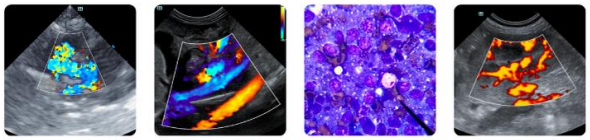


PATIENT

Brobee Romaniuk

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7Y, 10M

WEIGHT

18.3lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley Veterinary Associates

REFERRING VET

Kathleen Laux

INVOICE

75291

DATE

6-3-26

PRESENTING CLINICAL SIGNS

-was seen at another vet 2 days ago for pleural and abdominal fluid
-patient has not eaten since Sunday and no BM since then as well
Abnormal PE/Chem/CBC/UA Results: CBC: Hct 25, WBC 17.2, neut 11.6 Chem: gluc 209

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 4.1 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured subjectively 0.35 cm. The right adrenal gland measured subjectively 0.46 cm.

Spleen

The spleen presented borderline enlarged with asymmetrical capsule contour, homogeneous mildly hypoechoic splenic parenchyma, and possible mild splenic folding. The spleen measured 1.0 cm width level of the mid spleen. 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

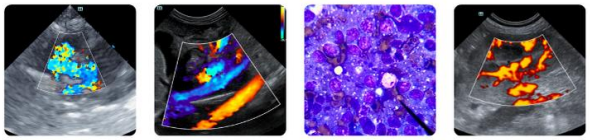
The liver exhibited possible mild enlargement with normal hepatic and cranial abdomen caudal vena cava vascular volume. No evidence of congestion. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture.

The gallbladder was non-distended in size with minor gallbladder debris. 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 without evidence of retained ingesta, fluid, or foreign material.

The intestinal walls demonstrated intact generalized mildly thickened wall layering with altered wall layer ratio owing primarily to mildly thickened muscularis layer. The small intestinal wall measured 0.29 cm.



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

Pancreas

The pancreas was enlarged in size with capsule asymmetry exhibiting a nonhomogeneous hypoechoic parenchyma and mildly prominent pancreatic duct. The enlarged pancreas measured approximately 2.8 cm in diameter. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Generalized nonhomogeneous indistinctly nodular omentum was present. Mild volume echogenic peritoneal effusion was also present.

Transdiaphragmatic view of the caudal thorax revealed concurrent potentially significant volume pleural effusion.

No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Bi-cavitary effusion.
- Nonhomogeneous indistinctly nodular omentum.
- Borderline enlarged non-congested liver, mild gallbladder debris.
- Borderline enlarged hypoechoic possible mild folded spleen.
- Generalized mild thickened small intestine.
- Enlarged nonhomogeneous pancreas.
- Sonographically unremarkable visualized colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid, no evidence of hepatic congestion or diffuse significant hepatic disease that would be responsible for an effusion of this nature. Primary concern for bi-cavitary neoplasia i.e. carcinomatosis, lymphomatosis, or similar is warranted in conjunction with enlarged nonhomogeneous pancreas with potential pancreatic mass, intestinal mural changes, and nonhomogeneous indistinctly nodular omentum. Multicentric inflammation owing to significant pancreatitis/nonspecific peritonitis and technically FIP, are alternative potentials.

Correlation with effusion analysis cytology +/- C/S, if evidence of inflammation, or FIP titers/PCR, if clinically indicated, is recommended. Concurrent FNA cytology of the pancreas may be considered.

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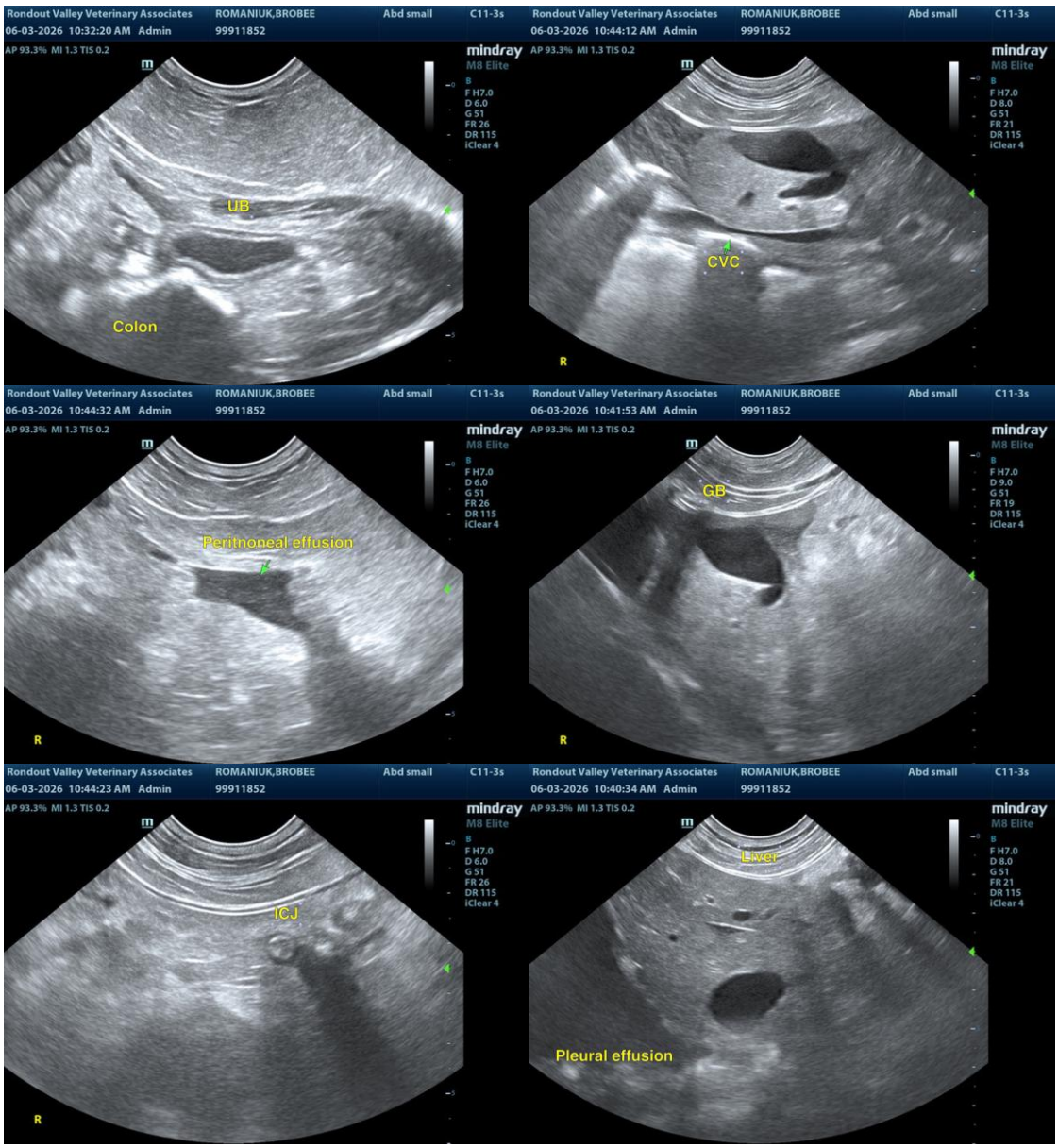

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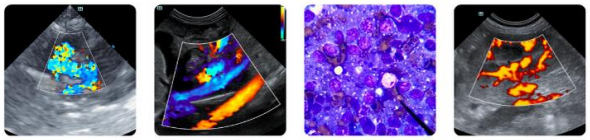

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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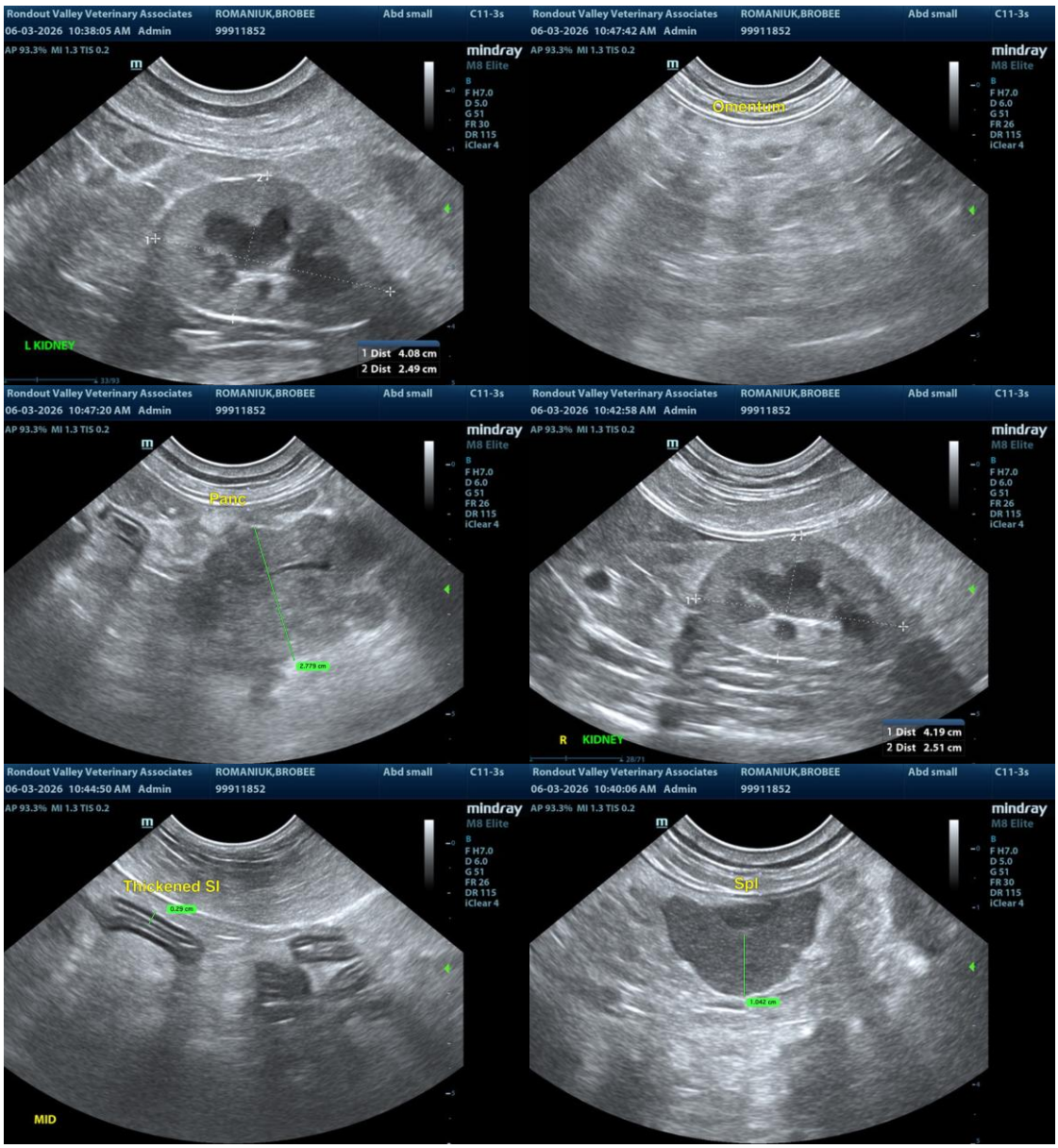

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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