



**PATIENT**

Ziggy Perkins

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

2 years

**WEIGHT**

17.3 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Cottage Grove VH

**REFERRING VET**

Dr. Damewood

**INVOICE**

14674

**DATE**

8/24/22

**PRESENTING CLINICAL SIGNS**

Initial presentation for vomiting, not urinating. Hiding, lethargic and anorectic. Radiology consult with Sonopath indicates peritonitis and free peritoneal fluid.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 12,100 with left shift and toxic neuts Chem: Gluc 260, decreases in TP, Alb, Ca, Na and Cl UA: Gluc 3+, SG1.056 pH 6.0 Prot 1+ Current Medications Mirataz topically, Cerenia, Convenia Radiographic Findings Images sent to Sonopath 8/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 and dorsal to the urinary bladder were free of pathology including 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 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 4.6 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 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

**Spleen**

The spleen was borderline to mildly enlarged yet maintained symmetrical capsule contour exhibiting a primarily finely textured homogeneous parenchyma with intermittent discrete hyperechoic splenic nodules, suggestive of benign myelolipomas.

**Liver/ Gallbladder**

The liver presented normal in size. The hepatic parenchyma revealed mild reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Minor increased prominence of the portal vascular borders was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach presented intact yet prominent wall layering. The stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Areas of mild nonobstructive duodenojejunal ileus were present. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.23 cm width. No overt pathology was noted in the area of the ileocolic junction.

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

**SEX**

***Pancreas***

MN

The pancreas exhibited generalized enlargement with areas of capsule asymmetry. Hypoechoic to nonhomogeneous parenchyma was present.

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***Free Abdomen***

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Regional peripancreatic to generalized mildly nonuniform hyperechoic mesentery and mild to moderate volume peritoneal free fluid exhibiting mild echogenic changes, which may suggest mild cellulularity.

No omental masses or evidence of significant omental lymphadenopathy was noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic to asymmetrically enlarged pancreas - consistent with active subjective moderate to significant peritonitis, pancreatic or ill-defined neoplasia cannot be definitively excluded
- Concurrent peripancreatic to generalized peritonitis exhibited by nonuniform hyperechoic omentum and mildly echogenic free fluid
- Gastroenteritis pattern

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Abdominocentesis for fluid analysis, cytology, +/- C/S if evidence of inflammatory cells is recommended. Concurrent pancreatic FNA, assuming normal clotting status and using a 25-gauge needle, could be considered for cytology.

**REFERRING VET**

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No overt evidence of gastrointestinal, hepatic, or lymphatic pathology as a contributing factor to the peritoneal free fluid. Depending on the degree of hypoalbuminemia, nonspecific neoplasia such as carcinomatosis, lymphomatosis, or FIP may be considered less likely differential diagnoses.

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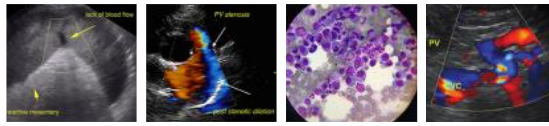
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Spec fPL is recommended if not done. Aggressive therapy for active moderate to significant

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pancreatitis, which may include plasma expanders, antibiotics, analgesia, and as-needed gastrointestinal support with monitoring for evidence of progressive hypocalcemia or hypothermia,



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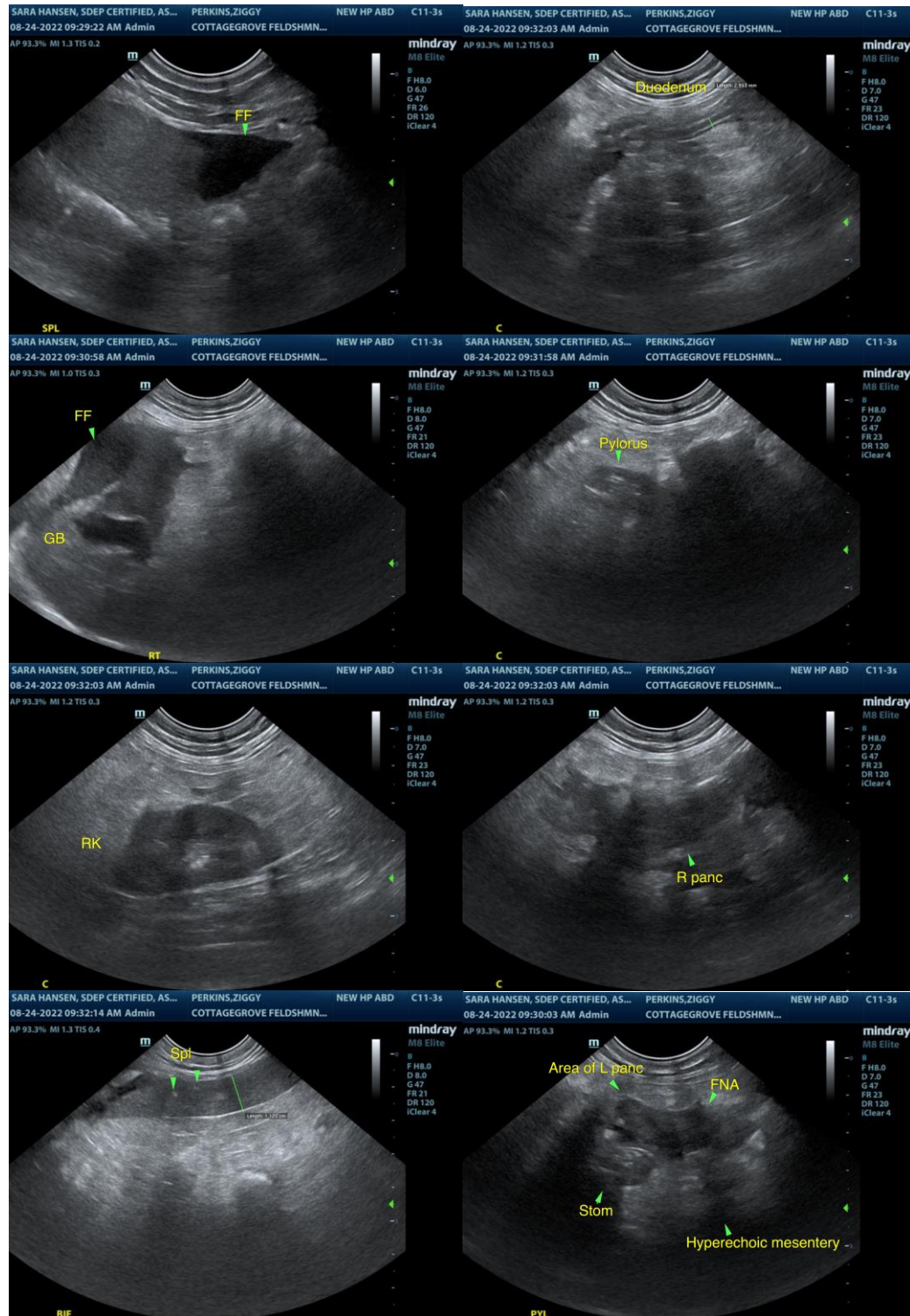
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which may be a negative prognostic indicator in cats with pancreatitis, would be reasonable. A guarded prognosis is warranted pending clinical response to therapy and additional diagnostics.





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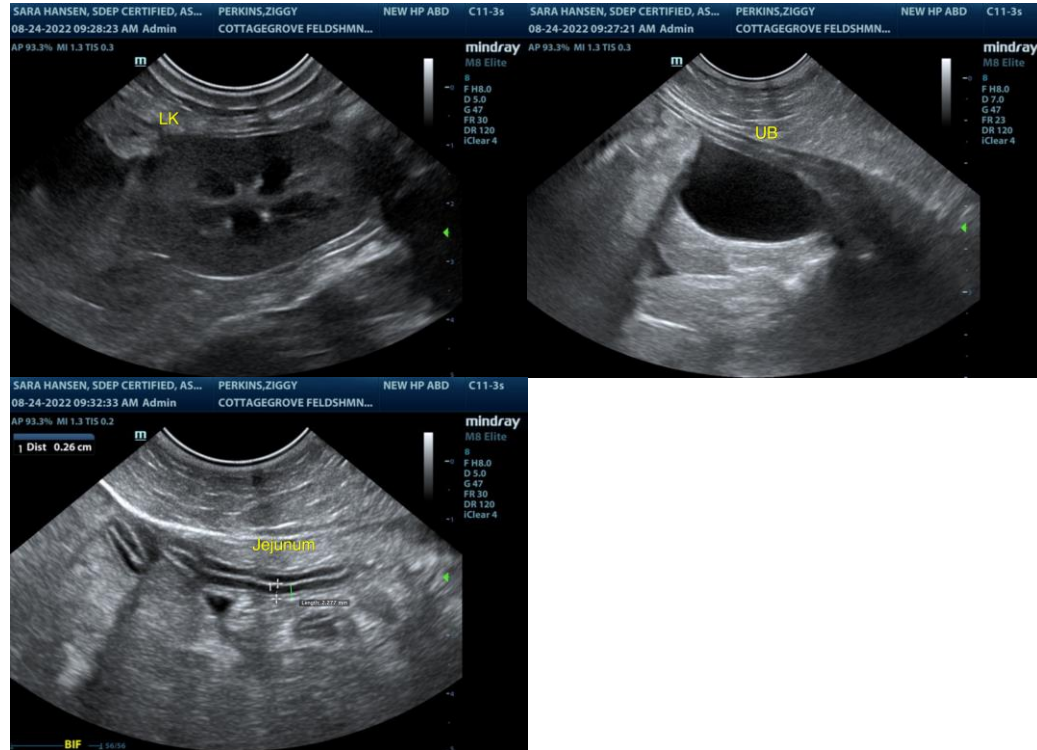
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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