



**PATIENT**

Sweet Pea Scupien

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

18 Years 10 Months

**WEIGHT**

9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Lucas Budden

**HOSPITAL NAME**

Frontier Vet Hospital

**REFERRING VET**

Dr. Lucas Budden

**INVOICE**

46186

**DATE**

3/26/23

**PRESENTING CLINICAL SIGNS**

Clinical signs: intermittent vomiting, weight loss, arthritic pain Hx: P has history of Stage III CKD, heart murmur, some more recent weight loss (10.14# 12/7/2022) and newly elevated liver enzymes at the start of this month. In general p seems to be declining a little bit. Still eating daily, v+ a couple times a month (stable for p), seems to be having some discomfort when in litter box passing bowel movements. Does better with mobility and comfort when on Solensia (second injection done 3/23). Weight is stable from last visit. In general o just wants more information on new elevation to liver enzymes, overall status to help inform decision making moving forward. Hx hypertension, CKD, allergic bronchitis, chronic lymphocytosis, FIV+ (vaccine vs true positive), OA, heart murmur Current medications: Amlodipine 2.5mg: 1/4 tablet q24h Elura: 0.4 ml q24h Miralax: 1/8 tsp as needed Aluminum hydroxide: 100 mg q12h Solensia Subcutaneous fluids: 100 ml 2x/week Gabapentin 100 mg prior to appt

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9, MCS 2/3, distended abdomen, light pk MM, grade 2/6 parasternal HM Cbc/chem/UA 3/4/2023 ALT elevated 272, alkaline phosphatase 151 BUN 50, creatinine 3.3, SDMA 21.9 Phosphorus 5.5 Potassium normal at 5.1 Cholesterol 227 Platelet count 530 rest of CBC CHEM WNL USG 1.017, rest of urine sediment nsf Urine culture no growth BP 12/7/2022: 180 avg

**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 changes were noted.

No overt evidence of medial iliac or sublumbar lymphadenopathy or masses.

Both kidneys were borderline mildly subnormal in size with asymmetrical margination. Moderate loss of corticomedullary border demarcation. Minor pinpoint dystrophic medullary mineral noted in both kidneys. The left kidney measured 2.9 cm. The right kidney measured 3.0 cm.

**Adrenal Glands**

The adrenal glands were not definitively visualized.

**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 0.60 cm in width at the level of the hilus.

**Liver**

Mild to possibly moderate generalized hepatomegaly noted. Areas of minor hepatic capsule asymmetry noted. Generalized non-homogeneous, potentially discretely nodular parenchyma. The gallbladder was non-distended with mild anechoic content. No evidence of post-hepatic obstruction.



**PATIENT**

Sweet Pea Scupien

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

18 Years 10 Months

**WEIGHT**

9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Lucas Budden

**HOSPITAL NAME**

Frontier Vet Hospital

**REFERRING VET**

Dr. Lucas Budden

**INVOICE**

46186

**DATE**

3/26/23

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a moderate amount of primarily anechoic fluid with no evidence of mechanical pyloric outflow obstruction. Pylorus wall measured 0.26 cm.

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. Duodenum wall measured 0.23 cm. Jejunum wall measured 0.23 cm. No obvious pathology at the level of the ileocolic junction. Ileocolic junction wall measured 0.32 cm.

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

**Pancreas**

The pancreas was not definitively visualized owing to regional peripancreatic increased omental artifact.

**Free Abdomen**

Moderate volume peritoneal effusion noted. Generalized, mild non-uniform hyperechoic omentum present. No overt or visualized significant omental lymphadenopathy. No obvious omental masses.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate chronic renal changes with borderline/mild subnormal kidney size
- Enlarged, non-homogeneous to irregular liver – vacuolar hepatic changes, inflammatory hepatopathy (i.e., cholangiohepatitis), hyperplasia, hematopoiesis, cholestasis, infiltrative neoplasia all potentials.
- Hypomotile stomach, overtly normal small bowel/colon
- Moderate volume peritoneal effusion and generalized mild non-uniform hyperechoic omentum

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend abdominocentesis for effusion analysis, cytology, +/- culture and sensitivity if evidence of inflammatory criteria is suggested. Given no reported subnormal albumin levels as well as lack of gastrointestinal mural pathology or overt evidence of significant pancreatitis, the etiology of the effusion is unclear, potentially secondary to hepatic disease/portal hypertension, non-specific peritonitis, or possible neoplastic effusion such as carcinomatosis, lymphomatosis, or similar. FIP is technically a potential yet considered highly unlikely, given the age of the patient. Assuming normal clotting status and using 25-gauge needle, concurrent hepatic FNA cytology recommended for further clarification warranted. Extremely guarded prognosis pending additional sampling and effusion analysis.



**PATIENT**

Sweet Pea Scupien

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

18 Years 10 Months

**WEIGHT**

9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Lucas Budden

**HOSPITAL NAME**

Frontier Vet Hospital

**REFERRING VET**

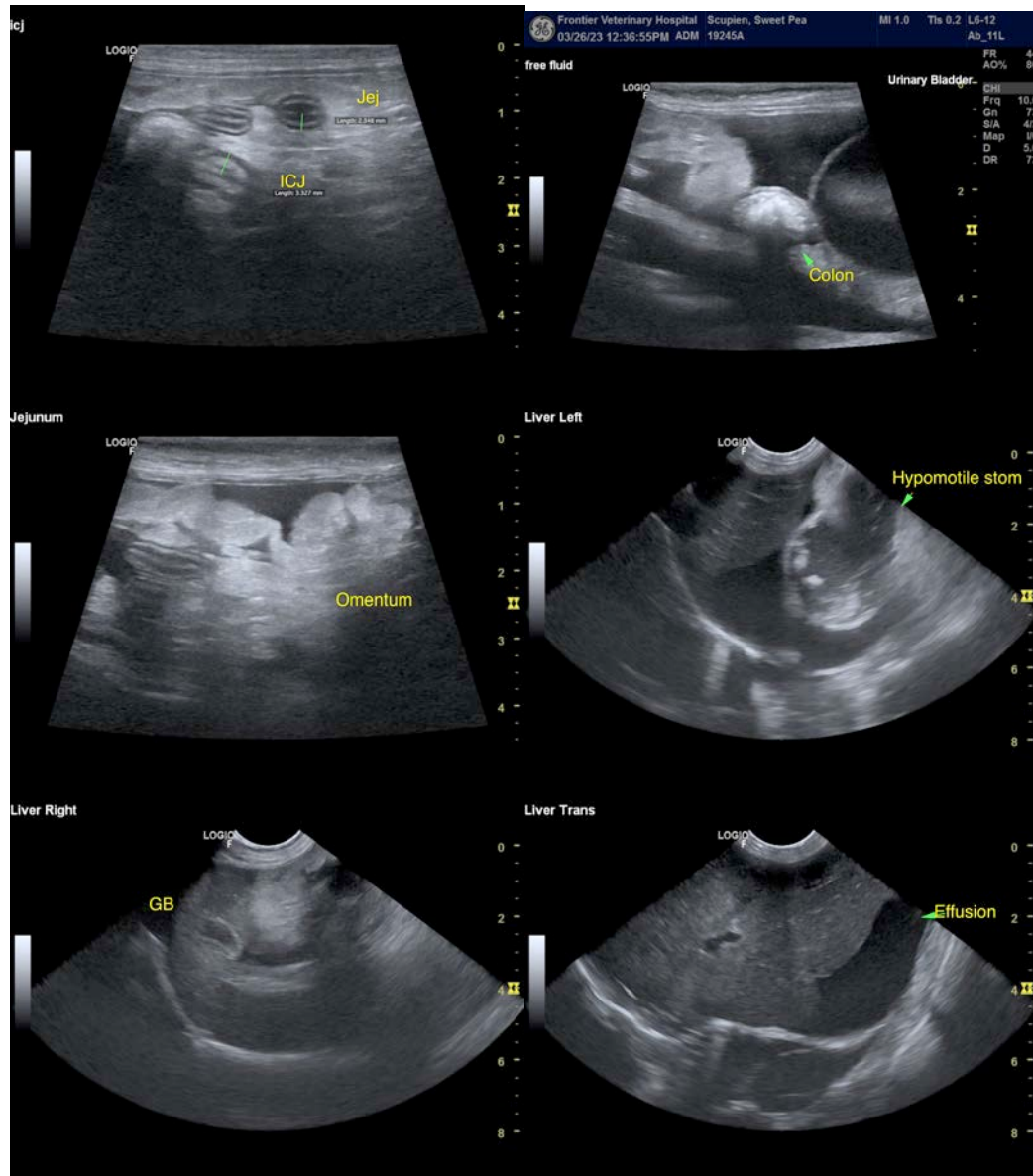
Dr. Lucas Budden

**INVOICE**

46186

**DATE**

3/26/23





**PATIENT**

Sweet Pea Scupien

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

18 Years 10 Months

**WEIGHT**

9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Lucas Budden

**HOSPITAL NAME**

Frontier Vet Hospital

**REFERRING VET**

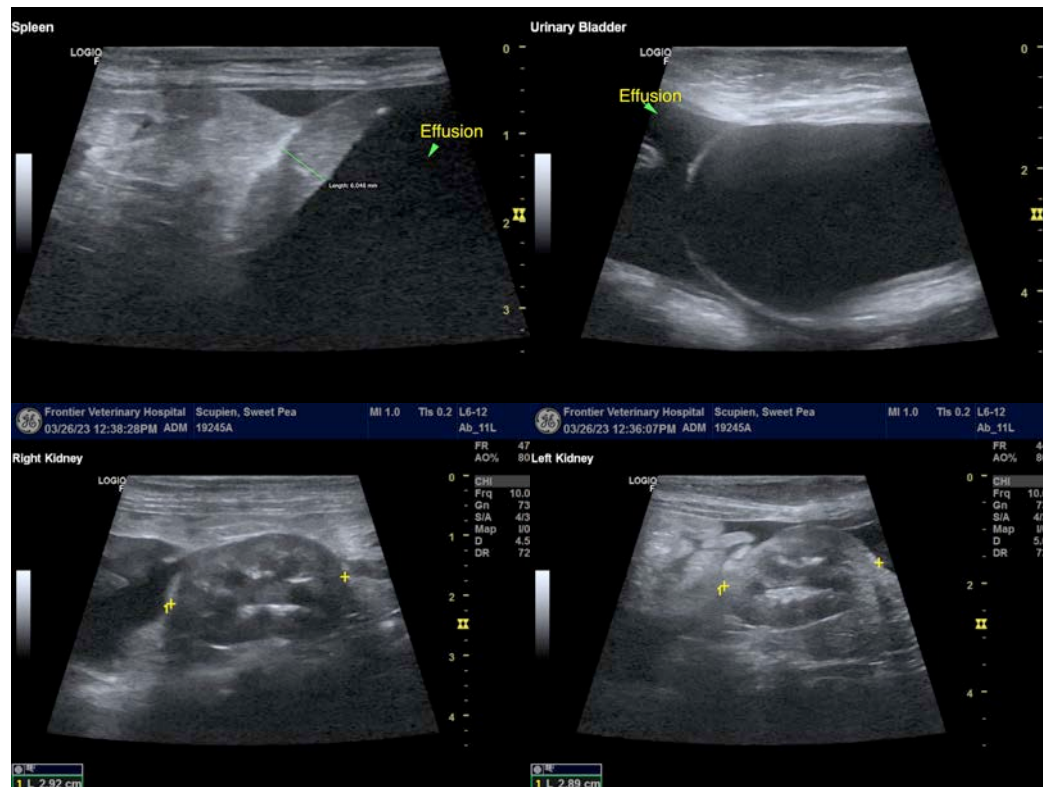
Dr. Lucas Budden

**INVOICE**

46186

**DATE**

3/26/23



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)**

info@SonoPath.com