



PATIENT	PRESENTING CLINICAL SIGNS
Cy Vilcinskis	abdominal distension, acute onset with ascites. area of bruising on abdomen noted.
SPECIES	Abnormal PE/Chem/CBC/UA Results: chem unremarkable ; WBC wnl but increased neutrophils and monocytes
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Siamese Mix	The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. Bilateral focal cortical infarcts were present. The renal medullary volume was subjectively reduced. Minor left kidney pyelectasia was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 cm in length.
MN	The area of the aortic trifurcation was free of pathology.
AGE	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
10yr	Adrenal Glands
WEIGHT	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
12lb	Spleen
INTERPRETED BY	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 0.90 cm in width at the level of the hilus.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Liver/Gallbladder
IMAGING PERFORMED BY	The liver was subjectively normal in size, structure, and contour. 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Diane McFadden	Gastrointestinal
HOSPITAL NAME	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.
All Creatures G&S Denville	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.
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PATIENT

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

Cy Vilcinskis

Pancreas

Ill-defined potential nodular to irregular left pancreatic limb or regional peripancreatic nodular to irregular omentum was present with generalized non-uniform omental echogenicity.

SPECIES

Feline

Free Abdomen

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

BREED

Siamese Mix

Moderate volume peritoneal effusion exhibiting mild effusion echogenic changes suggestive of fluid cellularity.

SEX

MN

- Urinary bladder sediment
- Ill-defined prominent to enlarged irregular left pancreas , potential for ill-defined mid to cranial abdominal peripancreatic nodular omentum
- Moderate volume peritoneal effusion exhibiting echogenic changes
- Sonographically unremarkable GI tract/liver/spleen
- Non-specific chronic renal changes with cortical infarcts and minor left kidney pyelectasia

AGE

10yr

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

12lb

Primary considerations in this case may include ill-defined potentially variable chronic to chronic active left pancreatitis with possible peritonitis or neoplasia potentially deriving from the pancreas i.e., carcinomatosis, lymphomatosis or similar. No evidence of primary hepatic, splenic or GI pathology as contributing factors. Neoplastic criteria may be favored yet not definitive. Given no abnormal ALB level that may result in effusion of this type, abdominocentesis with 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 in this case, FIP titers on the fluid may be considered yet FIP is considered less likely given patient age.

INTERPRETED BY

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

An extremely guarded prognosis is indicated pending effusion analysis.

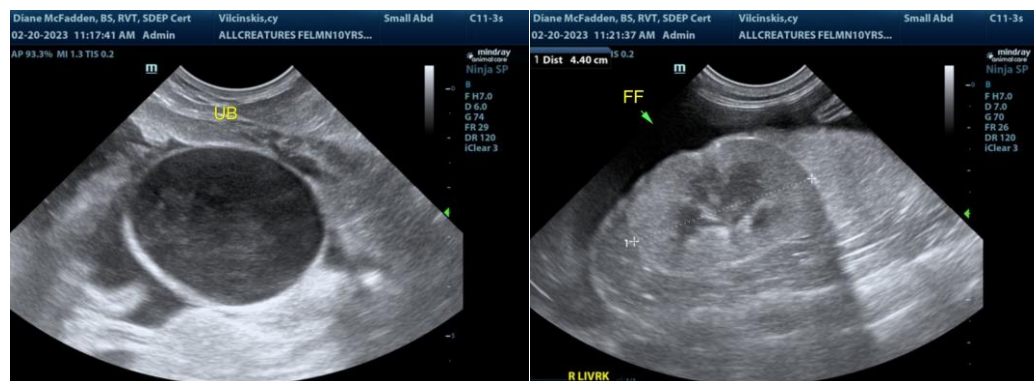
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Diane McFadden

The left pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage. Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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Cy Vilcinskis

SPECIES

Feline

BREED

Siamese Mix

SEX

MN

AGE

10yr

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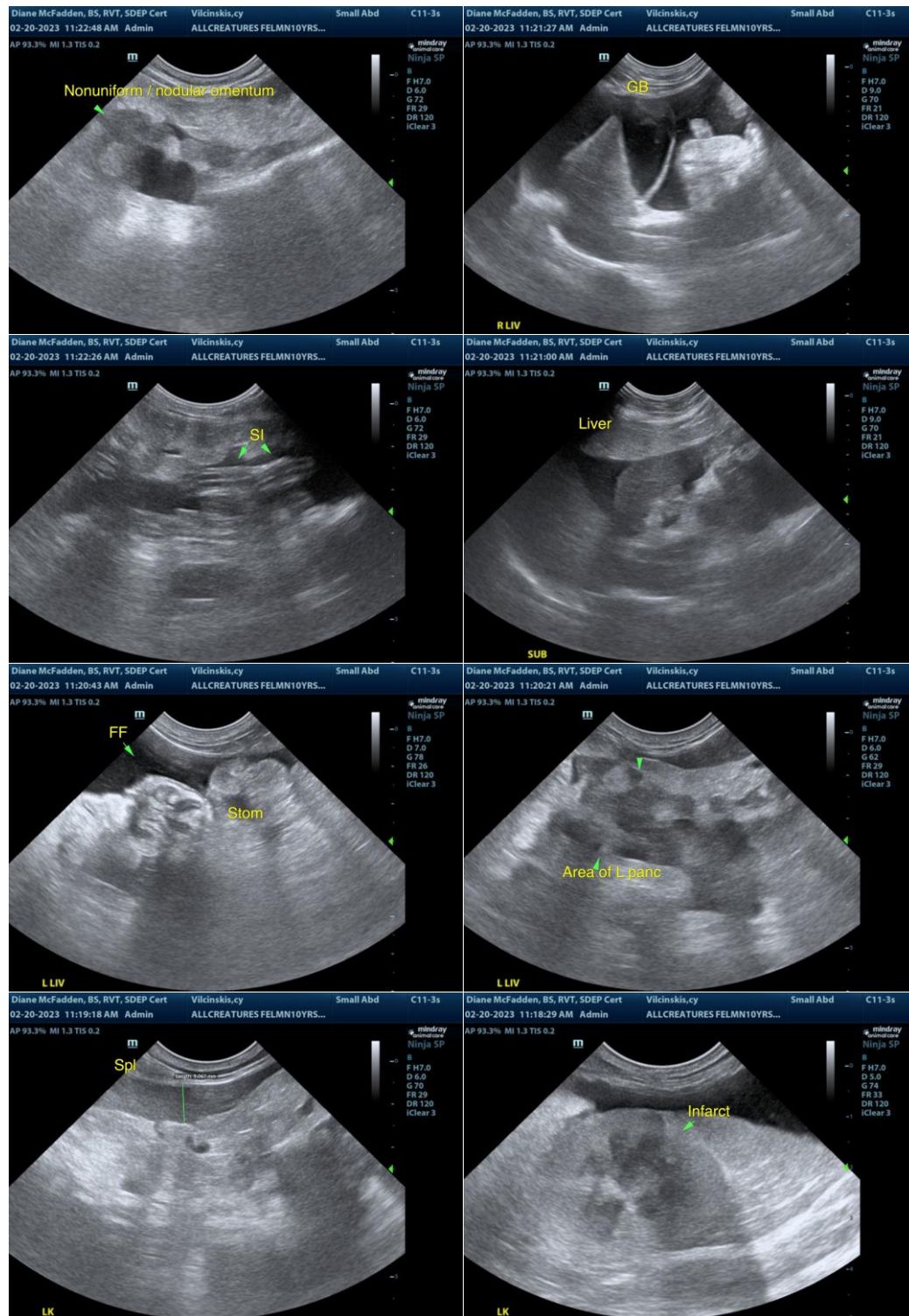
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

Cy Vilcinskis

SPECIES

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

mac.daniel@sonopath.com

Feline

BREED

Siamese Mix

SEX

MN

AGE

10yr

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