

## PATIENT

Olivia Search

## SPECIES

Feline

## BREED

Calico

## SEX

Spayed Female

## AGE

3 Years 4 Months

## WEIGHT

12.6 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Griffin

## HOSPITAL NAME

Northside Veterinary  
Clinic

## REFERRING VET

Dr. Griffin

## INVOICE

13589

## DATE

02/04/26

## PRESENTING CLINICAL SIGNS

- Patient presented with heavy breathing and wheezing. Patient is still eating/drinking WNL.

Abnormal PE/Chem/CBC/UA Results: Radiographs revealed severe pleural effusion. There is only a small amount of lung that is considered functional in the caudal lung field. 40mL of milky, white fluid removed via thoracocentesis - concern with chylosyndrome

## 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. 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 change were noted.

Normal size and margination was 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. A bilateral subtle to mild hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.6 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 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 0.70 cm width.

### Liver & Gallbladder

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 overt congestion.

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

### Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild progressively shadowing ingesta and lumen gas without overt evidence of obstruction to pyloric outflow.



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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.

### **Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

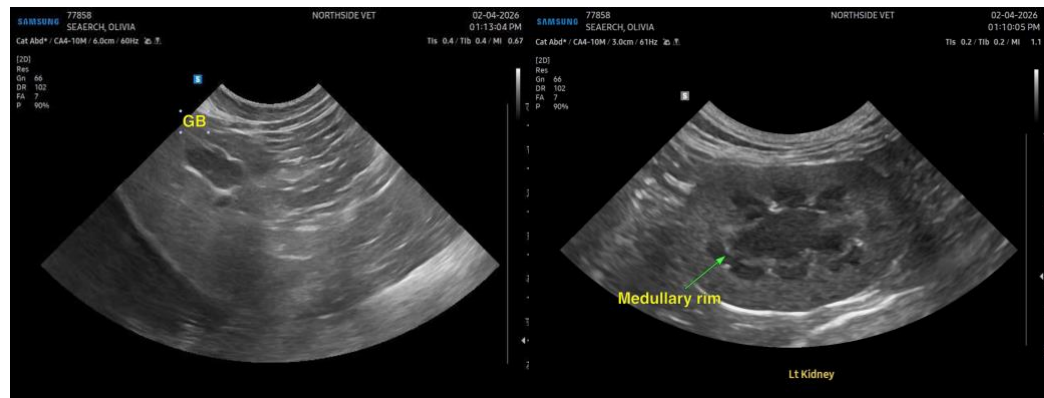
Transdiaphragmatic view of the thorax confirmed presence of pleural effusion.

## ULTRASONOGRAPHIC FINDINGS

- Noncongested liver.
- Bilateral mild nonspecific renal medullary rim sign.
- Pleural effusion.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral pathology or neoplastic criteria as an obvious contributing factor to the pleural effusion. Pleural effusion analysis cytology, culture/sensitivity or FIP titers/PCR is recommended for further assessment and potential diagnosis.





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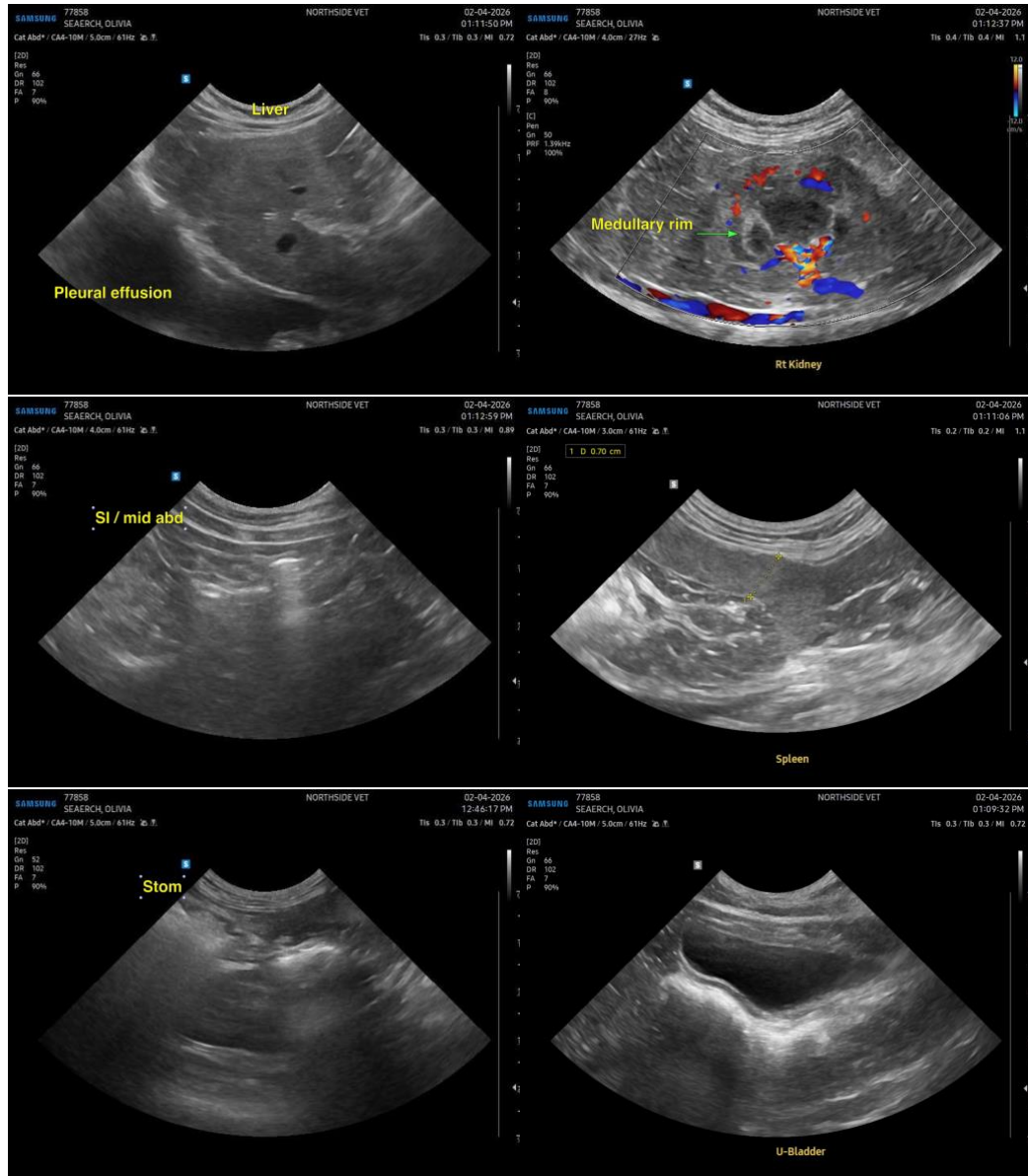
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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