



PATIENT PRESENTING CLINICAL SIGNS

Buddy Burlington
Humane

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7yr

WEIGHT

4.5kg

History: Lack of Appetite Urinating defecating outside litter box Weight loss Ascites Lethargy <5% dehydrated. Has lost weight: 0.4kg in 1 month! abd feels soft and bloated, tense on deep palpation. empty on rectal exam. HR 200 Temp 39.3C. Meds: Pantoprazole, Cerenia, Ampicillin, Buprenorphine
Abnormal PE/Chem/CBC/UA Results: LA: 06/23/2022 at 3:03p: left jugular and cysto - Geri + UA LT: 06/24/2022 at 12:08p: mild hyperkalemia (suspect from 3+ hemolysis); mild increase Phos (3+ hemolysis), T4 36 Improved renal values from prev BW in April. UA- 1.040, 1+ protein, RBC from cysto. NAF on chest images Free fluid on abdominal rads noted Assessment: improved renal values from April, no underlying metabolic for diarrhea. Suspect secondary to doxy/metacam use. INI then run fecal after wash out period of metronidazole

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination were present in the kidneys. A moderately sized cortical infarct was present in the cranial left kidney. 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 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No obvious pathology in the area of the left or right adrenal glands.

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 1.0 cm in width at the level of the hilus.

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.

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 segments of 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 jejunum wall measured 0.21 cm in width.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Burlington Humane
Society

REFERRING VET

Dr. Hall

INVOICE

11219ag

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07/29/2022



PATIENT

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

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Pancreas

The pancreas was indistinctly visualized owing to regional peri pancreatic hyperechoic mesentery and increased omental artefact. The left pancreatic limb exhibited potential for mild enlargement with asymmetric contour and subtle areas of hypoechoic to nonhomogeneous parenchyma. No pancreatic masses observed.

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Free Abdomen

Moderate volume peritoneal free fluid, exhibiting mild echogenic changes suggestive of mild cellularity was present. Generalized nonuniform to hyperechoic mesentery was present with intermittent hypoechoic mesenteric lymph nodes to potential nodules an example measuring 0.57 cm in diameter.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Moderate volume free fluid exhibiting echogenic changes suggestive of cellularity
- Generalized nonuniform to hyperechoic mesentery was present with intermittent hypoechoic mesenteric lymph nodes vs nodules
- Potential mildly prominent hypoechoic left pancreas
- Cranial left kidney infarct

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With no reported subnormal ALB level that would diminish oncotic pressure, and no significant hepatic pathology or passive hepatic congestion that would be responsible for effusion, considerations include inflammatory effusion/peritonitis with potential association with pancreatitis or lymphatic obstruction due to carcinomatosis or lymphomatosis. Abdominocentesis with cytospin with rapid slide preparation to conserve cell integrity +/- fluid C/S. FIP is technically a potential, FIP testing could be considered although thought less likely. A very guarded prognosis is indicated pending fluid analysis. A spec fPL could be considered for further clarification.

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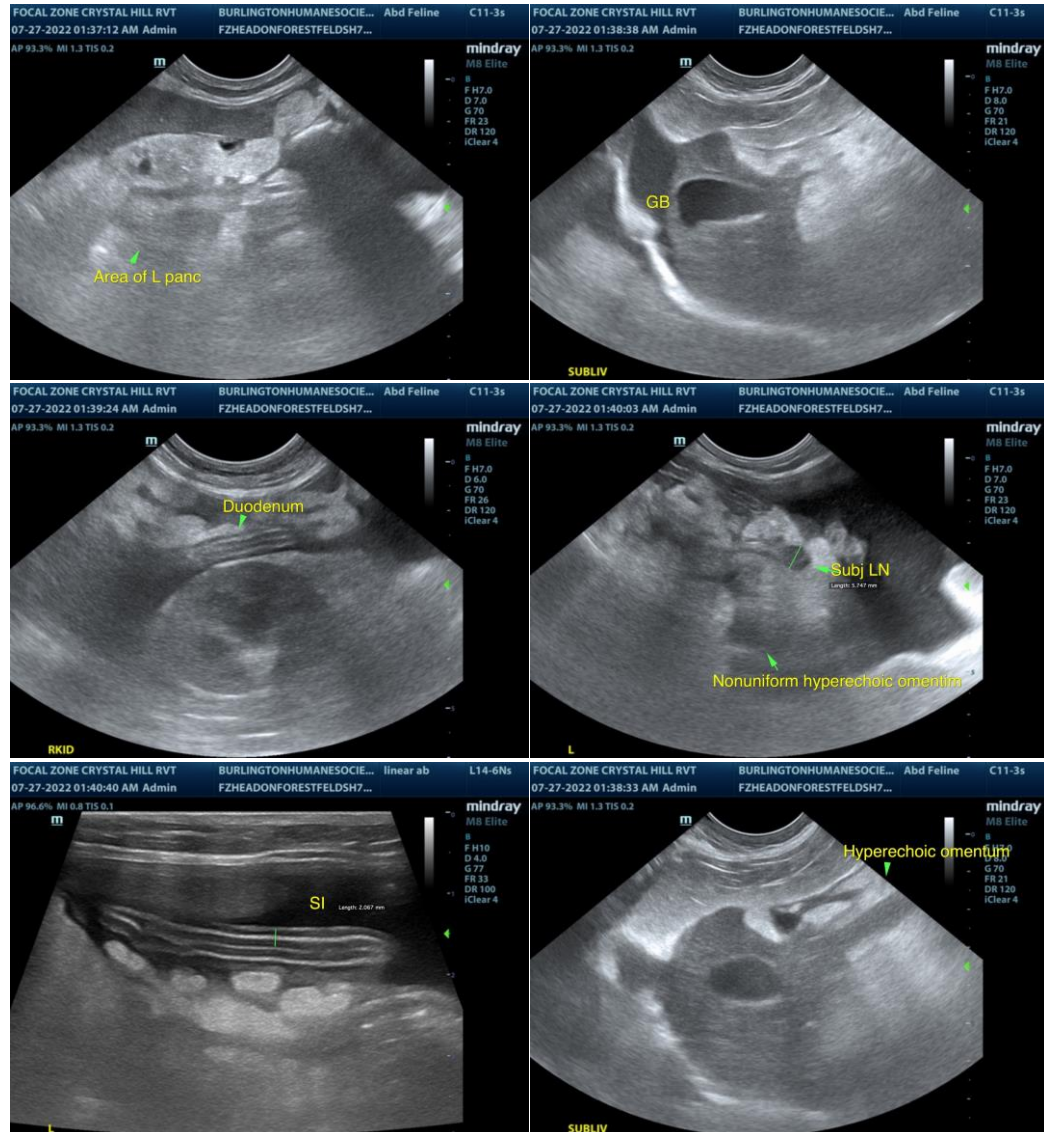
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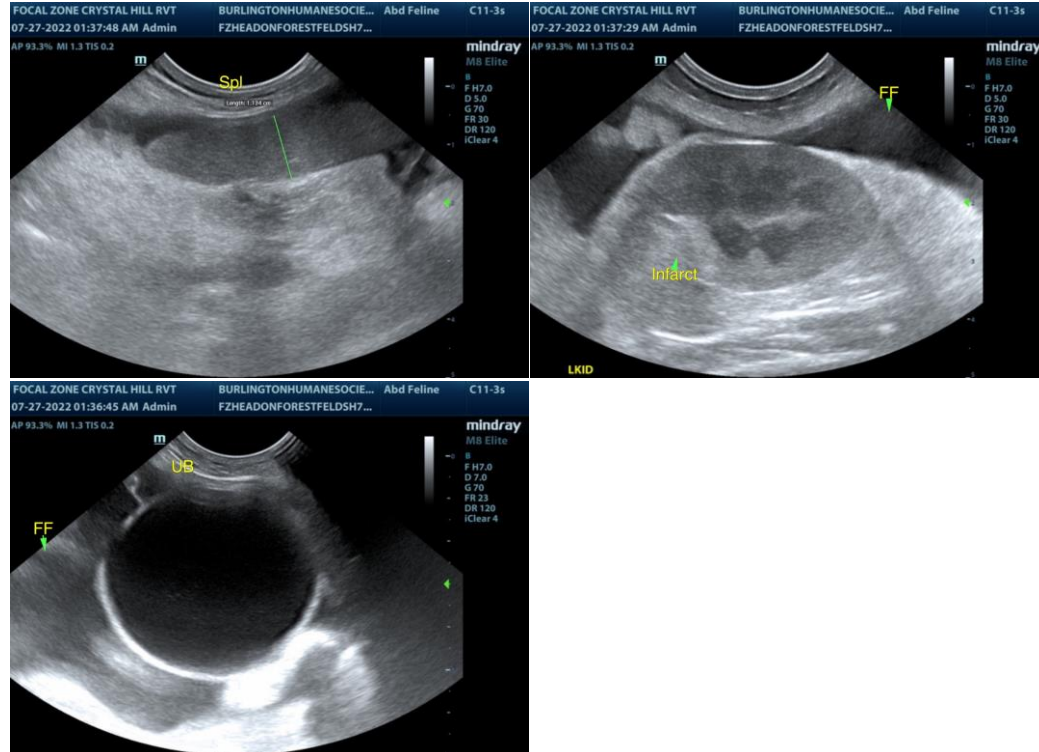
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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