



PATIENT	PRESENTING CLINICAL SIGNS
Crookshanks Cardenas	ABD effusion, not eating/drinking.
SPECIES	Abnormal PE/Chem/CBC/UA Results: MCHC 37.9, RDW 30, WBC 18.56, Neutro 16.39, Mono 0.74, BUN 91, Phosphorus 9.4, sodium 141, Potassium 8.3, Chloride 104, GGT 5, Bilirubin 2.2, Lipase 1,626
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder appeared to exhibit intact wall layering without overt evidence of significant urinary bladder mural pathology (i.e., cystitis or tumors). The urinary bladder exhibited subnormal size with mild anechoic urine present. No sediment or calculi. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.
Neutered Male	
AGE	Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. The kidneys exhibited mild to moderate indistinct corticomedullary border demarcation. The renal medullary volume was subjectively reduced. The right kidney measured 4.1 cm. The left kidney measured 3.9 cm.
9 Years	
WEIGHT	Adrenal Glands
9.5 Pounds	The adrenal glands were not definitively visualized.
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 0.66 cm in width at the level of the hilus. 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
Val Shumskaya	The liver exhibited generalized enlargement, yet normal hepatic vascular volume without overt evidence of congestive criteria. Ill-defined, isoechoic, mildly non-homogeneous intraparenchymal mass lesion noted measuring 4.0 cm diameter in the mid liver. The gallbladder was non-distended to mildly subnormal in size, containing subjective anechoic gallbladder content. The common bile duct was not definitively visualized. No overt evidence of post-hepatic obstructive criteria.
HOSPITAL NAME	Gastrointestinal
Northvale Vet Clinic	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.
REFERRING VET	The visualized small intestinal segments exhibited intact wall layering with subjective maintained 1:3 muscularis to mucosa ratio. Mild segmental intestinal corrugation was present. No obstructive pattern.
Dr. Simon	Normal visible colon wall layers were present with apparent formed feces in lumen.
INVOICE	Pancreas
46949	The pancreas was indistinctly visualized, yet appeared to exhibit normal size with potential very subtle heterogeneous parenchyma compared to adjacent hyperechoic omentum.
DATE	
4/26/23	



PATIENT

Crookshanks Cardenas

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

9.5 Pounds

Free Abdomen

No definitively visualized omental masses or evidence of significant lymphadenopathy.

Moderate to severe volume peritoneal effusion present exhibiting mild effusion echogenic changes, which may suggest some degree of effusion cellularity.

Generalized non-uniform hyperechoic omentum noted.

ULTRASONOGRAPHIC FINDINGS

- Subjective intact yet subnormal urinary bladder
- Mild to moderate chronic renal changes – Sonographically, the kidneys did not appear to be end stage.
- Normal spleen
- Overtly normal pancreas
- Hepatomegaly with ill-defined intraparenchymal mass lesion
- Sonographically unremarkable gastrointestinal tract with subjective mild segmental small intestinal corrugation
- Moderate to severe volume peritoneal effusion, generalized non-uniform omentum

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Northvale Vet Clinic

REFERRING VET

Dr. Simon

INVOICE

46949

DATE

4/26/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no subnormal albumin levels that would diminish oncotic pressure to the point of causing free fluid, no evidence of significant pancreatic pathology or evidence of overt gastrointestinal mural disease or other pathology that would be responsible for an effusion of this nature. The cause of the peritoneal effusion was not definitive, with potential considerations including non-specific peritonitis, portal hypertension (given presence of ill-defined hepatic mass lesion), lymphatic obstruction owing to carcinomatosis, lymphomatosis, or other. Potential uroabdomen, given the degree of BUN and potassium elevation. FIP is technically a potential yet considered less likely, given the patient age.

Abdominocentesis for fluid analysis, cytology +/- culture and sensitivity (if evidence of inflammatory sediment), or comparison between fluid and serum creatinine levels (if clinical concern for uroabdomen) is recommended. FIP titers could also be considered if clinically indicated.

Additional assessment may include (assuming normal clotting status) FNA cytology of the ill-defined hepatic mass lesion or urinary catheter placement with injection of agitated saline with concurrent urinary bladder sonographic assessment to rule out possible non-obvious urinary bladder leakage or rupture if strong clinical concern for uroabdomen. Guarded prognosis.



PATIENT

Crookshanks Cardenas

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Northvale Vet Clinic

REFERRING VET

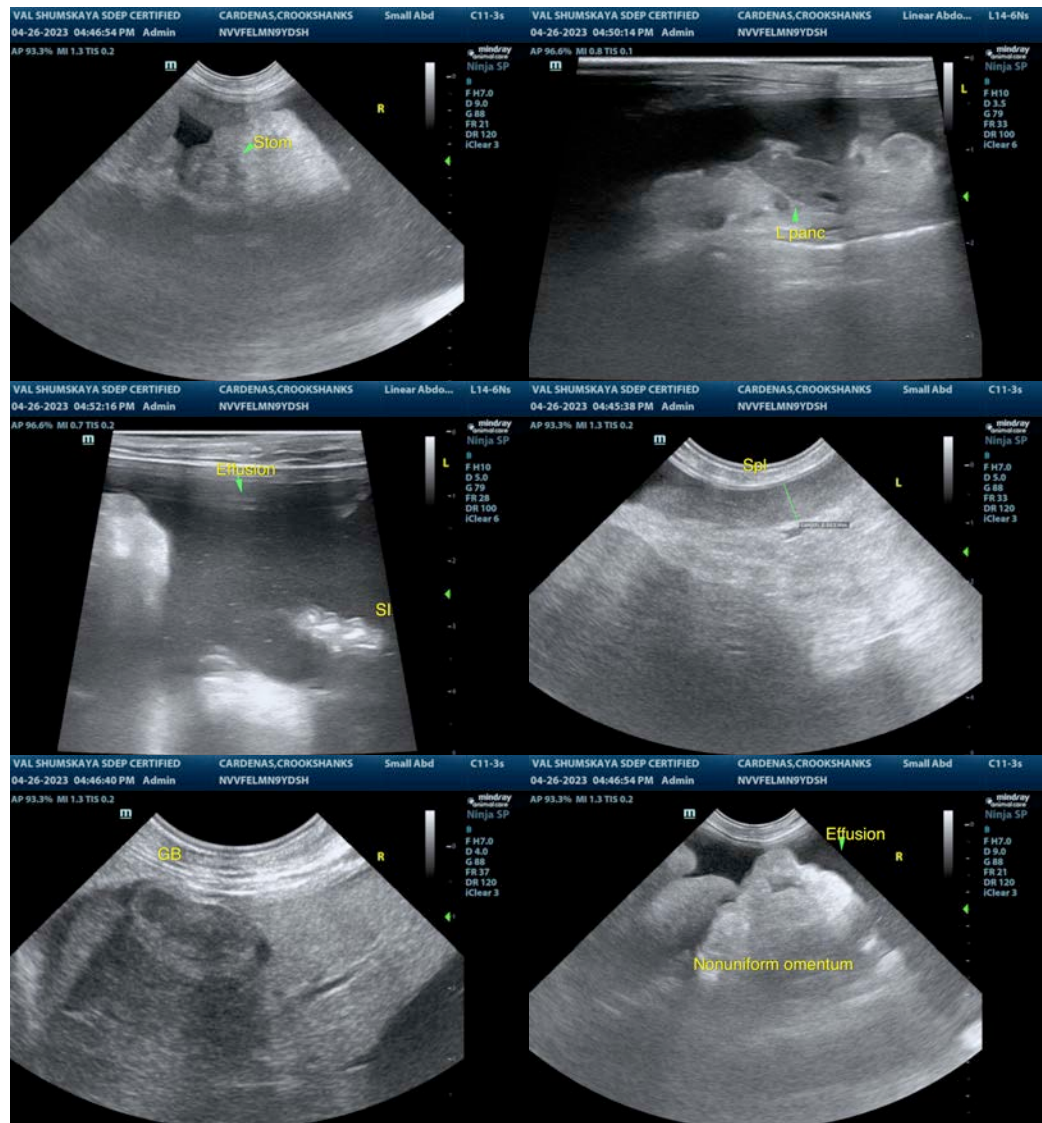
Dr. Simon

INVOICE

46949

DATE

4/26/23





PATIENT

Crookshanks Cardenas

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Northvale Vet Clinic

REFERRING VET

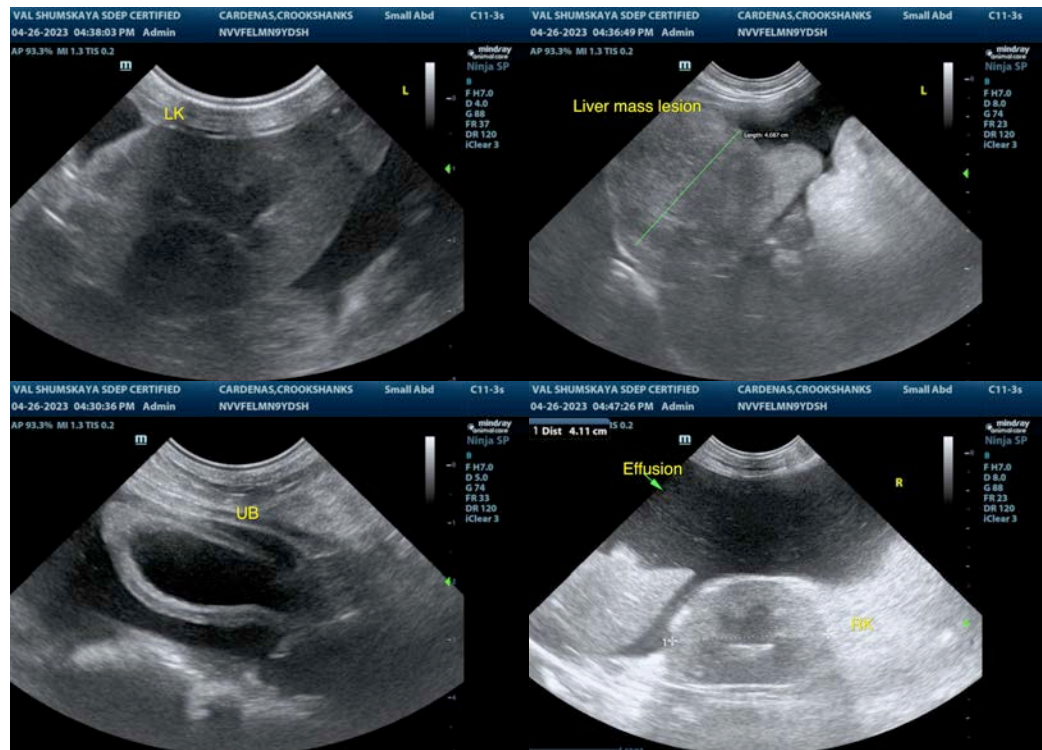
Dr. Simon

INVOICE

46949

DATE

4/26/23



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