



PATIENT	PRESENTING CLINICAL SIGNS
Fergie Nance	Pleural effusion, decreased appetite, weight loss, no resp. signs. No murmur auscultated. No current meds
SPECIES	Abnormal PE/Chem/CBC/UA Results: Hct 23.9, neuts 10.48, glu 187, SDMA 19, glob 5.7, bun 9, creat 0.7
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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. Moderate, non-dependent, particulate to hyperechoic 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.
FS	
AGE	
1.5 yrs	The area of the iliac trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.
WEIGHT	
8.7 lbs.	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 3.5 cm in length. The right kidney measured 3.8 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.
IMAGING PERFORMED BY	Spleen
Shari Reffi, CVT	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.
HOSPITAL NAME	Liver/ Gallbladder
Tranquility VC	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 hepatic congestive criteria. The diaphragm appeared to be intact and curvilinear. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
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PATIENT	<i>Gastrointestinal</i>
Fergie Nance	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 0.24 cm.
SPECIES	
Feline	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. The small intestinal wall width measured 0.22 cm. No overt pathology was noted in the area of the ileocolic junction.
BREED	
DSH	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
FS	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.
AGE	
1.5 yrs	<i>Free Abdomen</i>
WEIGHT	Solitary to possible several adjacent mildly enlarged to hypoechoic mesenteric to mesenteric root lymph nodes were noted. An example measured 2.7 cm x 1.2 cm. No evidence of peritoneal free fluid or omental masses was evident. The omentum exhibited uniform echogenicity.
INTERPRETED BY	<i>Thorax</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Transdiaphragmatic view of the thorax revealed subjective moderate volume pleural effusion exhibiting mild echogenic changes suggestive of fluid cellularity. No overt or definitive masses were present in the caudal thorax, although the potential for minor thoracic lymphadenopathy is noted.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Shari Reffi, CVT	<ul style="list-style-type: none"> • Urinary bladder sediment - cellular debris / protein, crystalline debris, lipid, or mucus, possible • Midabdominal mesenteric lymphadenopathy • Sonographically unremarkable liver • Overtly normal gastrointestinal tract • Pleural effusion - subjective moderate volume exhibiting echogenic changes
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Tranquility VC	No overt evidence of a diaphragmatic hernia, as the diaphragm appeared to be curvilinear and intact.
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PATIENT

Aside from the midabdominal mesenteric lymphadenopathy, no overt evidence of significant abdominal visceral pathology or concurrent peritoneal effusion.

Fergie Nance

SPECIES

Urinalysis +/- C/S if evidence of inflammatory cells could be considered.

Feline

BREED

DSH

SEX

FS

AGE

1.5 yrs

WEIGHT

8.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

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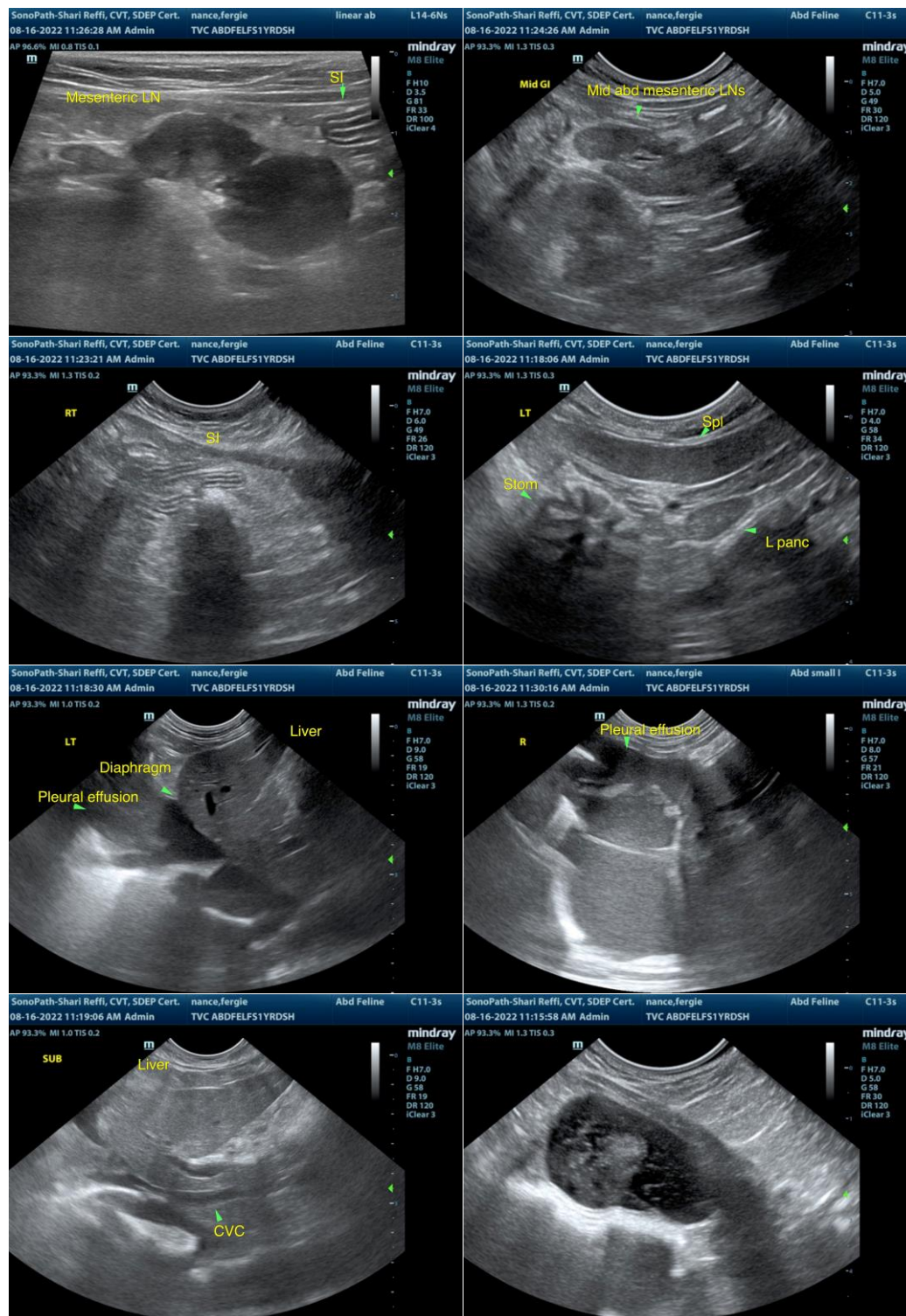
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PATIENT

Fergie Nance

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

1.5 yrs

WEIGHT

8.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

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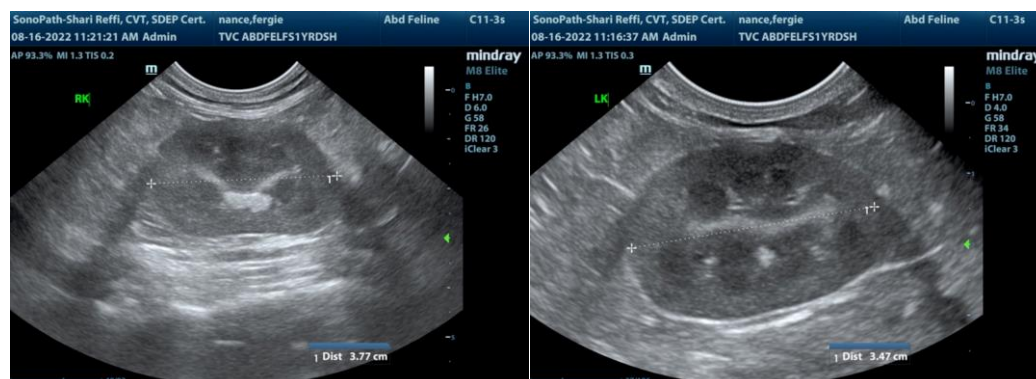
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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