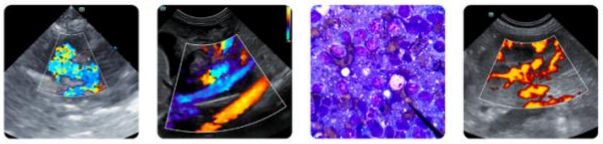

PATIENT

Princess Wagy

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Intact Female

AGE

8 Years

WEIGHT

7.9

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Cassidy Stone

HOSPITAL NAME

Petroglyph Animal Hospital

REFERRING VET

Dr. Alice Ku

INVOICE

16226

DATE

05/15/26

PRESENTING CLINICAL SIGNS

P has a chronic history of vomiting/hacking, but always productive with hairball. Seen 5 days ago and found to have pleural effusion. Recheck shows mild worsening of the pleural effusion

Abnormal PE/Chem/CBC/UA Results: Low albumin -Mildly low calcium -UA shows proteinuria with concentrated urine (1.050)

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. Echogenic to particulate primarily gravity dependent mild 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.

The definitive uterus or bilateral ovaries were not visualized.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen presented subnormal in size with symmetrical contour and mild nonhomogenous hypoechoic parenchyma measuring 0.52 cm width level of the mid spleen.

Liver & Gallbladder

The liver presented subjective mildly enlarged in size with mildly rounded symmetrical contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. Subjective mildly prominent hepatic vasculature at the level of the hepatic vein / caudal vena cava junction with concurrent mildly prominent cranial abdomen caudal vena cava. No evidence of thrombosis. Caudal vena cava diameter measured approximately 0.52 cm.

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 contained variably echogenic, mild to moderate progressively shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonshadowing intestinal ingesta to the level of the colon.

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

Pancreas

The pancreas presented prominent in size with capsule asymmetry exhibiting nonhomogenous mildly hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy was present. Generalized mild omental hyperechogenicity with minor pockets of peritoneal effusion. Transdiaphragmatic view of the caudal thorax confirmed the reported pleural effusion.

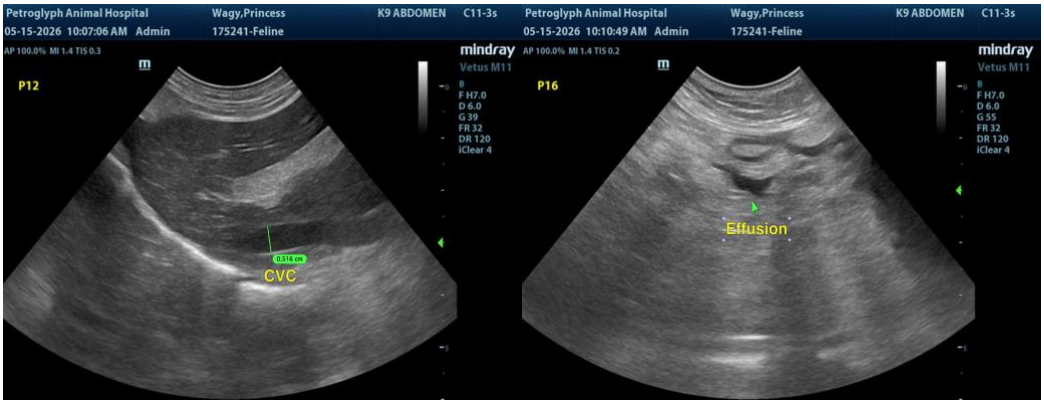
ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract with progressively shadowing gastric and segmental mild non-shadowing intestinal ingesta.
- Mild chronic/chronic active pancreatitis pattern versus pancreatic edema.
- Subjective mild congestive liver and cranial abdomen caudal vena cava.
- Transdiaphragmatic pleural effusion with concurrent minor peritoneal effusion, generalized mild omental hyperechogenicity.
- Sonographically normal bilateral kidneys.
- Minor urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of abdominal neoplastic criteria. The subjective mild congested liver may be consistent with intrathoracic pathology, although a cardiogenic component to bicavitary effusion and mild hepatic congestion is not excluded. Correlation with pleural effusion analysis cytology +/- culture and sensitivity or FIP titers if clinically indicated, and ideally full echocardiogram are recommended.

Depending upon degree of hypoalbuminemia, decreased hydrostatic pressure may be possible. Correlation with UPC level if significant proteinuria is recommended. Correlation with most recent meal ingestion is indicated as the gastric ingesta, which suggests food echogenicity, may suggest some degree of metabolic or non-obstructive gastric ileus. Monitoring of gastric emptying is recommended.



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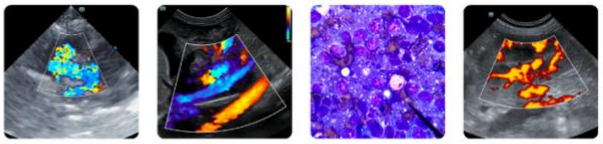

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Educational Teleconsultation Services™

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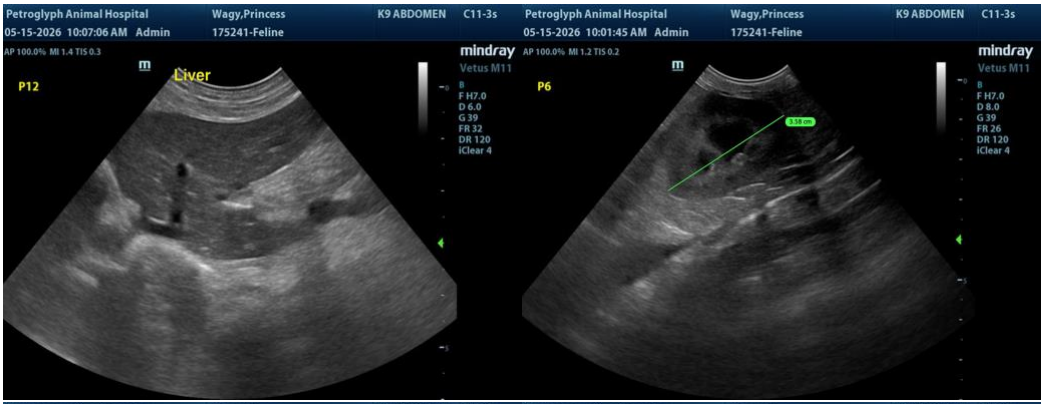

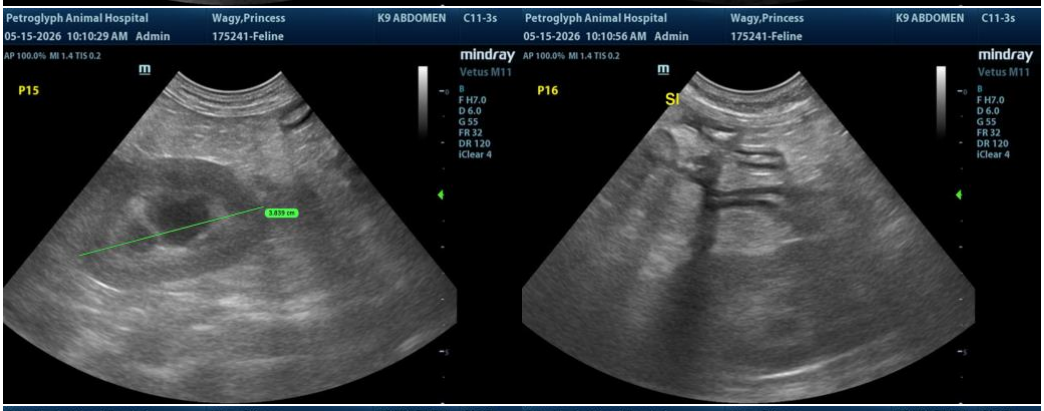

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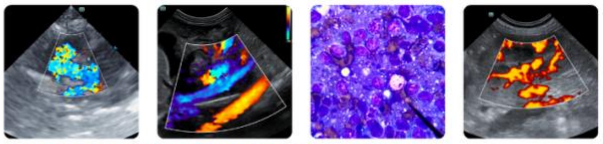

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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