



PATIENT

Sylvester Andreassen

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Riverdale Integrative
VC

REFERRING VET

Dr. Kuo

INVOICE

16153

DATE

2/14/23

PRESENTING CLINICAL SIGNS

Patient presents in lateral recumbency, bloated abdomen, abdominal ascites seen on radiographs. Pale mucous membranes, increased respiratory effort, vocalizing.

No reported medications. Last deworming unknown, indoor outdoor status unknown.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate to hyperechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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 4.9 cm in length. The right kidney measured 5.0 cm in length. No evidence of renomegaly or renal neoplastic criteria was noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width. The right adrenal gland was not definitively visualized yet without overt pathology.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 1.0 cm width at the level of the hilus. No evidence of splenic nodules or masses was noted.

Liver/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended to mildly contracted in appearance containing subjective anechoic



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content. No evidence of post hepatic obstructive criteria was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented sonographically unremarkable wall layering. The stomach exhibited moderate to marked distention with retained primarily anechoic fluid and mild nonshadowing echogenic chyme. No evidence of mechanical pyloric outflow obstruction was noted.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. No overt pathology was noted at the level of the ileocolic junction.

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Normal visible colon wall layers were present containing formed to semi-formed fecal matter.

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Pancreas

The pancreas base exhibited subtle prominent size, symmetrical to mildly swollen contour, homogeneous mildly hypoechoic parenchyma with minor pancreatic duct dilation.

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Free Abdomen

Moderate volume peritoneal effusion was noted along with generalized mild nonuniform hyperechoic omentum. No visualized omental masses or evidence of significant lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS

- Moderate volume peritoneal effusion
- Generalized mild nonuniform hyperechoic omentum
- Nonspecific mild hepatomegaly, sonographically unremarkable gallbladder
- Gastroenteritis pattern with hypomotile stomach
- Mildly prominent homogeneous pancreas base
- Sonographically normal bilateral kidneys, mild urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis cytopsin cytology of the effusion +/- C/S if evidence of inflammatory cells is recommended for further assessment. Nonspecific peritonitis, possible hepatopancreatic disease, occult infiltrative gastrointestinal disease / neoplasia, FIP, carcinomatosis, lymphomatosis, or similar are all potentials.

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Correlation with full CBC/Chemistry Panel/Urinalysis and recheck retroviral status is recommended. An extremely guarded prognosis, pending additional diagnostics, is warranted. Three-view chest radiographs are suggested to assess for / rule out concurrent thoracic or cardiac pathology.



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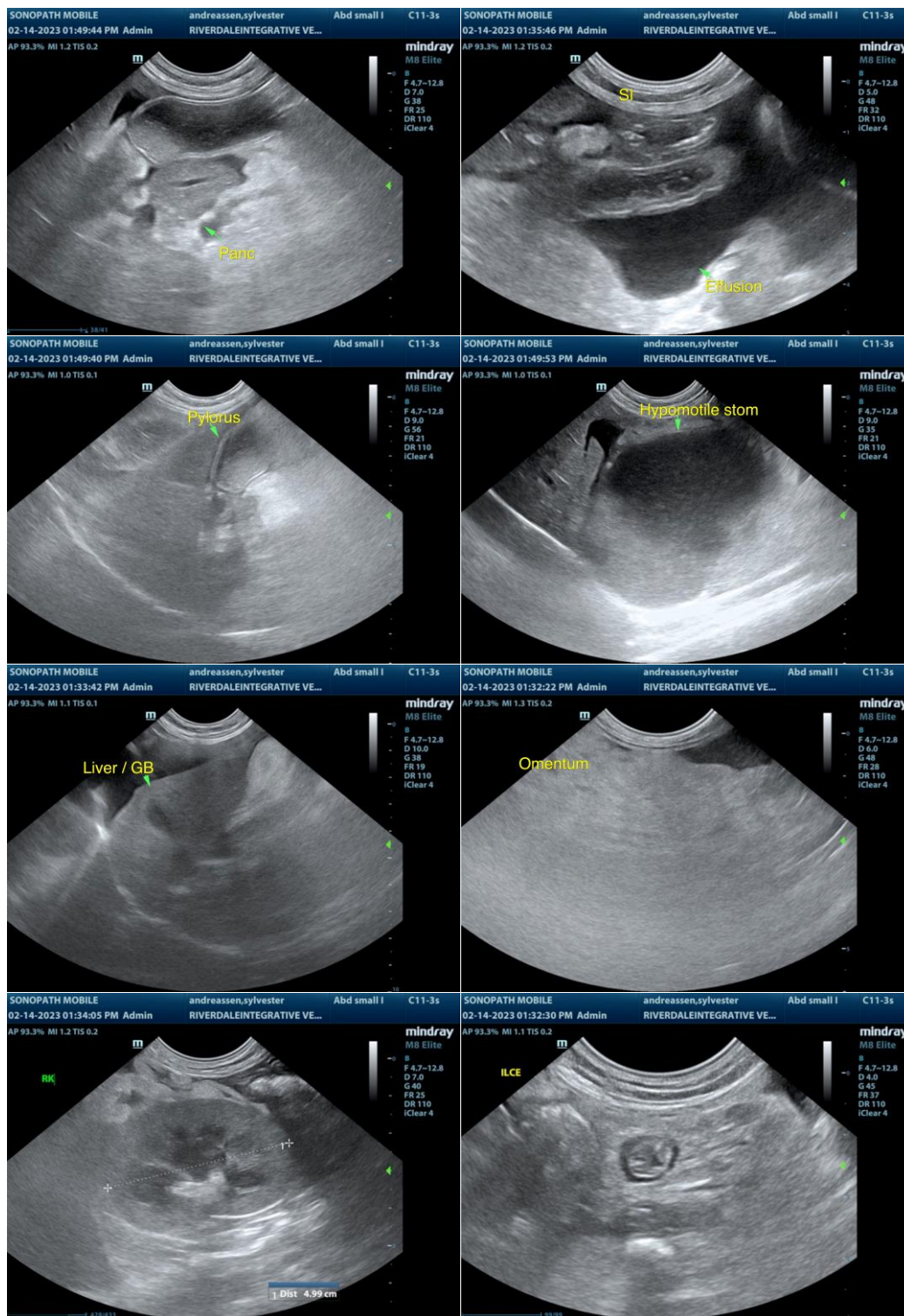
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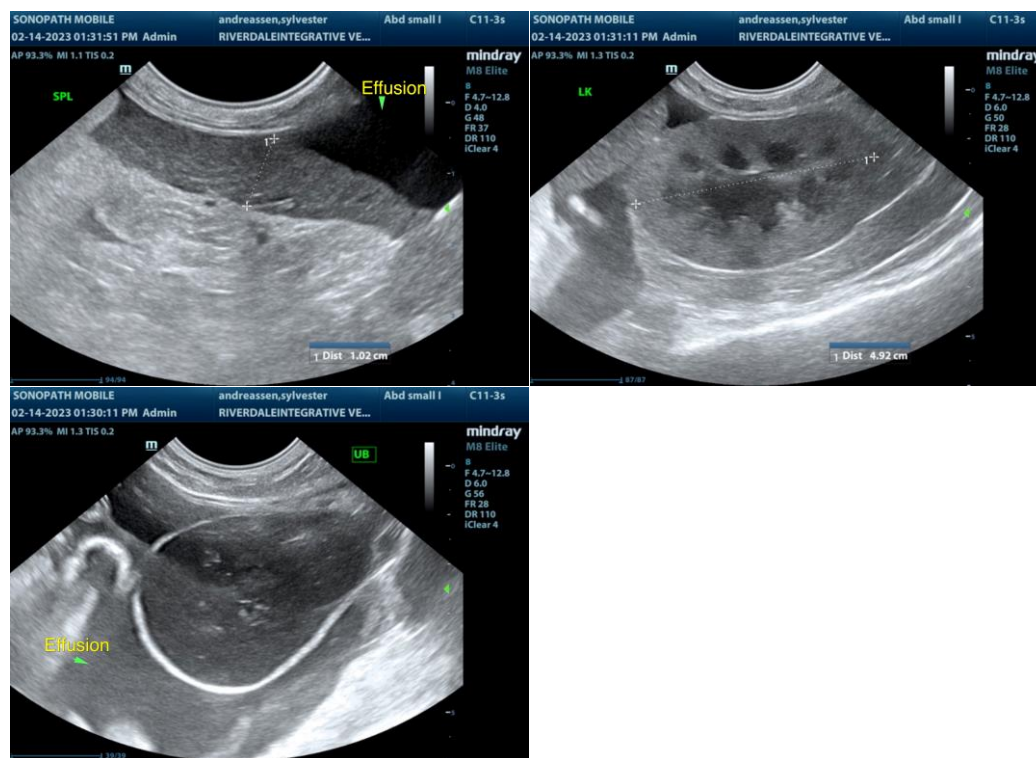
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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