



PATIENT PRESENTING CLINICAL SIGNS

Paula Wendling Decreased appetite, weight loss, distended abdomen, 2/6 murmur.
 Medication: Convenia

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness. The urethra exhibited possible subnormal tone to a depth of 3.0 cm. 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.

SEX

FS

No overt medial Iliac or sublumbar lymphadenopathy/masses were noted.

AGE

2010

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. Nonobstructive pelvic mineral to renolith was noted in the left kidney. The left kidney measured 2.9 cm in length. The right kidney measured 4.0 cm in length.

WEIGHT

10

Adrenal Glands

The left or right adrenal glands were not definitively visualized.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Blue Ridge VC

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic volume was noted. Intermittent, nonhomogeneous to cystic, nondisruptive, intraparenchymal nodules were present with an example measuring 0.71 cm. The nodules may indicate lipogranulomas, nodular hyperplasia, or cystic biliary adenomas, with potential for metastatic disease possible.

REFERRING VET

Dr. Filchner

INVOICE

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

DATE
 4/18/23

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.



PATIENT

Paula Wendling

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.

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

SPECIES

Pancreas

Feline

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

DSH

No overt or significant omental lymphadenopathy was present. Generalized nonuniform nodular omentum was present with moderate volume echogenic peritoneal effusion. No definitively visualized omental masses were noted.

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Moderate volume echogenic peritoneal effusion with generalized nonuniform / nodular omentum
- Normal volume liver with nonspecific intraparenchymal nodules
- Overtly normal gastrointestinal tract
- Bilateral chronic renal changes with borderline subnormal left kidney size and nonobstructive left kidney renolithiasis

WEIGHT

10

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 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no reported subnormal albumin levels that would diminish oncotic pressure to the point of causing free fluid, no evidence of significant hepatic parenchymal pathology or congestive criteria, as well as no overt gastrointestinal mural pathology, and no evidence of significant or active pancreatitis that would be responsible for an effusion of this nature, lymphatic obstruction owing to carcinomatosis, lymphomatosis, or similar is of primary concern.

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Pathology review of abdominal effusion +/- C/S, if clinically indicated, could be considered. An extremely guarded to unfavorable long-term prognosis is suspected.

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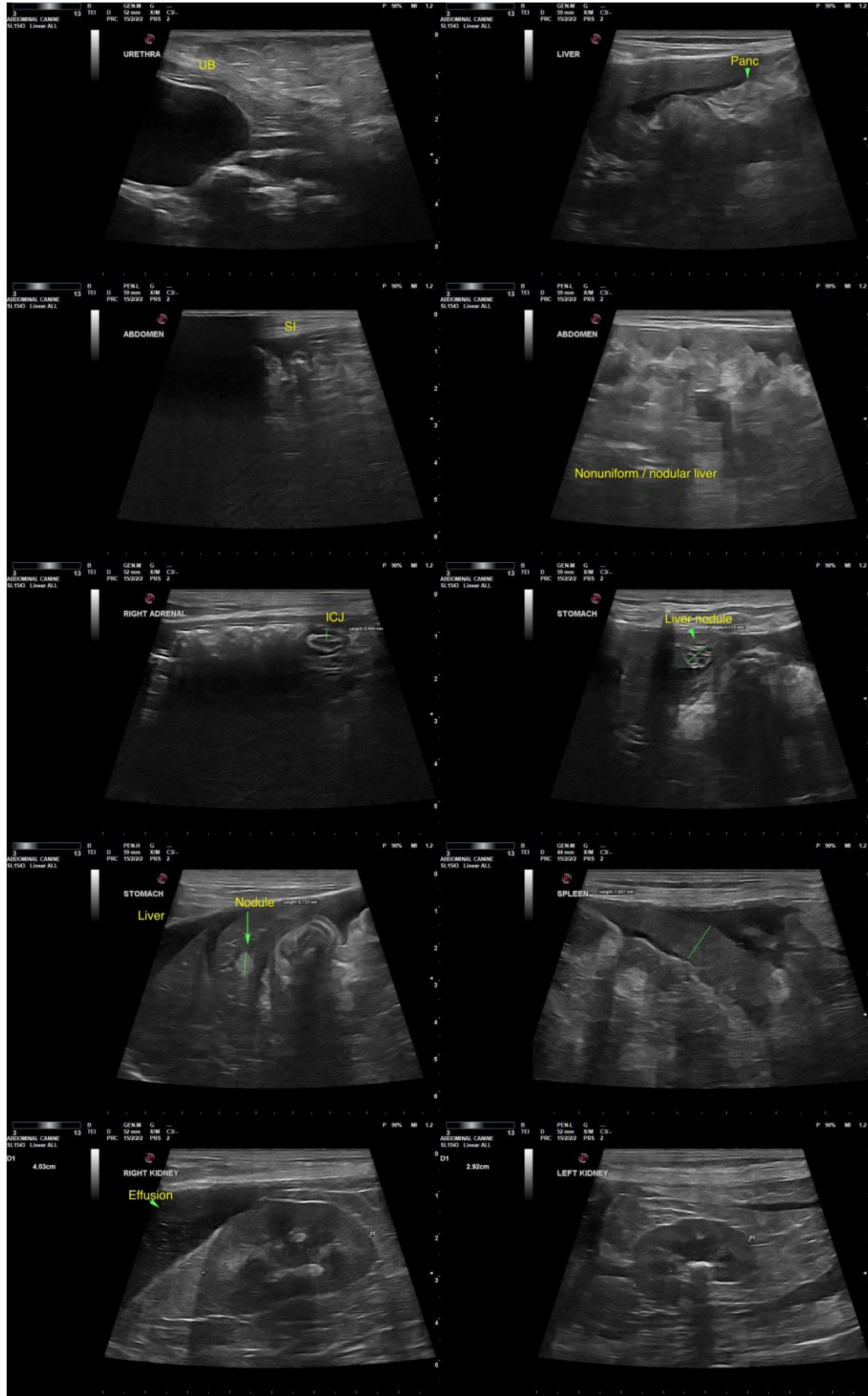
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

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