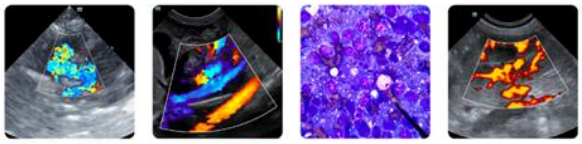


PATIENT

Taz Flum

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3yr

WEIGHT

7.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

River Oak Hospital

REFERRING VET

Emergency Veterinarians of Idaho

INVOICE
24112

DATE
03/04/2026

PRESENTING CLINICAL SIGNS

anemic for 1.5 weeks, intermittently not eating

Abnormal PE/Chem/CBC/UA Results: Amylase 1121, high normal globulin, HCT 31% Anemia Panel pending, FIP PCR pending (from free abdominal fluid)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. The left kidney measured 4.1 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

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.

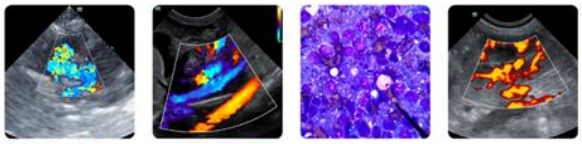
Liver/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was indistinctly visualized, no evidence of gallbladder overdistension or post-hepatic stasis.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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 mechanical/metabolic ileus, obstruction or foreign material.



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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Transdiaphragmatic view of the caudal thorax revealed pleural effusion.

Mild volume peritoneal effusion.

A solitary visualized mildly enlarged non-homogenous to hypoechoic mesenteric lymph node was present measuring 1.8 cm x 0.98 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bicavitary effusion
- Normal non-congested liver
- Moderate urine sediment
- Mid-abdomen mildly swollen, non-homogenous hypoechoic mesenteric lymph node
- Normal gastrointestinal tract with mild non-shadowing gastric ingesta / chyme
- Normal spleen / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory effusion, neoplasia, i.e. carcinomatosis, lymphomatosis or similar, or FIP are primary differentials assuming normal ALB and without evidence of hepatic pathology or congestion. Correlation with pending diagnostics and fluid analysis is recommended. Concurrent mesenteric lymph node FNA cytology could be considered assuming normal clotting status. Correlation with 3 view chest radiographs +/- subjective echocardiogram if clinically indicated is recommended.

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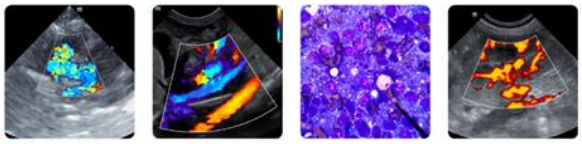

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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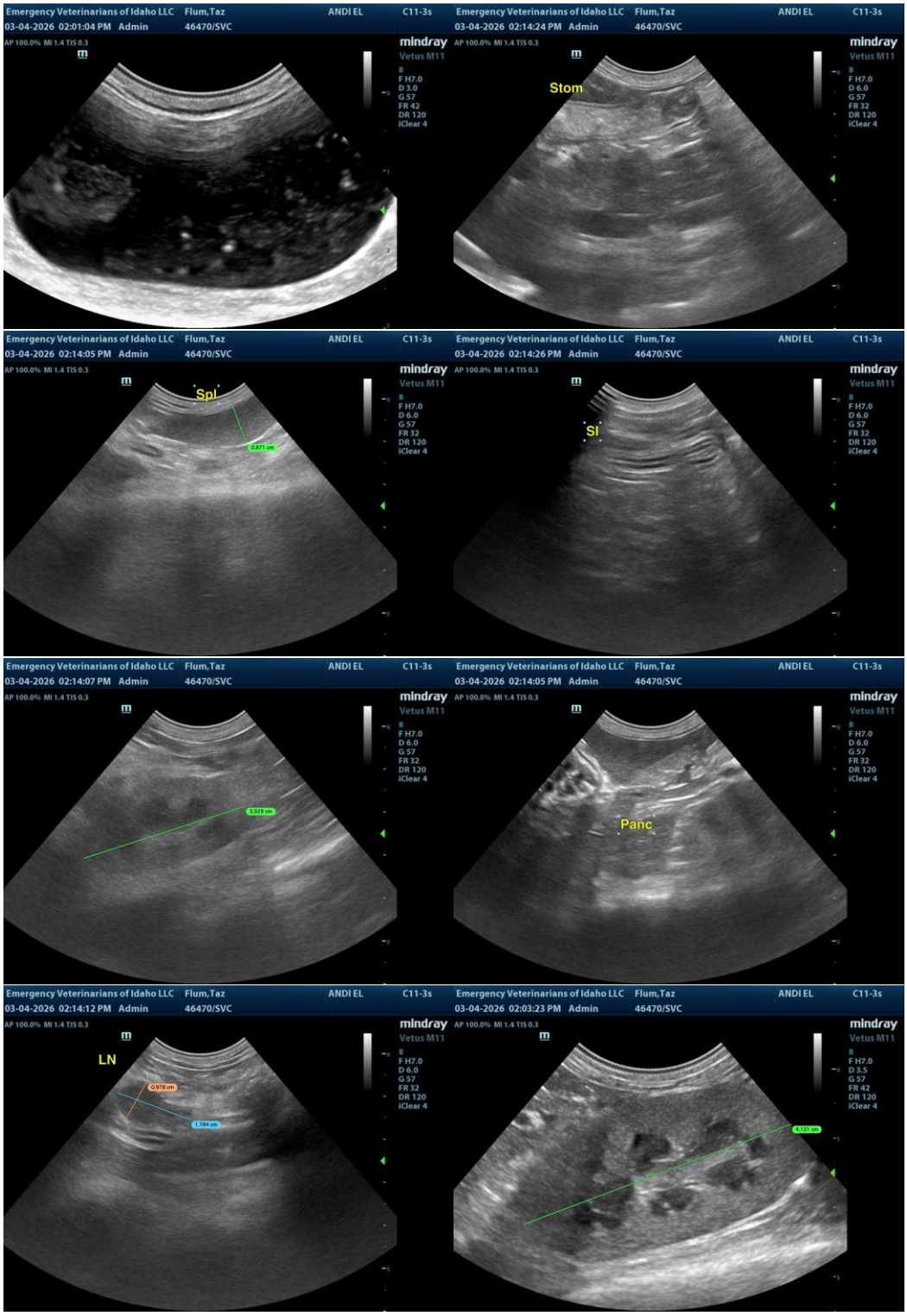

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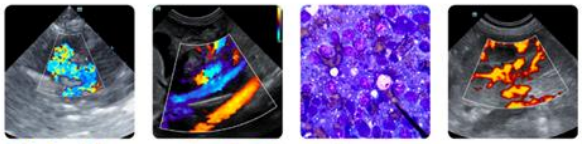

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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