

PATIENT PRESENTING CLINICAL SIGNS

Descartes Messier Presented with anorexia and lethargy (progressively decreasing energy x 1 week). Radiographs: peritoneal effusion. AFAST - large amount free fluid

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX The kidneys were normal in size and margination. Both kidneys exhibited subtle uniform increased cortex echogenicity with minor enhanced corticomedullary border demarcation. Pinpoint areas of medullary mineral present in the left kidney. Mild pyelectasia present in the right kidney. The left kidney measured 4.8 cm. The right kidney measured 4.2 cm.

AGE The area of the aortic trifurcation was free of pathology.

WEIGHT The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm. The left adrenal gland measured 0.37 cm.

INTERPRETED BY **Spleen**
 R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 1.0 cm in width. 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 **Liver**
 Pamela Harrigan, RDCS 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 without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Very minor luminal debris present, likely consistent with fasting or nonclinical cholestasis and considered incidental. The cystic and common bile ducts were normal.

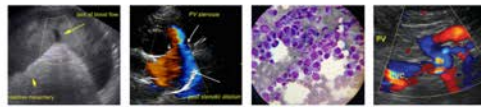
HOSPITAL NAME **Gastrointestinal**
 New England AMC The stomach presented intact wall layering with a normal wall layer ratio. Minor retained ingesta/chyme present.

REFERRING VET 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.

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

INVOICE **Pancreas**
 37144 The left pancreas exhibited indistinct nonuniform to nodular parenchyma. Associated regional peripancreatic to generalized nonuniformly echogenic to nodular mesentery noted.

DATE
 4/25/22



PATIENT

Free Abdomen

Descartes Messier

Moderate volume peritoneal free fluid noted, exhibiting mild echogenic cellular component. No distinct omental masses noted. Potential for multifocal minor omental lymphadenopathy, which can appear similar to primary nodular adrenal changes.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

- Nonuniform to nodular left pancreas
- Generalized nonuniform to nodular mesentery
- Moderate volume echogenic to cellular peritoneal free fluid
- Mild nonspecific chronic renal changes exhibiting pinpoint medullary mineral and minor right kidney pyelectasia

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. FIP is technically a potential; therefore, FIP titers on the fluid are essential; however, given the age of the patient FIP is less likely. Carcinomatosis, lymphomatosis potentially deriving from the pancreas are the primary differentials in this case.

AGE

7 Years 9 Months

The free fluid has mild echogenic changes to it. Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid as well as no evidence of passive congestion with hepatic vasculature or vena cava and no significant, diffuse hepatic disease is noted as well as no evidence of intestinal perforation or other pathology that would be responsible for effusion of this nature, lymphatic obstruction owing to carcinomatosis and lymphomatosis or similar potentially deriving from the pancreas is of primary concern. Very guarded prognosis pending additional diagnostics.

WEIGHT

5.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

REFERRING VET

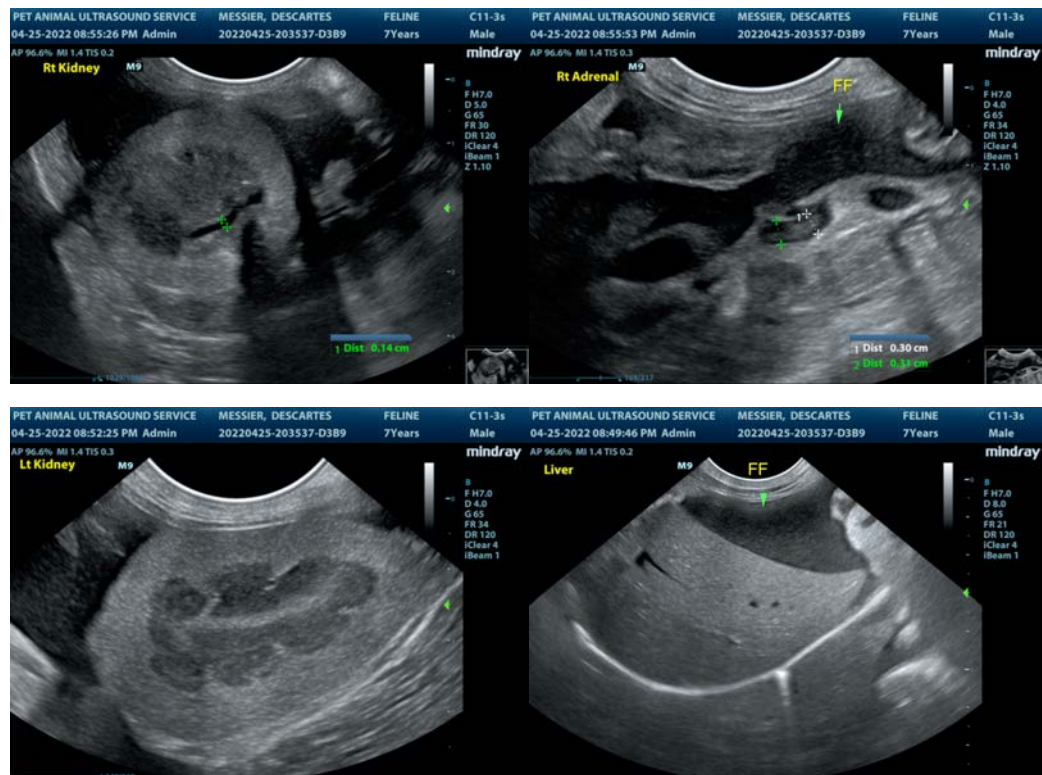
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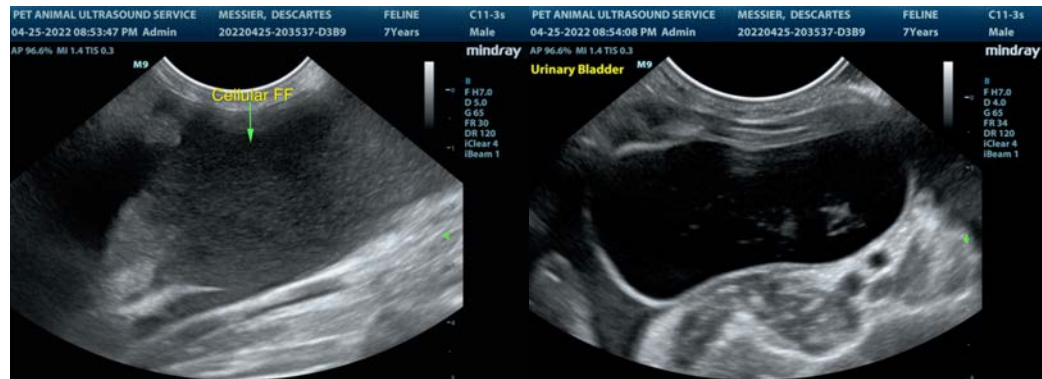
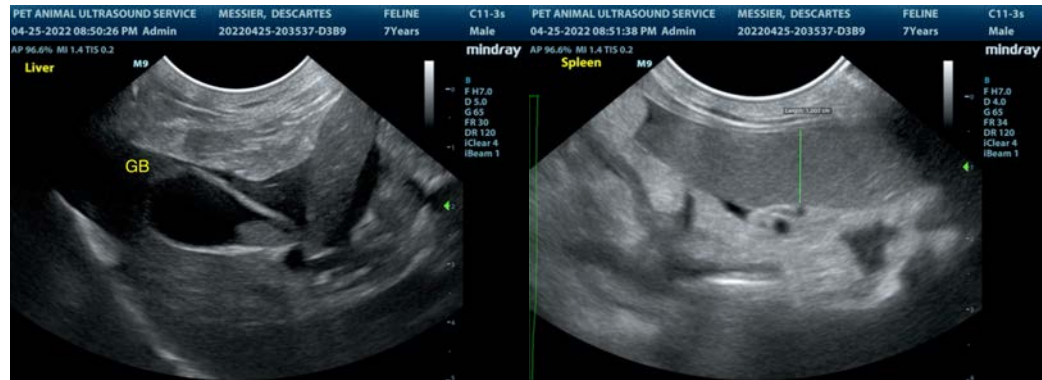
Dr. Alberto Fernandez

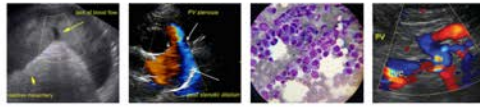
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PATIENT

Descartes Messier

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.

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

DSH

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

Neutered Male

AGE

7 Years 9 Months

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