

**PATIENT**

Cooper Bramble

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

12 years

**WEIGHT**

7.38 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Orchard View VC

**REFERRING VET**

Dr. Rowland

**INVOICE**

16627

**DATE**

4/18/23

**PRESENTING CLINICAL SIGNS**

Muffled heart sounds, respiratory distress, open mouth breathing, increased respiratory rate and effort.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN & THORAX**

**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 was noted.

The area of the aortic trifurcation was free of pathology.

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 4.1 cm in length.

**Adrenal Glands**

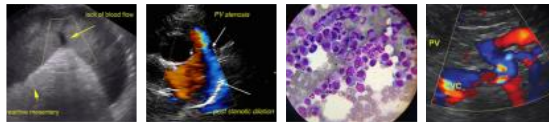
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

**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. The spleen measured 0.9 cm width at the level of the hilus.

**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. The hepatic and portal vasculature were normal in appearance with normal hepatic vascular volume and without signs of 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.



**PATIENT**

***Gastrointestinal***

Cooper Bramble

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained nonshadowing ingesta sonographically consistent with food without signs of obstruction or foreign material.

**SPECIES**

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**

DLH

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

**SEX**

MN

***Pancreas***

The left pancreatic limb was mildly prominent in size with minor capsule asymmetry and nonhomogeneous mildly hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum. The left pancreatic limb measured 0.68 cm in diameter.

**AGE**

12 years

***Free Abdomen***

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**WEIGHT**

7.38 lbs

***Thorax***

Brief sonographic assessment of the thorax revealed subjective mild to moderate volume primarily anechoic pleural effusion. Subjective benign or potentially reactive solitary cranial thoracic / sternal lymph node was noted measuring 1.6 cm in diameter. No visualized pericardial or pulmonary mass lesions were noted.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

- Mildly prominent nonhomogeneous to hypoechoic left pancreas - potential low-grade active to chronic active pancreatitis
- Mild chronic renal changes
- Normal volume liver
- Sonographically unremarkable gastrointestinal tract with gastric ingesta - ingesta sonographically consistent with food
- Pleural effusion with subjective benign or possibly reactive cranial thoracic / sternal lymph node

**HOSPITAL NAME**

Orchard View VC

**REFERRING VET**

Dr. Rowland

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

16627

**DATE**

4/18/23

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation secondary to potential low-grade pancreatitis is suggested. Correlation with a Spec fPL could be considered if clinical signs consistent with pancreatitis are present or have been noted. At times, pancreatitis may result in pleural effusion or pulmonary pathology. However, given echocardiographic interpretation with subjective mild pancreatic inflammatory criteria, primary pancreatitis as the primary contributing



**PATIENT**

Cooper Bramble

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

12 years

**WEIGHT**

7.38 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Orchard View VC

**REFERRING VET**

Dr. Rowland

**INVOICE**

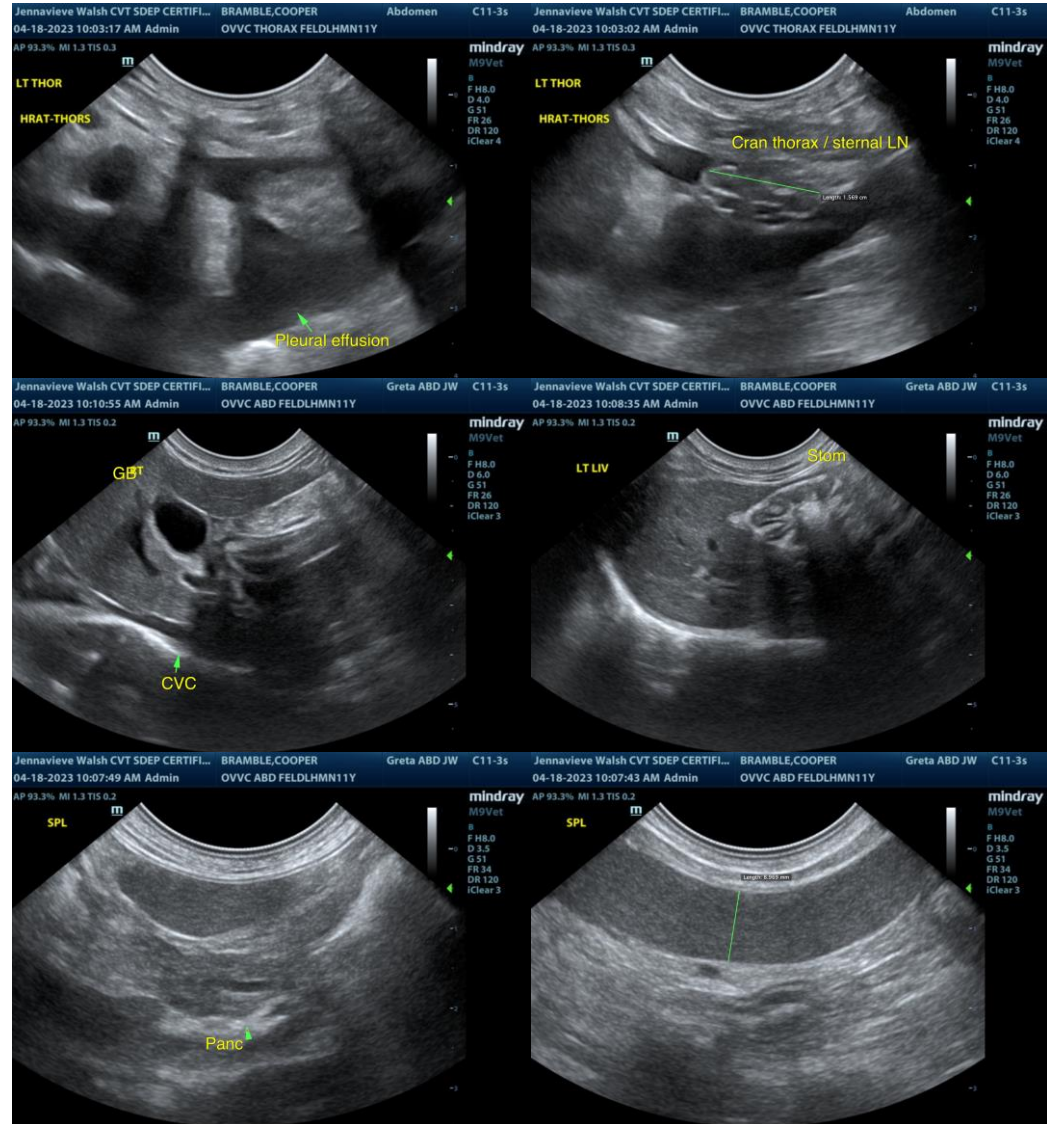
16627

**DATE**

4/18/23

factor to the pleural effusion is considered less likely. Correlation with effusion analysis, cytology +/- C/S if evidence of inflammatory criteria, is suggested.

No overt evidence of intrathoracic neoplastic criteria was noted.





**PATIENT**

Cooper Bramble

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

12 years

**WEIGHT**

7.38 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Orchard View VC

**REFERRING VET**

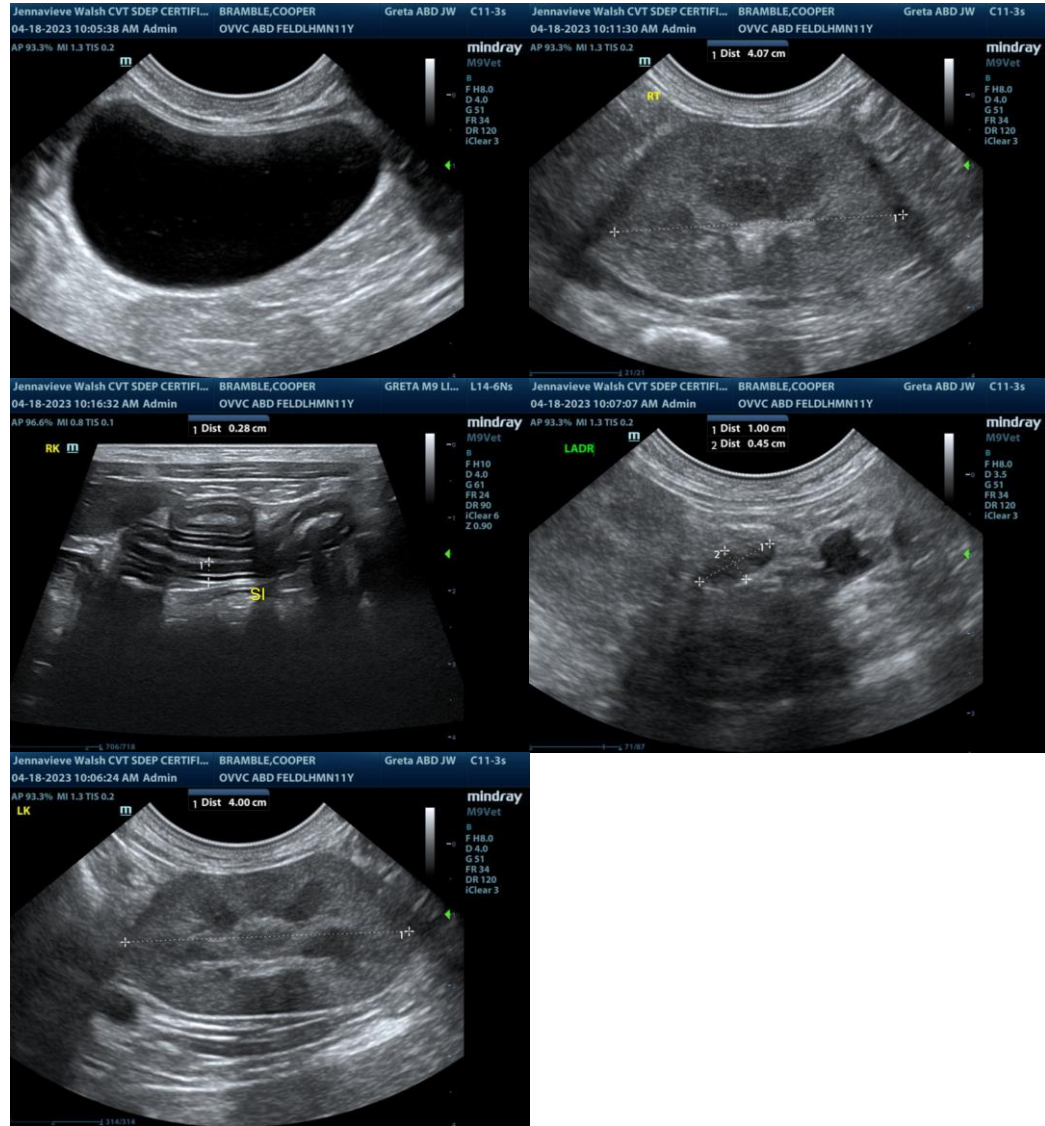
Dr. Rowland

**INVOICE**

16627

**DATE**

4/18/23



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