



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Nightmare Macior	Lethargy anorexia, start to eat today after 24 hours of hospitalization
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: F PLI–positive proBNP–negative Blood work–mild anemia, elevated globulin, globulin albumin ratio 0.5
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	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 changes was noted.
M/N	
<b>AGE</b>	No evidence of medial Iliac or sublumbar lymphadenopathy.
9	
<b>WEIGHT</b>	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 4.0 cm in length. The right kidney measured 4.3 cm in length.
13.4	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not definitively visualized.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Sharkaway	The spleen was overtly normal in size with areas of mild capsule asymmetry and subtle nonhomogeneous to hypoechoic splenic parenchyma. The spleen measured 0.94 cm width at the level of the hilus.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Kew Gardens AH	The liver exhibited potential for mild generalized enlargement with normal 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. Normal hepatic vascular volume was noted with no overt hepatic congestive criteria. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Sharkaway	
<b>INVOICE</b>	<b>Gastrointestinal</b>
16453	The stomach presented overtly normal visualized gastric wall layering. The lumen of the stomach contained echogenic, nonshadowing ingesta, sonographically suggestive of food without signs of obstruction or foreign material. No obvious evidence of mechanical pyloric outflow obstruction was noted.
<b>DATE</b>	
3/24/23	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.



**PATIENT**

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

Nightmare Macior

***Pancreas***

**SPECIES**

The left limb 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.

Feline

**BREED**

***Free Abdomen***

DSH

Moderate volume peritoneal effusion was noted. Generalized nonuniform hyperechoic omentum was noted. No definitive visualized omental masses or significant omental lymph adenopathy was noted.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

M/N

**AGE**

- Moderate volume peritoneal effusion
- Generalized nonhomogeneous hyperechoic omentum
- Pancreatitis
- Mild chronic renal changes
- Possible mild nonspecific hepatomegaly - no evidence of hepatic congestive criteria
- Structurally normal gastrointestinal tract with gastric ingesta

9

**WEIGHT**

13.4

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Given that no reported subnormal albumin levels that would diminish oncotic pressure to the point of causing free fluid, no overt evidence of hepatic passive congestion, or significant diffuse hepatic disease, as well as no evidence of intestinal mural pathology which may account for peritoneal effusion, considerations may include nonspecific peritonitis potentially secondary to pancreatitis, carcinomatosis, lymphomatosis, or similar, while technically FIP is considered a less likely differential diagnosis given the patient's age.

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Recommend abdominocentesis, cytospin cytology of abdominal effusion, +/- C/S if evidence of inflammatory cells. FIP titers on the peritoneal fluid, as well as a comparison between serum and fluid albumin: globulin ratio, could be considered if clinically indicated. Empirically, continued pancreatitis protocol with as-needed gastrointestinal support would be reasonable. An extremely guarded prognosis is indicated.

Kew Gardens AH

**REFERRING VET**

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**REFERRING VET**

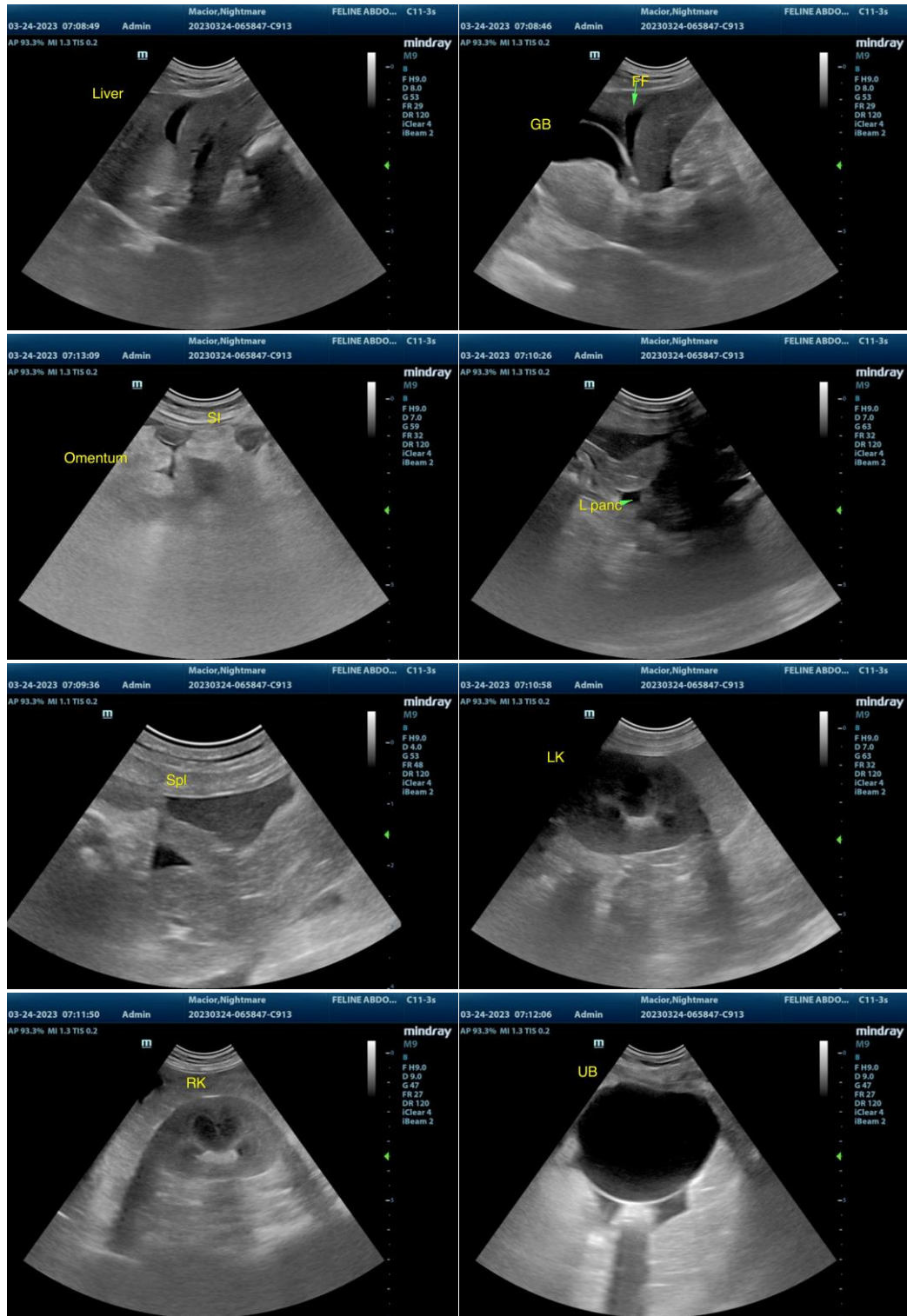
Dr. Sharkaway

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## PATIENT

Nightmare Macior

## SPECIES

Feline

## BREED

DSH

## SEX

M/N

## AGE

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## WEIGHT

13.4

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## IMAGING PERFORMED BY

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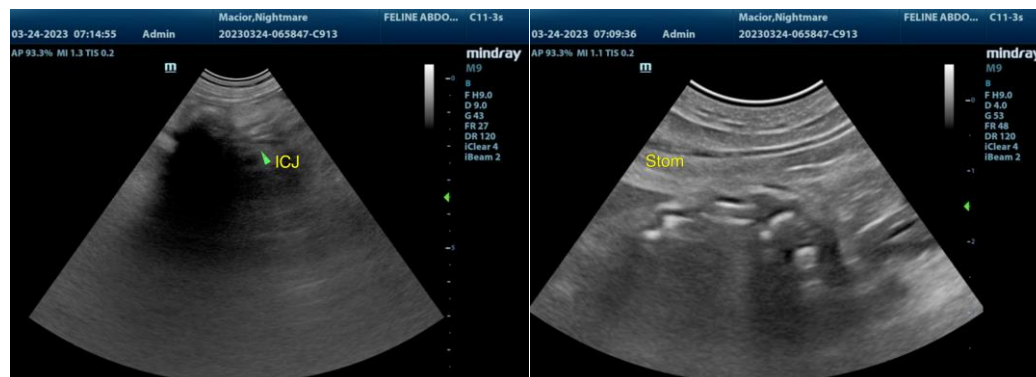
Dr. Sharkaway

## INVOICE

16453

## DATE

3/24/23



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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