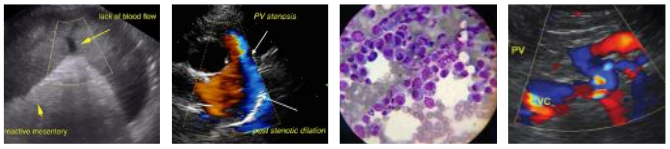
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Poppy Pulicki

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 years

WEIGHT

9.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Stefanie Lang

INVOICE

16699

DATE

4/26/23

PRESENTING CLINICAL SIGNS

Patient presents for intermittent constipation and abdominal distention. Acites on radiographs as well as cardiomegaly. Current med: miralax.

Abnormal PE/Chem/CBC/UA Results: Stress leukogram and mild hypernatremia, normal liver values. albumin, and no murmur on exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. Mild, non-dependent, 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.

There is no evidence of medial Iliac or sublumbar lymphadenopathy.

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 3.4 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size position, and shape. The left adrenal gland measured 0.30 cm width. The area of the right adrenal gland was free of overt pathology.

Spleen

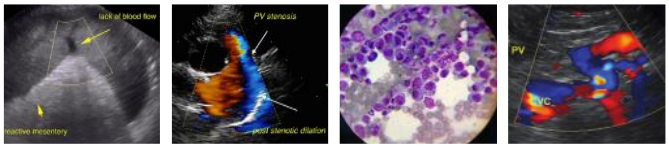
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.0 cm width at the level of the mid spleen.

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 without signs of congestion and normal hepatic vascular volume was noted.The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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.



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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 fecal matter in lumen. The colon appeared to be exhibiting normal size.

Pancreas

The pancreas was indistinctly visualized owing to regional increased peripancreatic omental artifact.

Free Abdomen

No overt omental masses or significant lymphadenopathy was present. Generalized nonuniform discretely nodular omentum was present. Moderate volume peritoneal effusion exhibiting mild effusion echogenic changes, which may suggest mild effusion cellularity, were noted.

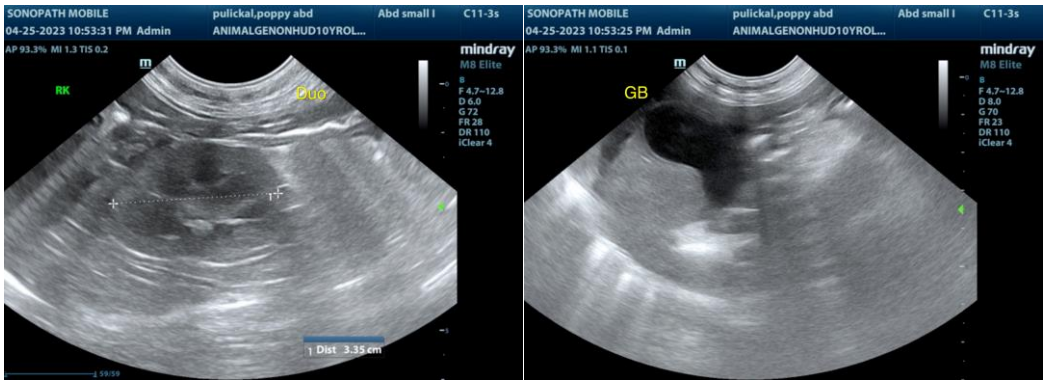
ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Mild chronic renal changes
- Sonographically normal liver with normal liver vascular volume
- Sonographically unremarkable gastrointestinal tract
- Moderate volume peritoneal effusion with generalized nonuniform discretely nodular omentum

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 hepatic parenchymal pathology or congestive criteria, as well as no evidence of gastrointestinal mural disease or significant pancreatic pathology that would be responsible for an effusion of this nature, carcinomatosis, lymphomatosis, or similar may be of primary concern pending echocardiographic assessment.

Abdominocentsis with effusion analysis, cytology, +/- C/S if any suspicion of inflammatory elements is suggested. FIP is technically a potential yet considered less likely given the age of the patient. Correlation with the pending echocardiogram, as well as recommended effusion analysis, is recommended.



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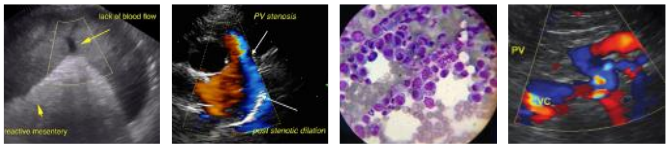

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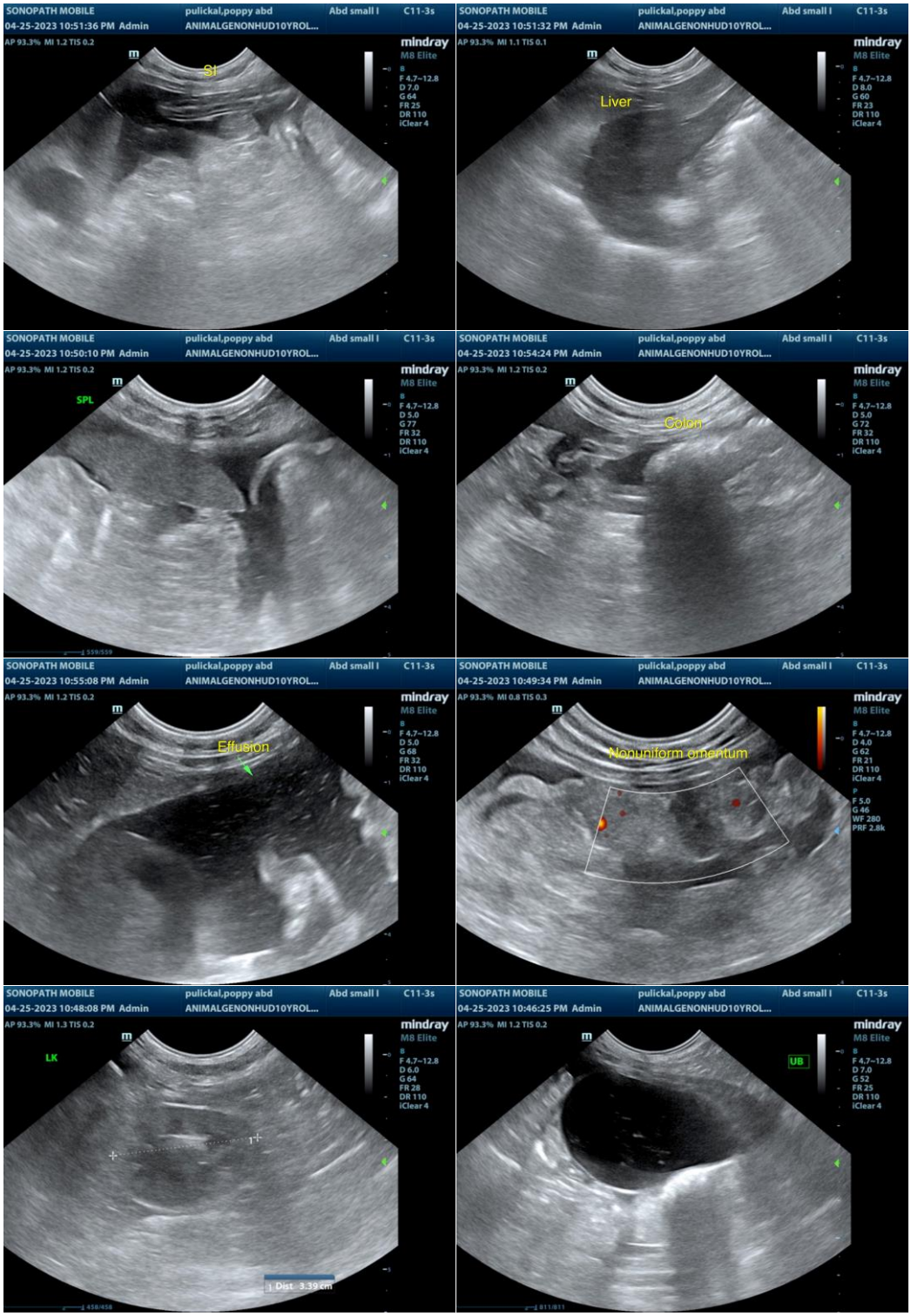

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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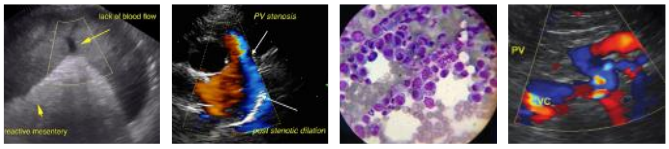

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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