

**PATIENT**

Big Boy Schultz

**PRESENTING CLINICAL SIGNS**

Bloated abdomen. Has been going on for a week or two. Ballottement wave appreciated.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Blood work unremarkable. Abdominal radiographs show fluid opacity filling the abdomen. Prior to scan abdominocentesis: 975mls amber colored fluid

**BREED**

DLH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder was mildly subnormal in size owing to lack of urine distention. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. 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 were noted.

**SEX**

NM

**AGE**

9 years

Normal size and margination was 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 4.7 cm in length. The right kidney measured 4.5 cm in length.

**WEIGHT**

14 lbs

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands****INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm. No overt pathology in the area of the right adrenal gland.

**Spleen**

The spleen was mildly subnormal in size likely owing to volume contraction with 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 0.56 cm in width.

**IMAGING PERFORMED BY****HOSPITAL NAME**

SVS Imaging QC

**Liver**

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. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Elliot

**Gastrointestinal****INVOICE**

10578ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting variable progressive distal acoustic shadowing along with retained nonshadowing chyme with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

**DATE**

05/11/2022

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. The duodenum wall measured 0.28 cm in width. The jejunum wall measured 0.24 cm in width.

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

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**Pancreas****SPECIES**

The pancreas was indistinctly visualized owing to regional peri pancreatic mesenteric artifact and presence of peritoneal free fluid. The visualized pancreas exhibited normal size and contour with mild primarily uniform hypoechoic parenchyma.

Feline

**Free Abdomen****BREED**

Moderate volume peritoneal free fluid exhibiting mild subjective cellular component. Generalized mild nonuniform to indistinctly nodular mesentery was noted. No evidence of omental masses of significant lymphadenopathy.

DLH

**SEX****ULTRASONOGRAPHIC FINDINGS**

NM

- Moderate volume peritoneal free fluid exhibiting mild cellular component
- Generalized nodular omentum
- Mildly hypoechoic pancreas-potential mild pancreatitis
- Mild nonspecific chronic renal changes

**AGE**

9 years

**WEIGHT****INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

14 lbs

Given no reported subnormal ALB levels that would diminish oncotic pressure to the point of causing free fluid as well as no evidence of evidence of hepatic passive congestion or diffuse hepatic disease an obvious cause of the peritoneal free fluid was not definitively evident. Some degree of pancreatitis is possible yet the degree of pancreatic inflammation at present was not to the degree that would be expected to result in peritoneal effusion. Recommend abdominocentesis with rapid cytospin cytology and slide preparation to conserve potential cell integrity +/- C/S if evidence of inflammatory cells for further assessment. FIP is technically a potential yet considered unlikely given the age of the patient. Three view chest radiographs to assess cardiopulmonary status and potential concurrent occult thoracic pathology. Pending effusion analysis, concern for intra abdominal neoplastic process i.e. carcinomatosis, lymphomatosis or similar with possible non obvious lymphatic obstruction may be of primary concern.

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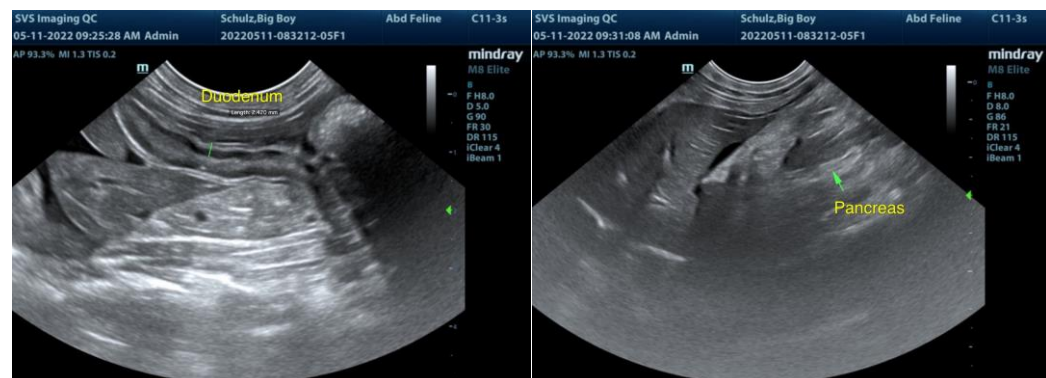
Dr. Elliot

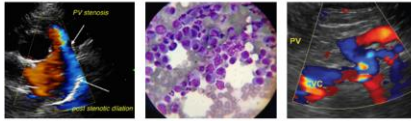
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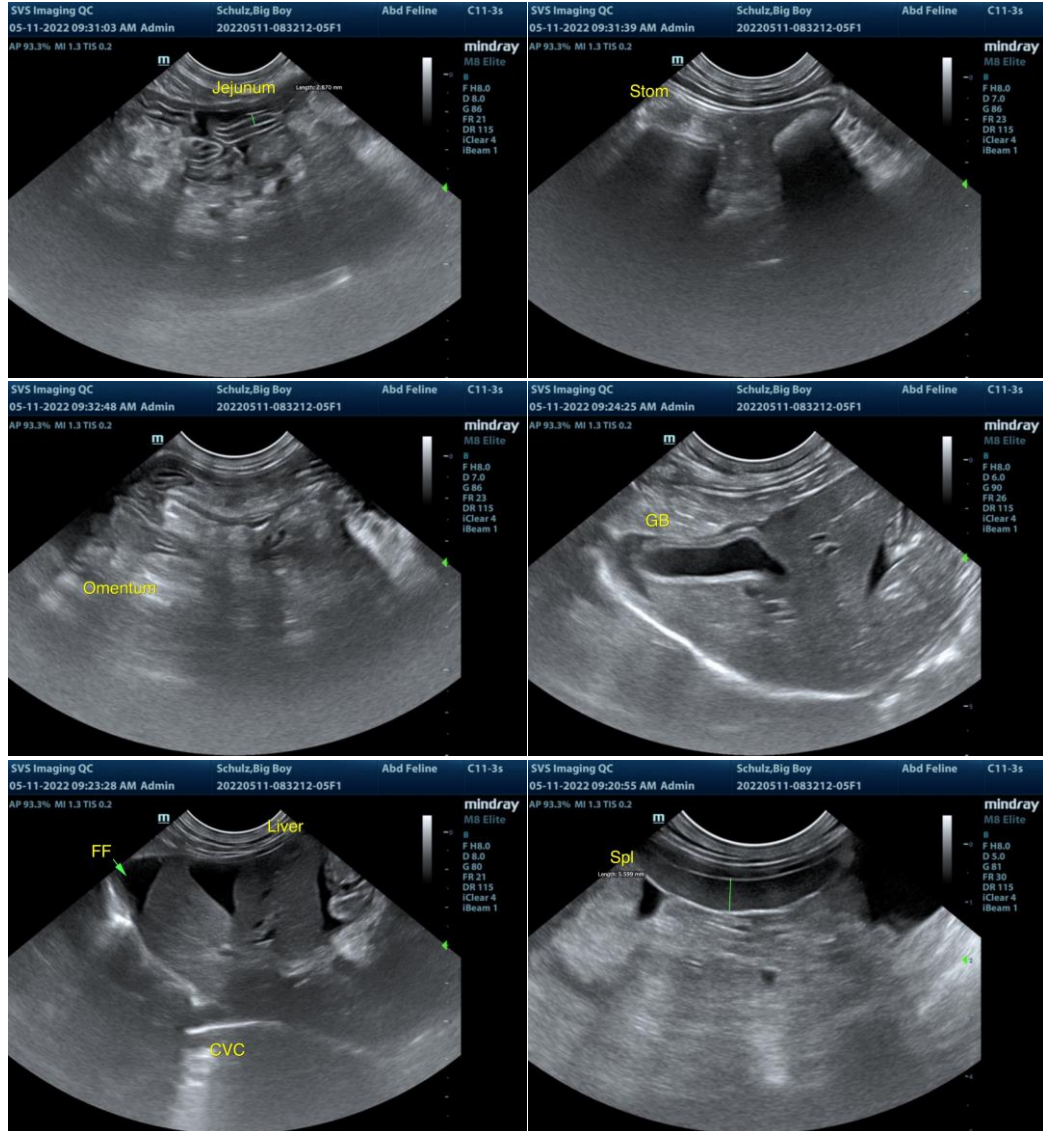
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**SEX**

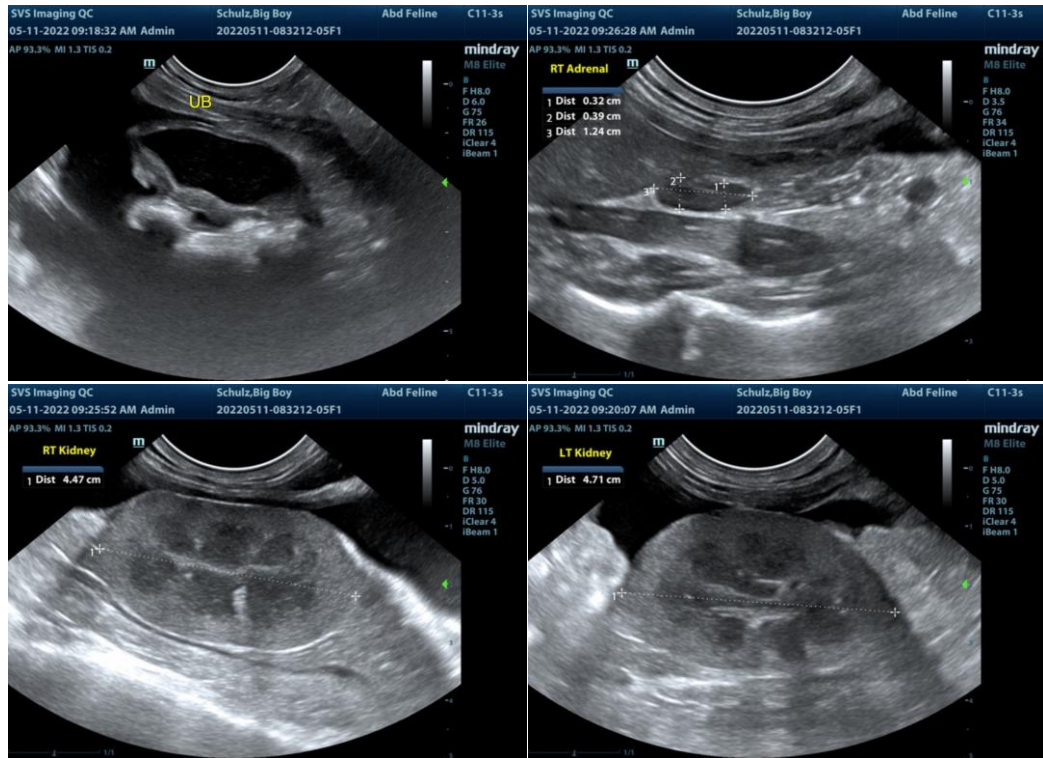
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**AGE**

9 years

**WEIGHT**

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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.

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.

**IMAGING PERFORMED BY**

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