



PATIENT PRESENTING CLINICAL SIGNS

Medusa Way History of icterus, anorexia. Abdomen bloated. Scant, small stool present. Current Medications Cyproheptadine

SPECIES

Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes, bili and WBC.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder exhibited normal size and tone with focal to regional mild to variable ventral to ventral apical thickened urinary bladder, exhibiting homogeneous echotexture and without evidence of mural mineralization. The ventral urinary bladder wall measured 0.58 cm width. Anechoic urine was present in the bladder. No sediment or calculi were present. The urethra was normal to a depth of 2.0 cm.

SEX

Spayed Female

AGE

17 Years

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. Pinpoint areas of dystrophic medullary mineral. The left kidney measured 3.5 cm in length. The right kidney measured 4.2 cm in length.

WEIGHT

9.54 Pounds

Adrenal Glands

INTERPRETED BY

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm.

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm.

IMAGING PERFORMED BY

Spleen

Jenna Walsh, CVT

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.

HOSPITAL NAME

Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

CottagE Grove VC

Liver

REFERRING VET

The liver exhibited generalized enlargement. The liver revealed symmetrical to swollen hepatic contour along with mildly reduced hepatic parenchyma echogenicity, exhibiting uniform mildly coarse echotexture. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

Dr. Damewood

INVOICE

The gallbladder was non-distended in size with primarily anechoic content with mild luminal debris/mucus. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.3 cm width.

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DATE

Gastrointestinal

4/1/22



PATIENT

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. The gastric body wall measured 0.27 cm.

Medusa Way

SPECIES

The small intestine exhibited intact yet generalized prominent wall layering owing to generalized prominent muscularis layer. No overt evidence of intestinal masses as well as no evidence of ileocolic pathology. The jejunum wall measured up to 0.37 cm.

Feline

BREED

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

DSH

SEX

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Mild pancreatic duct dilation was present. A focal nondisruptive to non-expansive cyst was present in the caudal aspect of the left pancreatic limb, likely benign without evidence of pancreatic neoplastic criteria.

Spayed Female

AGE

Free Abdomen

Moderate to significant volume peritoneal free fluid exhibiting mild cellular component. No evidence of concurrent lymphadenopathy. Generalized mildly nonuniform reactive mesentery noted.

17 Years

WEIGHT

ULTRASONOGRAPHIC FINDINGS

9.54 Pounds

- Focal to regionally thickened ventral to ventral apical urinary bladder- nonspecific, regional cystitis with potential for emerging primary versus metastatic neoplasia possible.
- Hepatomegaly, exhibiting mild uniform decreased parenchyma echogenicity- consistent with acute hepatopathy, acute hepatitis, reactive/vacuolar hepatic changes, occult neoplasia possible. No evidence of hepatic vascular congestion.
- Nonobstructive proximal common bile duct dilation- age or patient related variant, potential for mild cholangitis. Not consistent with posthepatic obstruction.
- Moderate to significant volume peritoneal free fluid exhibiting mild cellular component, associated generalized reactive mesentery.
- Intact yet prominent, mildly altered, small bowel wall layering- nonspecific, patient variant. Potential for inflammatory versus early to mild neoplastic infiltrative enteropathy. This finding is nonspecific given the lack of reported gastrointestinal signs or weight loss in this patient.

INTERPRETED BY

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(Canine and Feline)

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HOSPITAL NAME

CottagE Grove VC

REFERRING VET

Dr. Damewood

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The free fluid in this patient may indicate non-septic, i.e., increased vascular permeability, decreased hydrostatic pressure, portal hypertension (owing to acute hepatic pathology), septic effusion, while the possibility of neoplastic effusion (i.e., carcinomatosis, lymphomatosis, or similar) owing to nonobvious lymphatic obstruction.

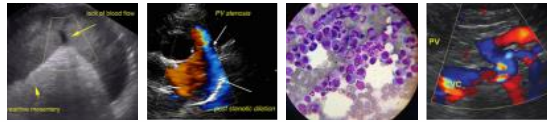
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I recommend abdominocentesis, fluid analysis, cytology, +/- culture and sensitivity (if clinically indicated). Likewise, assuming normal clotting status, ultrasound guided FNA of the liver, using a 25-gauge needle, is recommended for screening cytology and further assessment. FIP is technically a potential in this case yet considered unlikely given the age of the patient. Very guarded prognosis,



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pending additional diagnosis.

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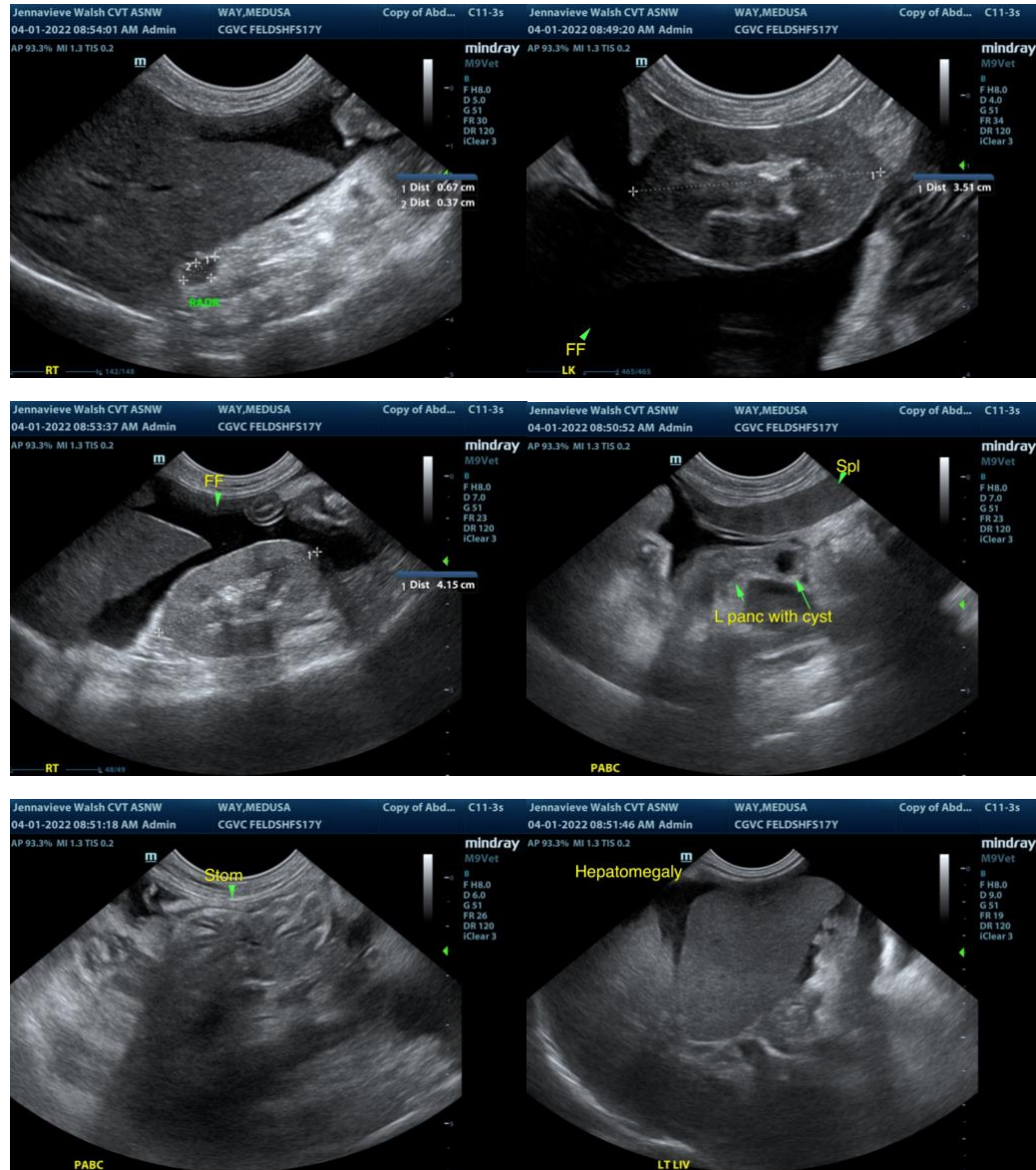
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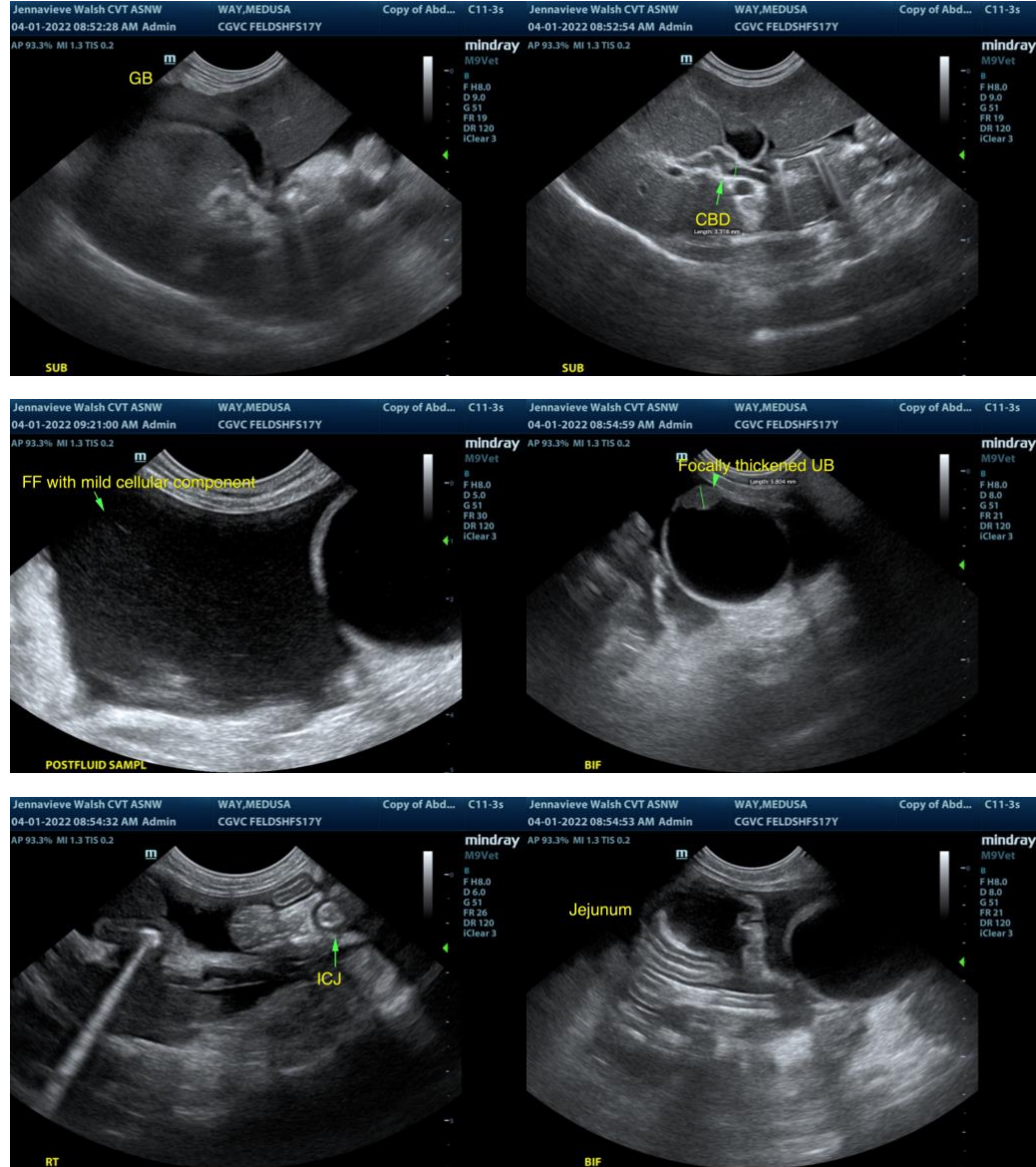
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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