



PATIENT	PRESENTING CLINICAL SIGNS
Stubby Fields	Stubby has been showing an extended size stomach noticed first yesterday, breathing is a bit faster than usual . would like blood work
SPECIES	Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: stressed, does better with minimal to no restraint EENT: N Oral Cavity: limited exam, mm pink-pale pink Lymph Nodes: N Skin: N CV/Respiratory: tachypnea Abd/GI: very distended Uro/Perineum: N Musculoskeletal: N Neurological: N CBC/Chem/Lytes/T4/SDMA CBC Neutrophilia 14,870 - r/o infectious, neoplasia, stress Chem: SDMA 23 - r/o CRF BUn/Creat WNL (0.8/23)
Feline	
BREED	
DSH	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
Spayed Female	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 were noted.
AGE	No evidence of medial iliac or sublumbar lymphadenopathy/masses in the area of the iliac trifurcation or dorsal to the urinary bladder.
12 Years 4 Months	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. The right kidney measured 4.5 cm.
WEIGHT	
11 Pounds	Adrenal Glands
INTERPRETED BY	The adrenal glands were not definitively visualized.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	The spleen was borderline to mildly enlarged in size, measuring 1.1 cm in width. Maintained symmetrical capsular contour and finely textured homogeneous parenchyma noted. No overt splenic masses noted.
Dr. Rivera	Liver
HOSPITAL NAME	The liver was overtly normal in size with primarily uniform hepatic parenchyma exhibiting normal echogenicity with moderate coarse echotexture. Regional non-uniform hepatic parenchyma in the subjective mid caudoventral liver. No overt masses. The gallbladder was non distended in size with mild, primarily dependent, mildly echogenic debris. No evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.
DPC Vet Hospital	Gastrointestinal
REFERRING VET	The visualized gastric walls were sonographically normal. The lumen of the stomach contained mild hyperechoic ingesta exhibiting progressive distal acoustic shadowing.
Dr. Feldt	INVOICE
	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 overt evidence of pathology in the area of the ileocolic junction.
41247	DATE
	Normal visible colon wall layers were present with apparent formed feces in lumen.
9/12/22	



PATIENT

Pancreas

Stubby Fields

The pancreas was indistinctly visualized owing to regional peripancreatic increased omental artifact. Potential for mild heterogeneous to non-uniform pancreatic parenchyma noted in the area of the pancreas base and left pancreatic limb caudal to the stomach.

SPECIES

Feline

Free Abdomen

Mild to moderate volume peritoneal free fluid noted, exhibiting mild echogenic changes, which may suggest fluid cellularity, generalized mildly non-uniform hyperechoic omentum.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Mild to moderate volume peritoneal free fluid exhibiting mild echogenic changes
- Non-uniform omentum
- Subjective heterogeneous pancreas
- Regional non-uniform hepatic parenchyma

AGE

12 Years 4 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11 Pounds

Given that there are no subnormal albumin levels that would diminish oncotic pressure to the point of causing free fluid, as well as no overt evidence of passive hepatic congestion, diffuse hepatic disease, or evidence of overt gastrointestinal mural pathology that may be responsible for peritoneal effusion, a definitive cause of the effusion was not obvious. Potential for pancreatitis or non-obvious pancreatic neoplastic criteria, lymphatic obstruction owing to carcinomatosis, lymphomatosis, or similar, non-specific peritonitis, or less likely dry FIP, given the age of the patient, are all potentials.

INTERPRETED BY

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

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas +/- spec fPL could be considered. Abdominocentesis cytospin cytology +/- culture and sensitivity for further assessment of the effusion is strongly recommended. Screening ultrasound guided FNA in the area of non-uniform hepatic parenchyma for screening cytology warranted. Very guarded prognosis pending additional diagnostics.

IMAGING PERFORMED BY

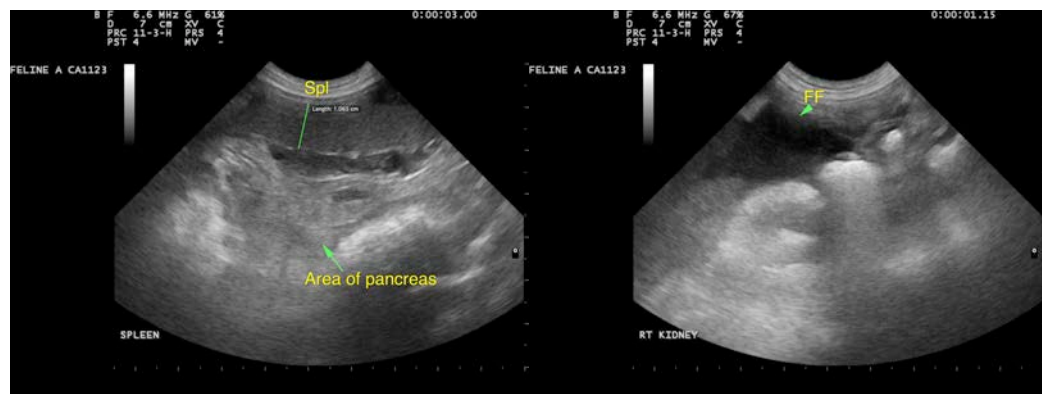
Dr. Rivera

HOSPITAL NAME

DPC Vet Hospital

REFERRING VET

Dr. Feldt



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PATIENT

Stubby Fields

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years 4 Months

WEIGHT

11 Pounds

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IMAGING PERFORMED BY

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HOSPITAL NAME

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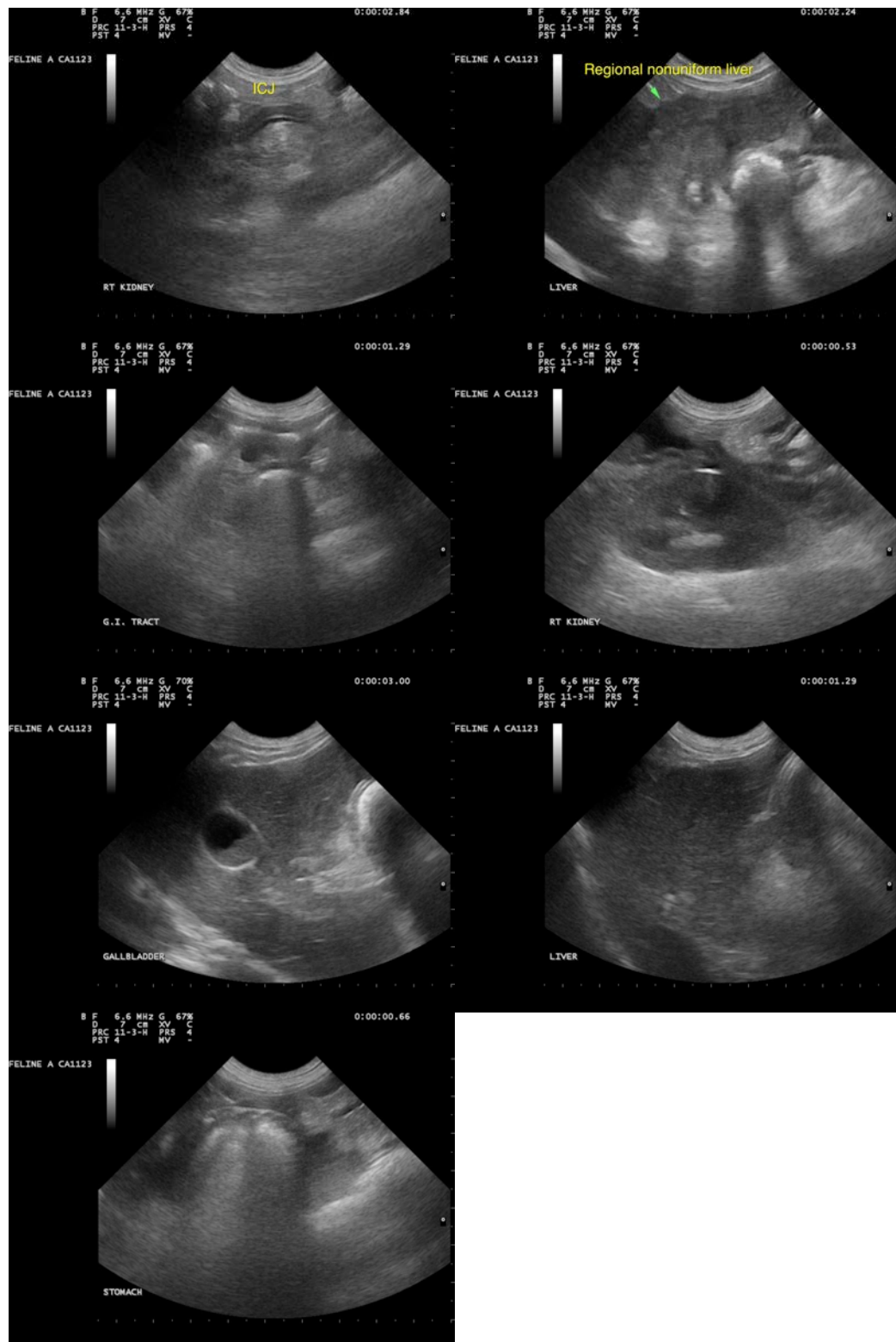
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PATIENT

Stubby Fields

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.

SPECIES

Feline

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

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DSH

SEX

Spayed Female

AGE

12 Years 4 Months

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11 Pounds

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**IMAGING
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