



PATIENT

Coby Barretto

PRESENTING CLINICAL SIGNS

Had cystotomy & PU in 2017. Still E/D. owners noticed enlarged abdomen a few days ago. Have not noticed urine or BM.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: - elevated WBC (systemic infection)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DLH

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.40 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with mild 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 urinary bladder tumors.

SEX

MN

AGE

11yr

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 4.6 cm in length. The right kidney measured 4.5 cm in length.

WEIGHT

4.56kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.28 cm width.

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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 0.95 cm in width at the level of the hilus. No evidence of splenic masses.

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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 overt signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild echogenic non-organized debris. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

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DATE

02/05/2023



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Gastrointestinal

Coby Barretto

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.

SPECIES

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.

Feline

Subjective segmental mildly thickened colon walls were present measuring 0.34 cm in width. By comparison, sonographically normal intact colon walls measured 0.20 cm in width.

BREED

Pancreas

DLH

The base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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MN

Free Abdomen

AGE

No definitive omental masses present.

11yr

Moderate volume peritoneal effusion exhibiting echogenic changes which are suggestive of fluid cellularity. Generalized non-homogenous to non-uniform omentum was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

4.56kg

- Moderate volume peritoneal free fluid exhibiting echogenic changes
- Generalized mild non-homogenous omentum
- Segmental mildly thickened colon, overtly normal stomach/small bowel
- Possible low-grade to mild pancreatitis
- Subjective mild to non-specific hepatomegaly-no overt hepatic congestive criteria
- Mild gallbladder debris with mild non-obstructive proximal CBD dilation, no evidence of post hepatic obstructive criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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JSS

Recommend abdominocentesis, 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; therefore, FIP titers on the fluid are essential; however, given the age of the patient FIP is less likely. Carcinomatosis and lymphomatosis are the primary differentials. Non-specific peritonitis and mild pancreatitis possible although sonographically the degree of inflammation was not significant to the point of resulting in peritoneal effusion.

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The free fluid has mild echogenic changes to it. Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid as well as no evidence of passive congestion with hepatic vasculature or vena cava and no significant, diffuse hepatic disease is noted as well as no evidence of intestinal perforation or other pathology that would be responsible for effusion of this nature, lymphatic obstruction owing to carcinomatosis and lymphomatosis or similar is my primary concern.

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An extremely guarded prognosis is indicated pending fluid analysis.

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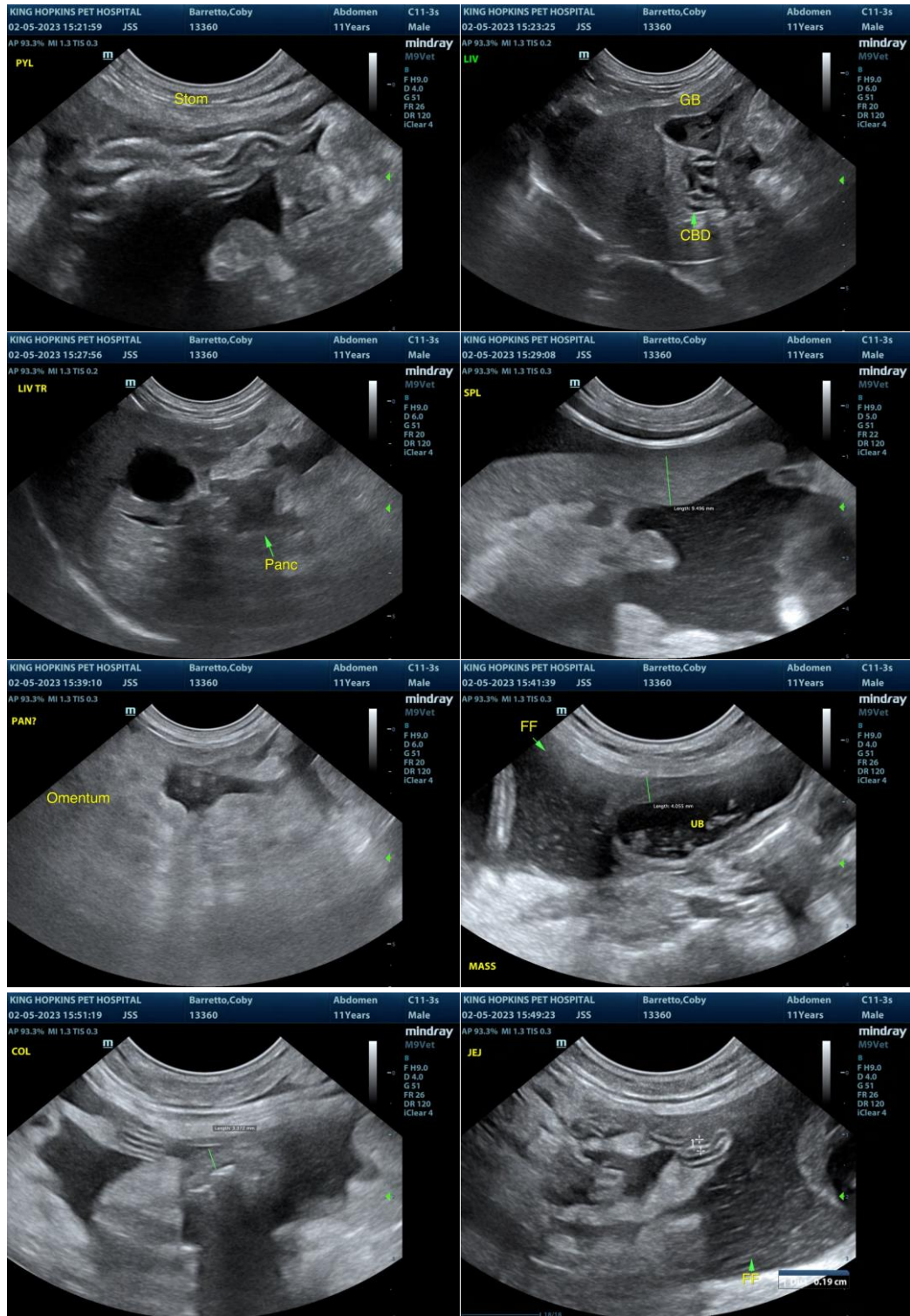
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SPECIES

Feline

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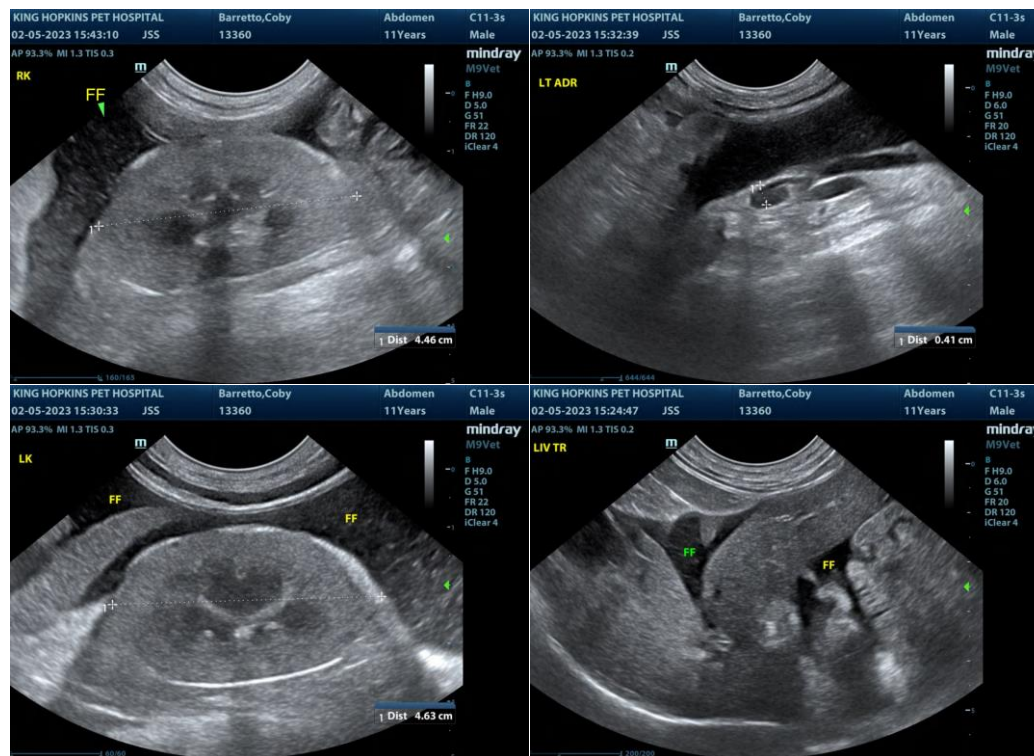
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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