

PATIENT

Shadow Kanc

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

8yr

WEIGHT

4.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Moser

INVOICE

10272

DATE

6/23/2023

PRESENTING CLINICAL SIGNS

Presented at our hospital for decreased appetite and activity for at least 5 days. now very lethargic, hiding, and ataxic Previous Health Concerns: diabetic since September 2022 Current Medications: lantus 2 units BID, got yesterday 4pm Appetite/When did they eat last: not eating well for 5 days, not sure when ate last.

Abnormal PE/Chem/CBC/UA Results: Eyes: OU – nuclear sclerosis, poor PLR, poor to absent menace Cardiovascular: sl bradycardic, no m/a, poor pulse quality BG = 24 Took sample of abdominal fluid, straw like in color.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 was noted.

The kidneys were normal in size with minor asymmetrical margination. 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 pyelectasia. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 0.73 cm width at the level of the hilus.

Liver/ Gallbladder

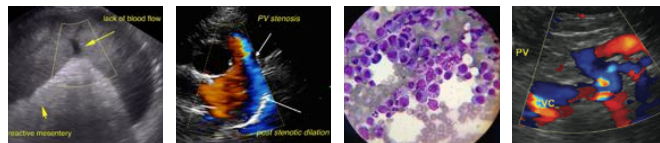
The liver was subjectively enlarged in size, symmetrical to rounded contour. Normal hepatic parenchyma echogenicity exhibiting mild coarse echotexture. Overtly normal hepatic vasculature volume with non-distended visualized cranial abdominal caudal vena cava. No hepatic mass or nodules were noted. The 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.

The visualized segmental small intestine exhibited intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus visualized, loss of intestinal wall layering, or overt intestinal masses. The small intestinal wall measures 0.27 cm.

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



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Pancreas

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Possible enlarged irregular non-homogenous left pancreatic limb, measuring approximately 4 cm in diameter. 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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No overt medial iliac or sub-lumbar lymphadenopathy noted.

DMH

Moderate volume, mildly echogenic, peritoneal free fluid was noted. Generalized mild nonuniform omentum was present, with suspected intermittent generally mild mesenteric lymphadenopathy. Example of mesenteric lymph node measured 1.0 cm in diameter.

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Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

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- Moderate volume mildly echogenic peritoneal effusion.
- Generalized mild non uniform omentum and suspect intermittent mild mesenteric lymphadenopathy.
- Possible enlarged irregular to non-homogenous pancreas, potential for unspecified pancreatic or omental mass.
- Non-congestive hepatomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend an abdominocentesis with rapid cytospin cytology of sediment to conserve cell integrity, as well as effusion C/S if evidence of inflammatory cells. Primary considerations for the effusion may include non-specific peritonitis. The effusion may be secondary to portal hypertension given subjective hepatomegaly and short half-life of hepatic enzymes in cats. The effusion may be secondary to potential pancreatitis with possible primary concern for neoplastic effusion i.e., carcinomatosis, lymphomatosis, or similar. No obvious evidence of gastrointestinal mural pathology or significant hepatic parenchymal disease was noted as a contributing factor. FIP is technically a potential yet considered less likely given the patient age. Concurrent FNA cytology of the potentially enlarged to irregular pancreas versus unspecified pancreatic or omental mass lesion, as well as screening hepatic cytology, assuming normal clotting status could be considered.

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Three-view chest radiographs with potential echocardiogram given the reported bradycardia and poor pulse quality to assess or rule out additional comorbidity is recommended. Extremely guarded prognosis pending fluid analysis and additional diagnostics if elected.

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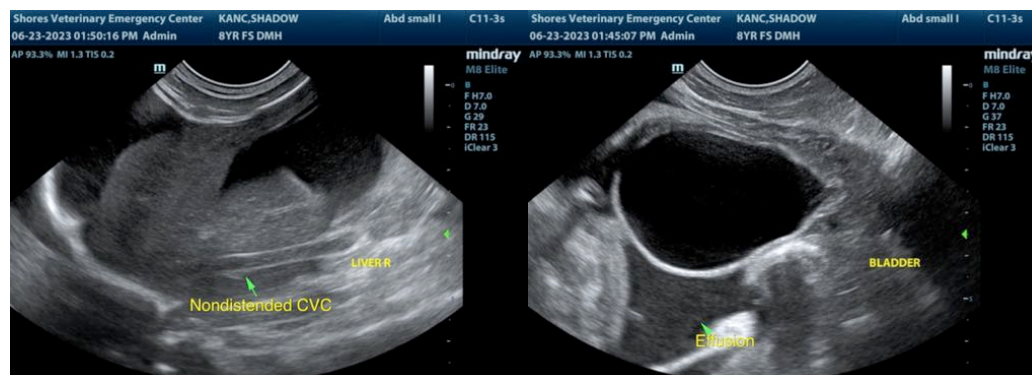
Dr. Moser

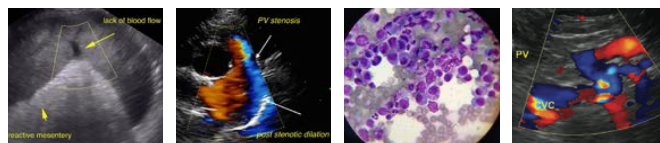
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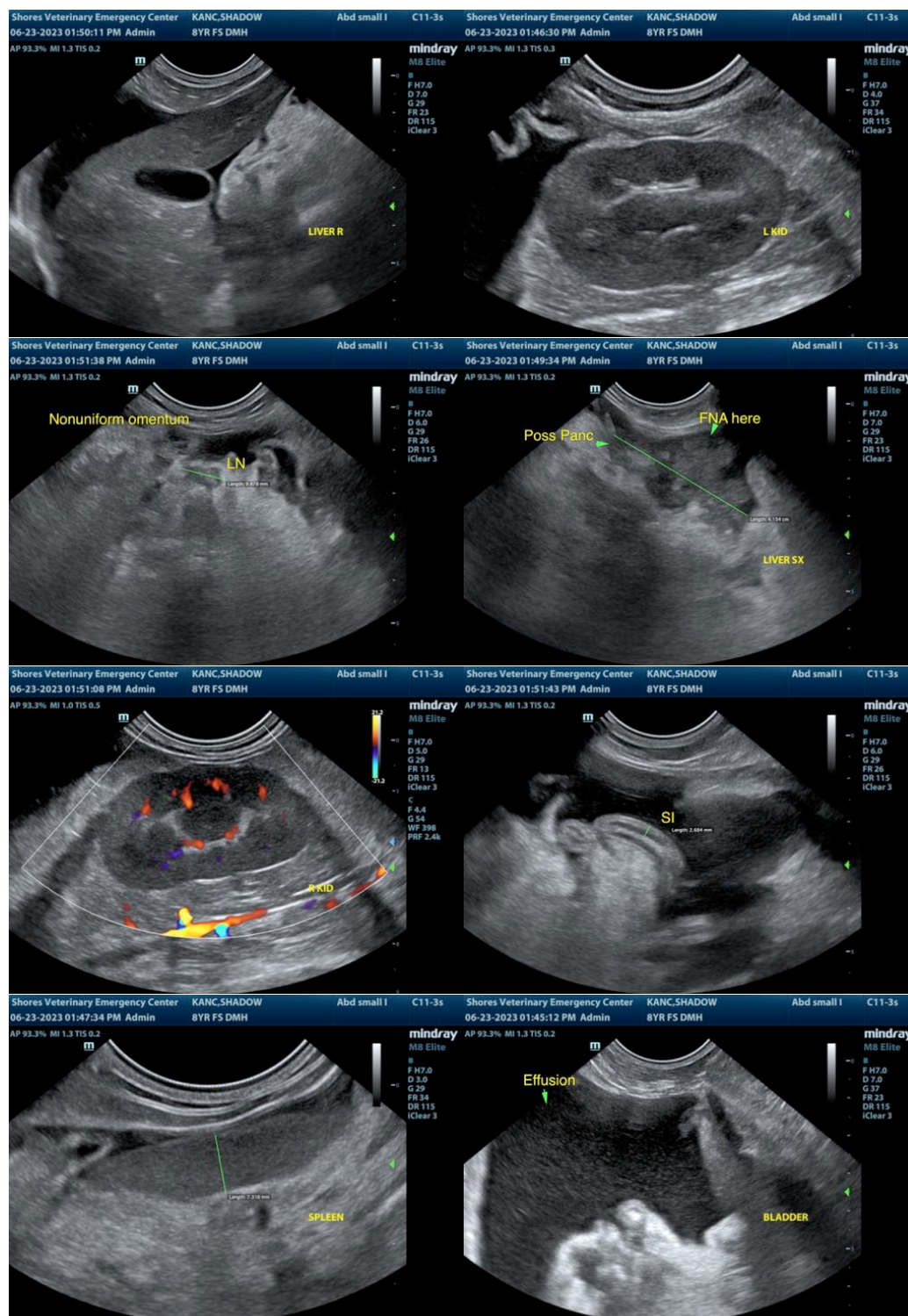
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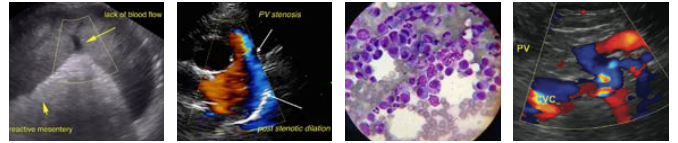
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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