



**PATIENT**

Gus Spike

**PRESENTING CLINICAL SIGNS**

Ultrasound was requested to further evaluate cause of ascites. History chronic renal disease, hyperthyroid, mild elevations liver enzymes

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: muscle wasting and abdominal distension/fluid wave  
Oily/unkept appearance No murmur noted today but does have history 2/6 murmur cbc;  
nonregenerative anemia Chem: -mild elev SDMA -mild elev AST

**BREED**

DLH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was mildly distended with normal tone. The 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 mild 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**

MN

**AGE**

13

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

**WEIGHT**

4.5kg

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

**INTERPRETED BY**

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

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**IMAGING PERFORMED BY**

Dr. Callihan

**Spleen**

The spleen exhibited borderline enlargement with 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 1.1 cm in width at the level of the hilus.

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**Liver/Gallbladder**

The liver was subjectively enlarged exhibiting asymmetrical contour and non-homogenous discretely nodular parenchyma. An example of a nodule measured 1.6 cm in diameter. The hepatic and portal vasculature were normal in appearance without overt signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized echogenic debris. The cystic and common bile ducts were normal.

**REFERRING VET**

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Veterinary Hospital

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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.

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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.

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

**SPECIES**

**Pancreas**

Feline

The pancreas was not definitively visualized owing to regional peripancreatic omental artefact and peritoneal effusion.

**BREED**

**Free Abdomen**

DLH

Significant volume peritoneal effusion exhibiting mild echogenic changes and generalized non-uniform hyperechoic omentum present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

- Moderate chronic renal changes
- Significant volume peritoneal effusion exhibiting mild echogenic changes
- Non-uniform omentum
- Enlarged non-homogenous to nodular liver
- Mild gallbladder debris
- Sonographically unremarkable GI tract

AGE

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**WEIGHT**

4.5kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given no subnormal ALB levels that would diminish oncotic pressure to the point of causing free fluid, no overt evidence of hepatic passive congestion and no evidence of structural intestinal disease that may be causing effusion of this nature, primary considerations may include effusion secondary to diffuse hepatic disease, carcinomatosis/lymphomatosis or less likely FIP given the age of the patient.

Recommend abdominocentesis fluid analysis +/- C/S if evidence of inflammatory cells. Subjectively the liver did not overtly appear to be end stage in conjunction with only mild elevated liver enzymes. This may indicate a higher potential for neoplastic effusion as a primary differential in this case.

Overall, an extremely guarded to unfavorable prognosis is indicated.

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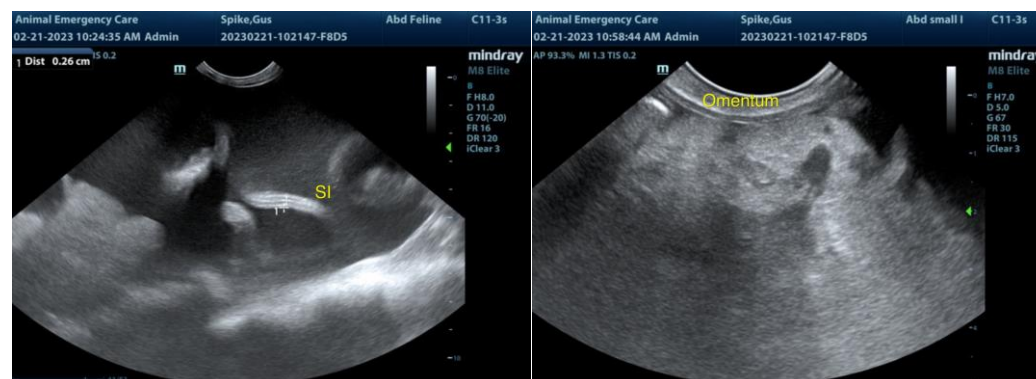
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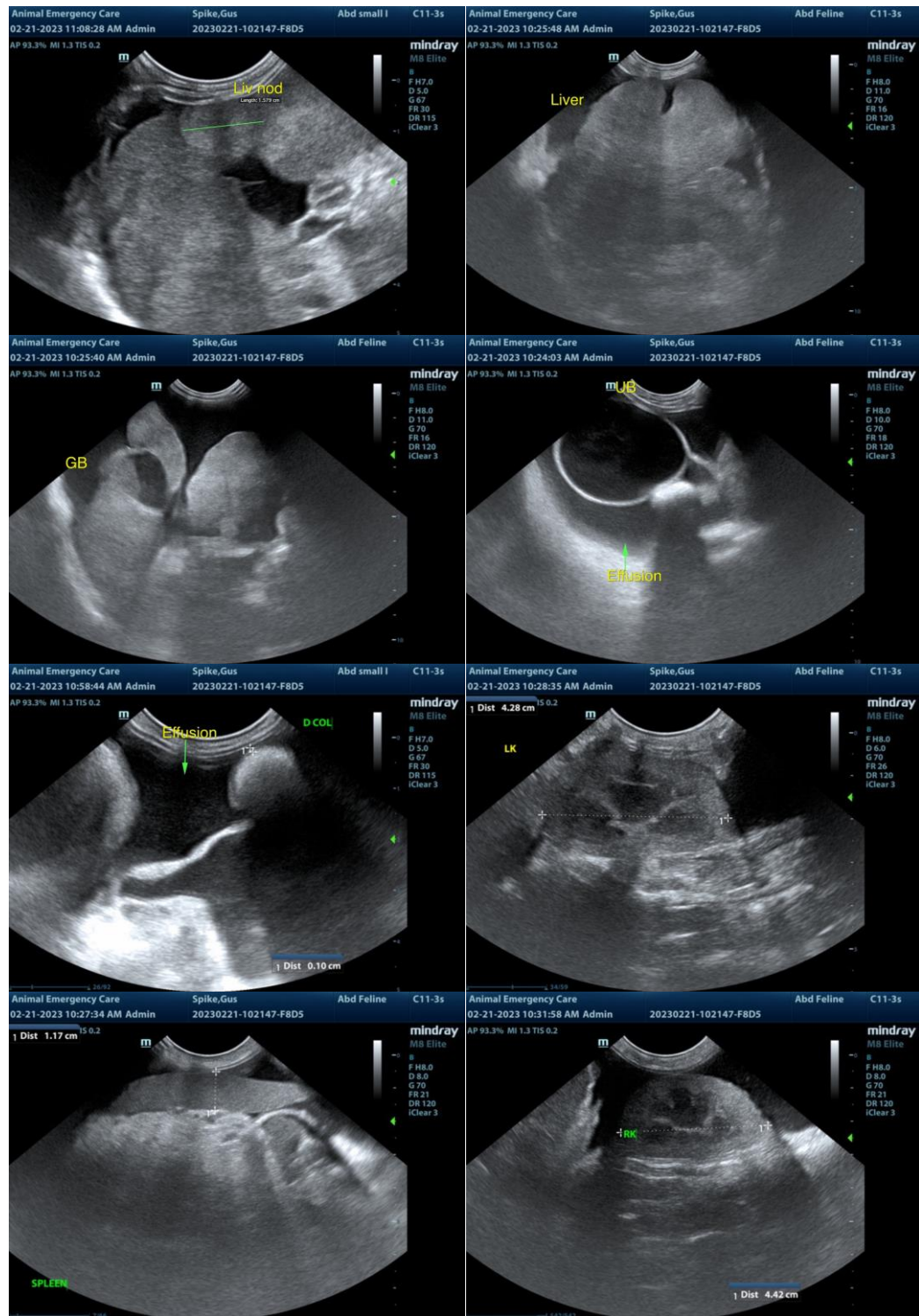
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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can be of any further assistance, please contact me.

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