



PATIENT

Indy Marquardt

SPECIES

Feline

BREED

DMN

SEX

MN

AGE

14 years

WEIGHT

9.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Vet

REFERRING VET

Dr. Johnson

INVOICE

14773

DATE

8/2/23

PRESENTING CLINICAL SIGNS

reduced appetite , lethargy, ascites , hyperthyroid and on Felimazole

Abnormal PE/Chem/CBC/UA Results: CBC - slight hemo-concentration, moderate neutrophilia Chem - low TP, Low Albumin SDMA- 12 T4 - 1.2 fluid analysis - chylous effusion, no neoplastic or infective agents seen will email records with labs & fluid analysis report

Current Medications Felimazole 5 mg BID, Cefpodoxime 50 mg SID Radiographic Findings none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size containing mild anechoic urine. Full evaluation of the urinary bladder walls was limited owing to a lack of urine distention. No overt evidence of urinary bladder pathology was noted, i.e., cystitis criteria or tumors. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. 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 evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands. The left adrenal gland subjectively measured 0.5 cm width. The right adrenal gland subjectively measured 0.56 cm width.

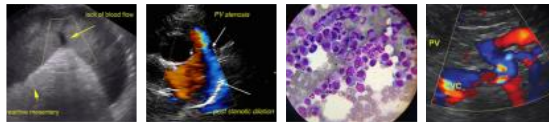
Spleen

The spleen was not definitively visualized potentially owing to displacement secondary to peritoneal effusion or possible volume contraction.

Liver/ Gallbladder

The liver was subjectively normal in size with primarily maintained symmetrical capsule contour. Normal parenchyma echogenicity exhibiting mild to moderate coarse echotexture and minor parenchymal remodeling. Overtly normal hepatic vascular volume was noted without overt hepatic congestive criteria. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized hepatic masses or nodules were noted.

The gallbladder was non-distended in size exhibiting normal appearance to the gallbladder wall with no evidence of wall edema or inflammatory criteria, containing primarily anechoic content with mild, congealed, nonmineralized gallbladder sediment. The cystic and common bile ducts were normal.



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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, retained ingesta, fluid, or foreign material.

The visualized segments of small intestine exhibited overtly normal intact wall layering with subjective normal wall layer ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

Pancreas

The proximal-distal left pancreatic limb adjacent to and caudal to the stomach exhibited subtle prominent size and capsule asymmetry with mild nonhomogeneous hypoechoic parenchyma compared to adjacent hyperechoic omentum. There were no obvious pancreatic masses noted.

Free Abdomen

Moderate volume peritoneal effusion exhibiting mild effusion echogenic changes, suggestive of mild cellularity, was present. Generalized nonuniform hyperechoic omentum was present. There was no overtly visualized significant omental lymphadenopathy or definitive omental masses.

Heart

Brief sonographic cardiac assessment revealed no obvious evidence of left or right heart chamber enlargement with subjective adequate LV systolic function. Concurrent pleural effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Subjectively normal intact gastrointestinal wall layering
- Mildly prominent nonhomogeneous, hypoechoic left pancreas
- Overtly normal liver / gallbladder with minor gallbladder sediment
- Bicavitary effusion - overtly noncardiogenic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no evidence of subjective significant structural cardiomyopathy, no evidence of significant diffuse hepatic disease, or hepatic passive congestion, as well as no obvious evidence of significant gastrointestinal mural pathology that may be responsible for an effusion of this nature, a definitive cause of the effusion was not obvious.

Some degree of low-grade chronic to chronic active pancreatitis could be present yet sonographic evidence of significant pancreatic pathology, i.e., severe pancreatitis or pancreatic neoplastic criteria, was not definitive. Correlation with a Spec fPL could be considered. FIP is technically a potential,



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therefore, FIP titers on the fluid could be considered. However, given the age of the patient, FIP is thought less likely.

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Although no evidence of atypical lymphocytes or neoplastic criteria on effusion analysis, lymphatic obstruction owing to nonobvious or non-exfoliating neoplasia, i.e., carcinomatosis, lymphomatosis, or similar, may be of primary concern.

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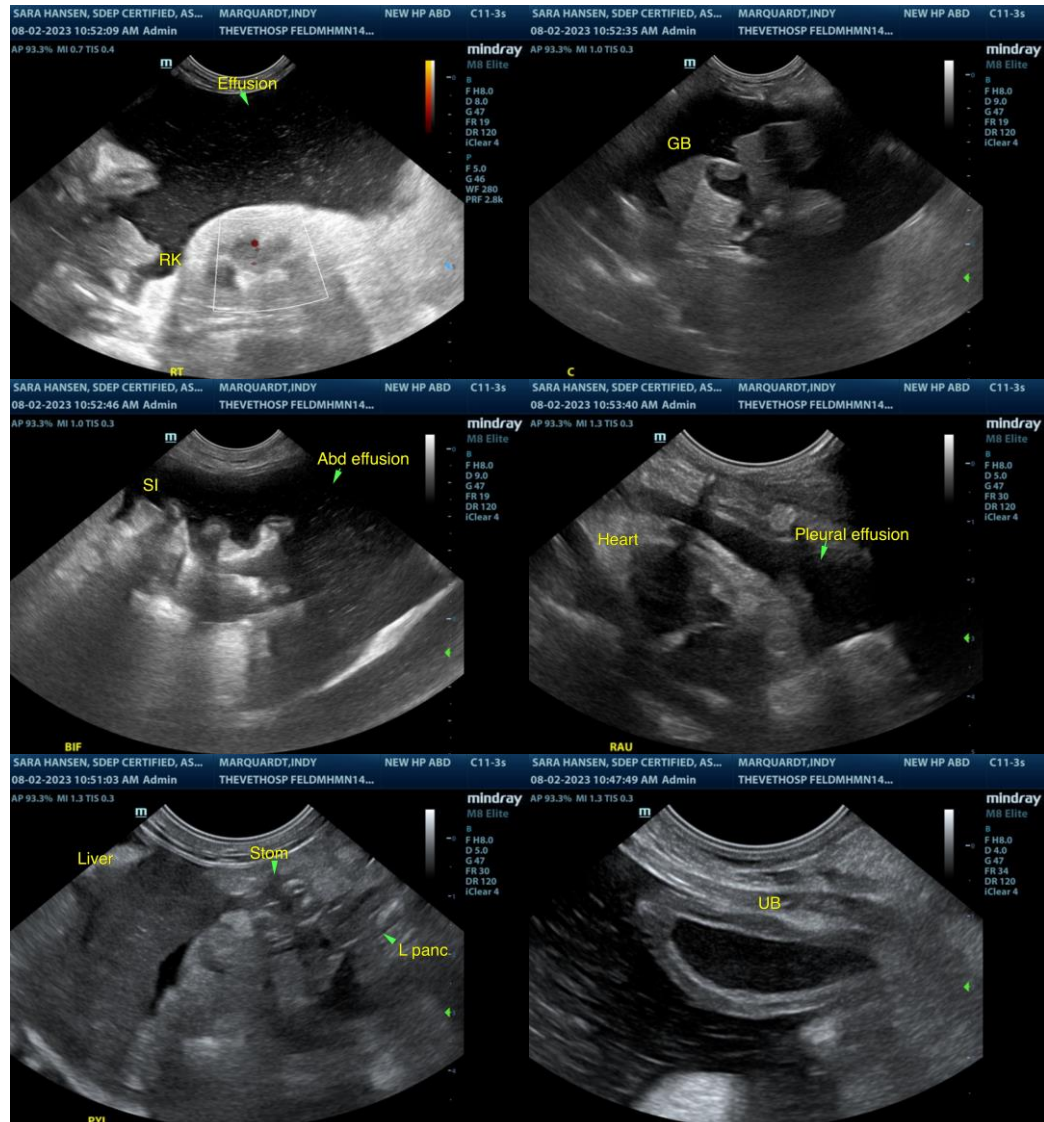
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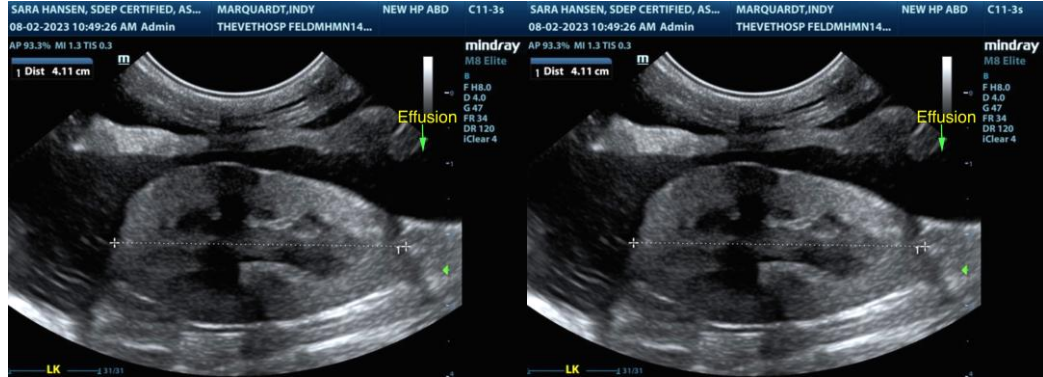
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com