



PATIENT

Fiona Green

SPECIES

Feline

BREED

Sphynx

SEX

Spayed Female

AGE

6 Years

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Ancaster

REFERRING VET

Dr. Davis

INVOICE

13619

DATE

02/05/26

PRESENTING CLINICAL SIGNS

- Adopted about 3 years of age, no previous known heart disease in history
- Presented for coughing and was diagnosed with Asthma
- Breathing has not improved on inhaler and now abdomen is quite distended and showing signs of abdominal breathing. Has been on Fluticasone BID.
- Ultrasound guided centesis revealed straw colored fluid

Abnormal PE/Chem/CBC/UA Results: Please see attached ECG.

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. Echogenic to particulate nondependent mild 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.

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. The left kidney measured 3.5 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

No obvious pathology in the areas of the left and right adrenal glands.

Spleen

The spleen was borderline enlarged and 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 1.0 cm width level of the mid spleen.

Liver & Gallbladder

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of wall edema. The common bile duct was not visualized.

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.

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Pancreas

The pancreas presented mildly prominent in size with nonhomogenous hypoechoic edematous parenchyma.

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Free Abdomen

Significant volume of anechoic peritoneal effusion was present with generalized homogenous hyperechoic mesentery. No visualized omental masses or significant lymphadenopathy. Transdiaphragmatic pleural effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Congested hepatomegaly.
- Sonographically unremarkable gastrointestinal tract.
- Borderline splenomegaly.
- Significant volume peritoneal effusion with concurrent transdiaphragmatic pleural effusion.
- Edematous pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 DVM, DABVP (Canine
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The congested liver in conjunction with no overt evidence of abdominal visceral pathology suggests intrathoracic or cardiac pathology as a primary contributing factor to the bicavitary effusion. Correlation with pending echocardiogram is recommended. Other considerations if thoracic or cardiac disease is ruled out may include nonspecific effusion, secondary to decreased hydrostatic pressure, nonspecific inflammatory disease, primary hepatopathy, FIP, or diffuse neoplasia, i.e. carcinomatosis, lymphomatosis, or similar. Effusion analysis, cytology, +/- culture and sensitivity, and FIP titers/PCR and potential screening, hepatic FNA cytology (assuming normal clotting status) may be indicated pending echocardiogram. Mild pancreatitis is not definitively excluded, yet sonographically did not overtly appear significant to cause systemic inflammation. Correlation with a spec fPL could be considered.

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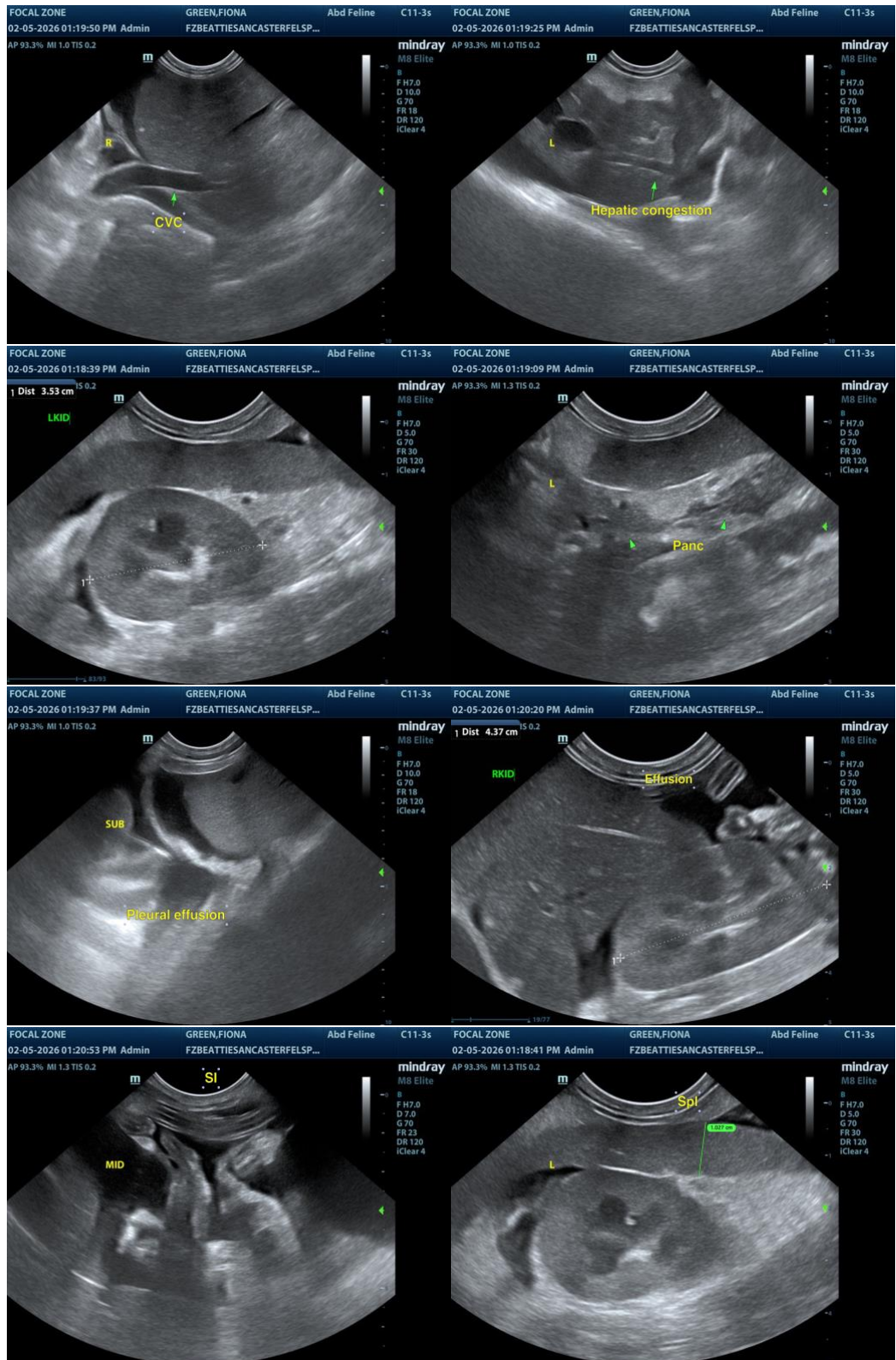
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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