



**PATIENT**

Pumpkin Tran

**PRESENTING CLINICAL SIGNS**

History: Possible peritoneal effusion. Current meds: Pimobendan 1.25mg bid, Furosemide 12.5mg 1/2 T bid, Clopidogrel 75mg 1/4 T sid, Methimazole 5mg

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: Na 160, MCHC 2.8, Lymph 47, Eos 1, BP 136/101.

Feline

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

DSH

The urinary bladder, 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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

Neutered male

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mild to moderately increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral indistinct areas of possibly emerging medullary mineral were noted. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.8 cm in length.

**AGE**

11 years

**WEIGHT**

14.8 pounds

Normal size and margination were 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.

**INTERPRETED BY**

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

The area of the aortic trifurcation is free of pathology.

**Adrenal Glands**

**IMAGING PERFORMED BY**  
Shari Reffi CVT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole.

**Spleen**

**HOSPITAL NAME**

Animal Hospital of  
Roxbury

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 0.88 cm in width at the level of the hilus.

**REFERRING VET**

Dr. Elia

**Liver**

**INVOICE**

10113ag

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 and cystic duct presented minor torturous dilation which did not appear to extend to the level of the duodenum. The degree of proximal common bile duct dilation was not consistent with post hepatic obstruction. The common bile duct measured 0.25 cm diameter.

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03/03/2022



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**Gastrointestinal**

**SPECIES**

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.

Feline

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.

**BREED**

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

DSH

**Pancreas**

**SEX**

The left pancreatic limb was sonographically unremarkable. Focal to mildly prominent to hypoechoic right pancreatic limb parenchyma was noted medial to the duodenum with mild associated peri pancreatic reactive mesentery. The visible pancreatic duct was normal.

Neutered male

**Free Abdomen**

**AGE**

Mild volume peritoneal free fluid and generalized mild reactive mesentery was observed with no evidence of lymphadenopathy.

11 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

14.8 pounds

- Mild to moderate chronic renal changes exhibiting emerging medullary mineral.
- Mild nonobstructive proximal common bile duct dilation-nonspecific, potential age related common bile duct changes with possible underlying cholangitis if previous history of hepatic enzyme elevation, not consistent with post hepatic obstruction.
- Overtly normal gastrointestinal tract.
- Focally hypoechoic to prominent right pancreas-possible focal pancreatitis.
- Mild volume peritoneal free fluid with generalized mild reactive mesentery.

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(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING**

**PERFORMED BY**

Shari Reffi CVT

Given no reported subnormal albumin levels that would diminish oncotic pressure to the point of causing free fluid, as well as no overt evidence of hepatic passive congestion, diffuse hepatic disease, gastrointestinal mural pathology or significant lymphadenopathy, an obvious cause of the mild volume peritoneal free fluid was not definitively evident.

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Potential for focal right pancreatitis is possible yet is of unclear clinical significance. Correlation with a Spec FPL could be considered. Abdominocentesis, cytospin cytology +/- C/S for further assess of the free fluid is recommended.

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If not done three view chest radiographs are suggested to rule out occult thoracic pathology and assess cardiopulmonary status.

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**REFERRING VET**

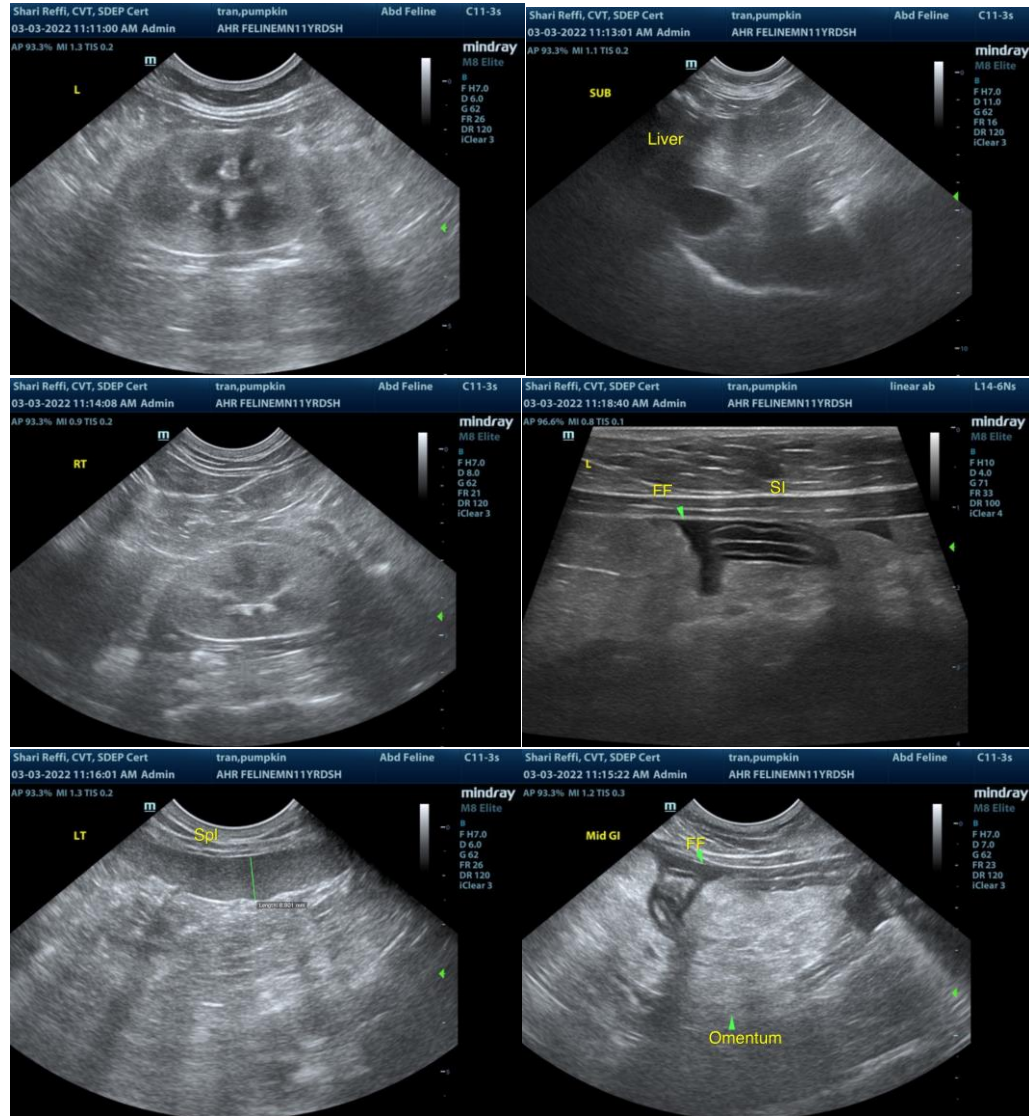
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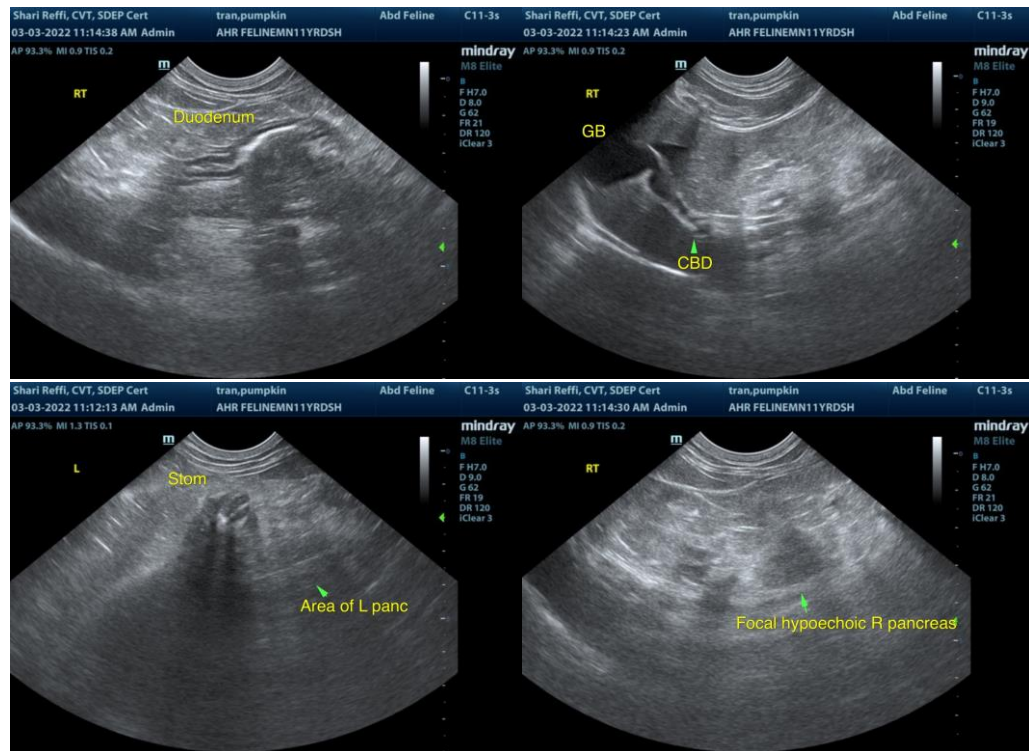
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com