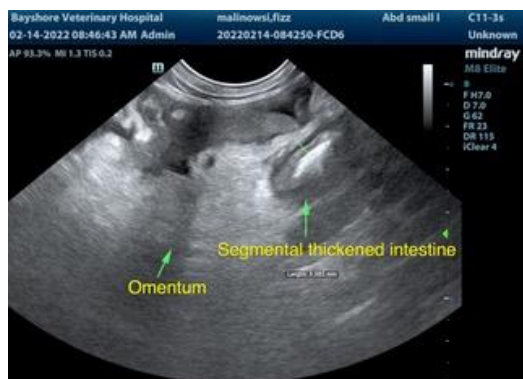
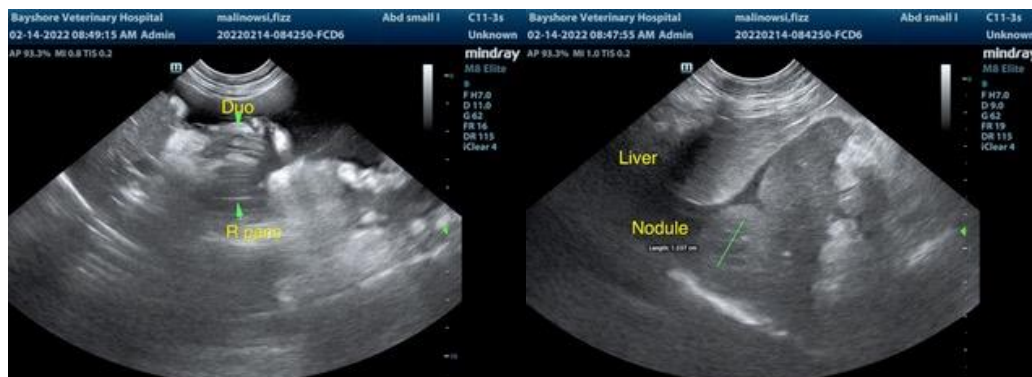
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**AGE**

8 Years

**WEIGHT**

12 Lbs.



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.

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