



PATIENT

Calli Brown

SPECIES

Feline

BREED

DMH Calico

SEX

FS

AGE

19 years old

WEIGHT

4.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr Sobon, New
Berlin AH

INVOICE

13625

DATE

4/6/22

PRESENTING CLINICAL SIGNS

Presented for not eating and weight loss. Ascites in abdomen - transudate. Calli in in stage 2 of CKD. 250ml's were removed on 4/5/2022.

Abnormal PE/Chem/CBC/UA Results: BUN 49 Creatinine 1.9 Amylase 1300

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. No overt pathology was present. Minimal anechoic urine was present without evidence of sediment or calculi. The urethra was normal in structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Both kidneys were mildly subnormal in size with moderate to marked loss of corticomedullary border demarcation, expected for the age of the patient. A normal 1:3 cortex / medulla ratio was maintained. Bilateral mild pyelectasia and pinpoint medullary mineral was present. The left kidney measured 2.6 cm in length. The right kidney measured 2.9 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left and right adrenal glands.

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.

Liver/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Intermittent, non-expansive hepatic parenchymal nodules were noted. An example measured 0.5 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No evidence of hepatic vasculature congestion was noted. The gallbladder was non-distended in size with mild gallbladder debris primarily in the caudal lumen and gallbladder neck. The gallbladder was otherwise normal. 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 segmental propensity for mildly prominent muscularis layer, as well as segmental small intestinal corrugation. The jejunum wall width measured up to 0.30 cm.

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

Pancreas

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The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen

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Moderate volume cellular peritoneal free fluid was present. Generalized nonuniform to variably echogenic mesentery, along with suspected intermittent peritoneal nodules were present. A large, nonhomogeneous, focally hyperechoic mass occupying the area of the pancreas within the mid to cranial abdomen measuring approximately 4.0 cm in diameter. No evidence of significant concurrent lymphadenopathy was noted.

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4.9 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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R. McKenzie Daniel,
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(Canine and Feline)

- Moderate volume cellular peritoneal effusion
- Generalized nonhomogeneous mesentery with suspect intermittent to indistinct peritoneal nodules
- Nonhomogeneous to focally hyperechoic mid to cranial abdominal mass primarily in the area of the pancreas
- Nonspecific yet suspicious hepatic nodules
- Bilateral chronic degenerative renal changes with mild pyelectasia
- Potential segmental enteropathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Recommend abdominocentesis cytospin cytology of the abdominal effusion. Culture of the fluid could be considered if evidence of inflammatory cells. FIP is technically a potential yet considered less likely given the age of the patient. In light of the mid to cranial abdominal mass suspected of either pancreatic or omental origin, carcinomatosis, lymphomatosis with evidence of discrete peritoneum metastasis is the primary differential in this case.

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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 is my primary concern.



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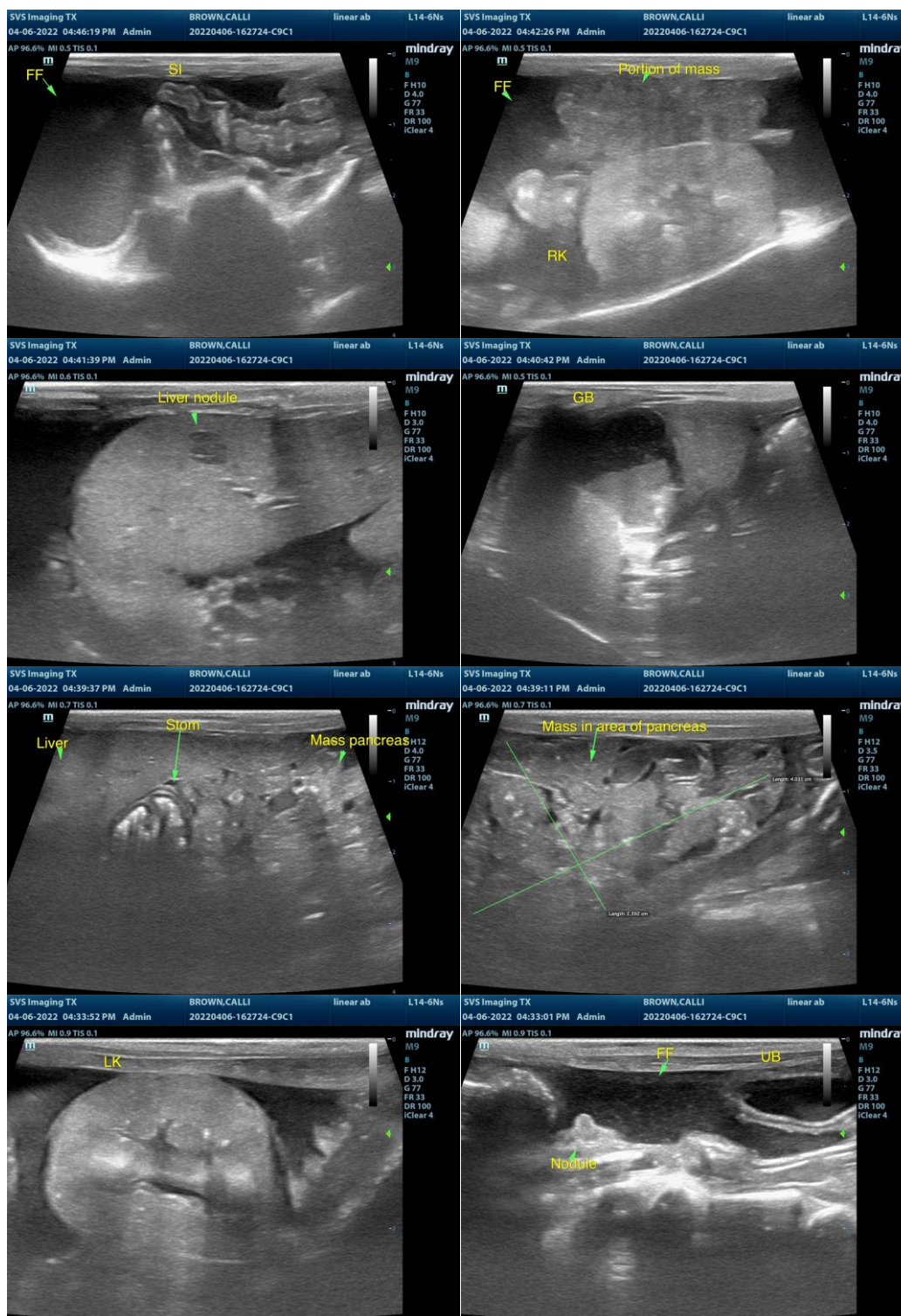
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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