



PATIENT

Noodle (Alice) Vokes

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7 years

WEIGHT

7.79 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westivew VH

REFERRING VET

Dr. Brian Barnes

INVOICE

14304

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Recently presented with abdominal effusion, Etiology open

Abnormal PE/Chem/CBC/UA Results: Obese CBC: mildly decreased Lymph: 0.71 (0.92-6.88x10⁹/L) increased PLT CHEM: slightly low Urea: 5.6 (5.7-12.9 mmol/L) decreased ALT <10 (12-130 U/L) normal SDMA/T4 normal snap BNP, Felv/Fiv= negative both Xrays: Marked abdominal effusion of unknown etiology.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 aortic trifurcation was free of pathology.

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 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. No overt pathology was noted in the area of the right adrenal gland.

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 1.1 cm width at the level of the hilus.

Liver/ Gallbladder

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 indistinctly visualized yet without evidence of distention. Anechoic content was present. The common bile duct was overly normal.



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Gastrointestinal

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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 gastric body wall width measured 0.26 cm.

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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. No obvious pathology was noted in the area of the ileocecolic junction, although indistinctly visualized. The small intestinal wall width measured 0.25 cm.

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

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Pancreas

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

Moderate to marked volume peritoneal free fluid exhibiting echogenic changes suggestive of fluid cellularity was present. Regional to generalized areas of nonuniform to mildly mixed echogenic mesentery were noted. Intermittent mildly prominent isoechoic mesenteric lymph nodes exhibiting symmetrical contour were present. An example measured 1.9 cm x 0.5 cm.

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Heart

Brief subjective echocardiogram revealed overtly normal cardiac structure and function including normal left atrium size. Subjective normal left ventricle systolic function was noted. No evidence of right atrium or right ventricle enlargement was present. Color doppler assessment in the area of the LVOT revealed evidence of aortic insufficiency. No obvious cardiac tumors, pericardial or cranial mediastinal masses or pericardial / pleural effusion were noted in the visible window.

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ULTRASONOGRAPHIC FINDINGS

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- Moderate to marked peritoneal free fluid exhibiting echogenic changes suggestive of fluid cellularity
- Regional to generalized mild nonuniform mesentery with intermittent mildly prominent isoechoic mesenteric lymphadenopathy
- Overtly normal cardiac structure and function with aortic Insufficiency

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend pending cytopsin cytology of the peritoneal effusion for further assessment. Culture of the fluid could also be considered if any suspicion of inflammatory cells. FIP is technically a potential, therefore, FIP titers on the fluid could be considered. However, given the age of the patient, FIP is thought less likely. The fluid does not appear to be cardiogenic in origin.



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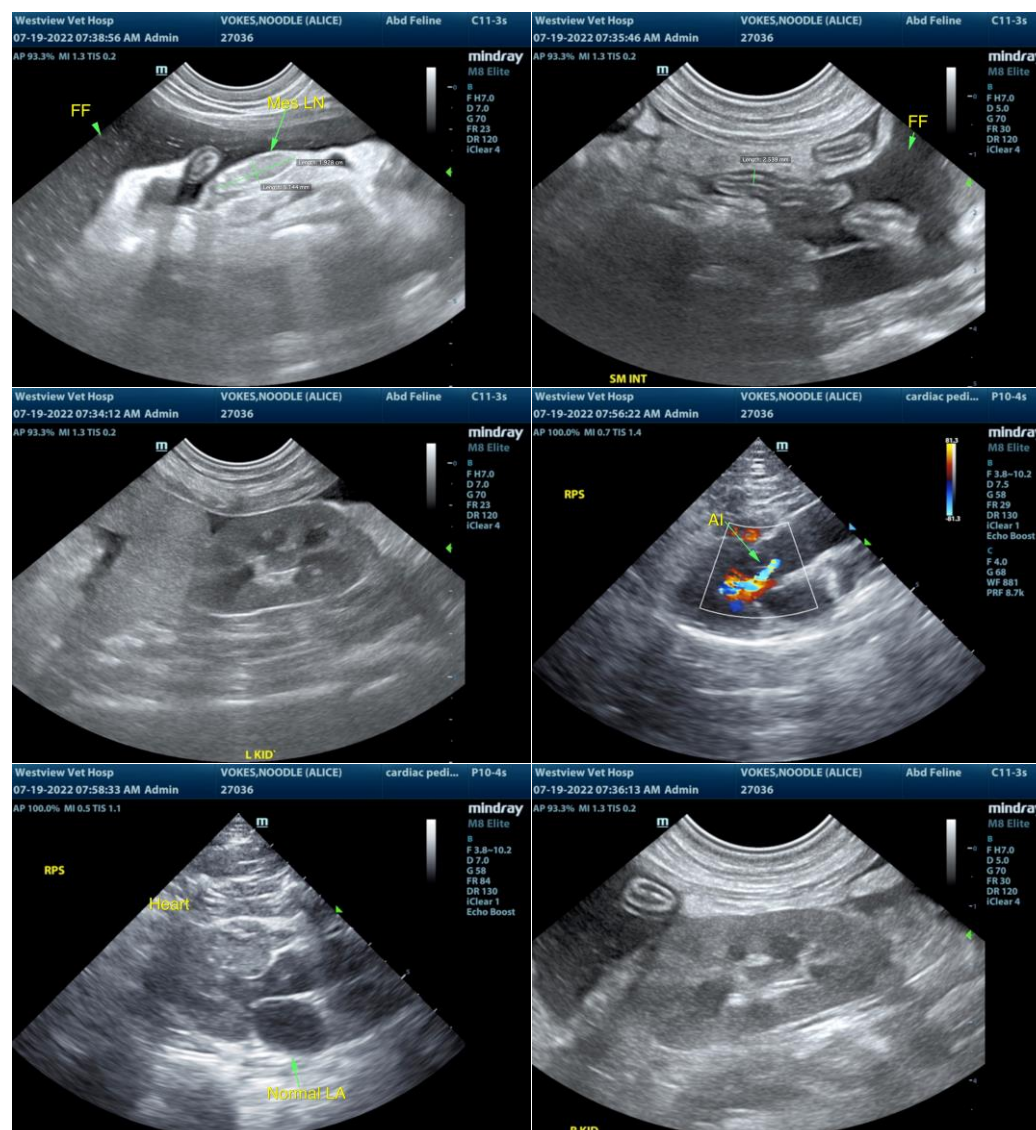
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Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid, as well as no evidence of hepatic passive congestion or a significant hepatic parenchymal disease, as well as no obvious evidence of significant intestinal disease or sonographically detectable or significant pancreatitis, lymphatic obstruction owing to underlying neoplastic process i.e., carcinomatosis, lymphomatosis, or similar may be of primary concern. A very guarded prognosis pending additional diagnostics is warranted. If not done, three view chest radiographs are suggested to assess for or rule out concurrent thoracic pathology.





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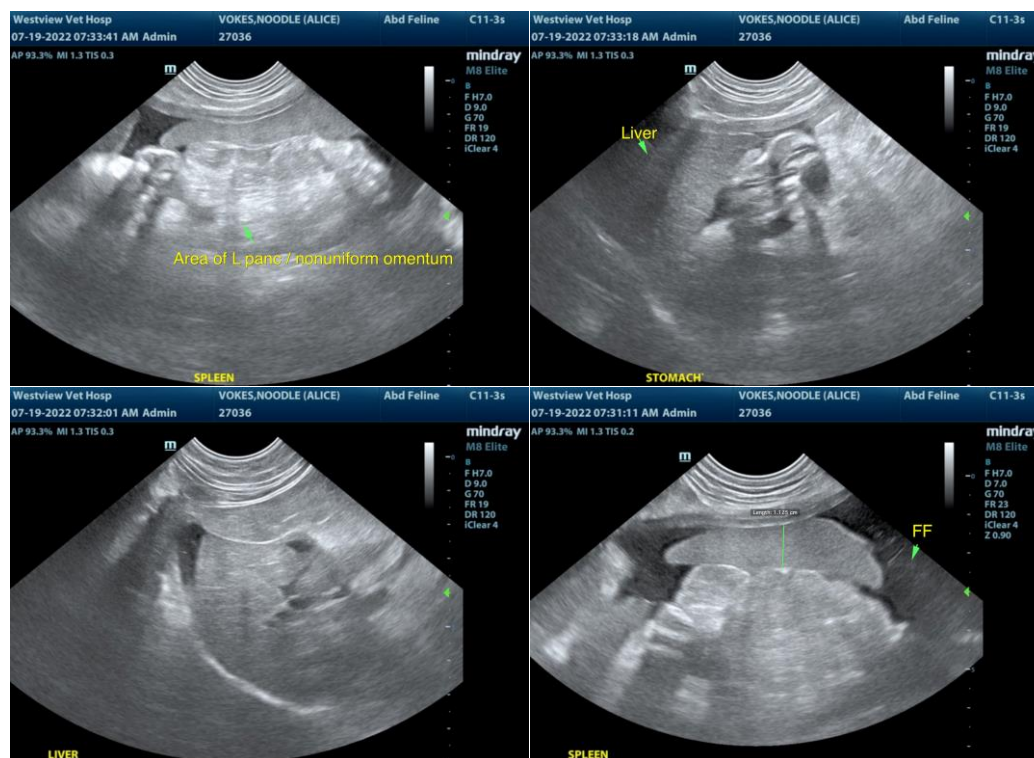
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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