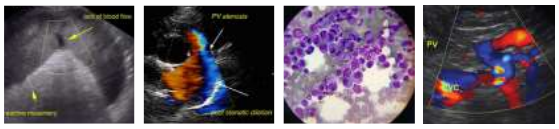


PATIENT

Minuit Heydon

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 years

WEIGHT

11.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Cameron Jones

INVOICE

12157

DATE

9/2/21

PRESENTING CLINICAL SIGNS

Chronic history of pancreatitis, suspected IBD. Most recently developing hyperglycemia with borderline diabetes, but maintaining well on low dose oral prednisolone. In the last months, has developed some ascites, but is feeling well. Current Medications Prednisolone 5 mg eod; cerenia 12 mg daily to every other day; LRS 200 mls twice weekly

Abnormal PE/Chem/CBC/UA Results: Recent abdominocentesis showed cloudy whitish fluid with 4.4 g/dl protein, 3+ glucose, 3+ blood. Cytology showed peripheral red and white blood cells, some mesothelial cells.

CBC- WBC 2.9, Hematocrit 36.8, Glucose 356, unremarkable liver enzymes, T4 2.3

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 was free of pathology.

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 4.5 cm in length. The right kidney measured 4.8 cm in length.

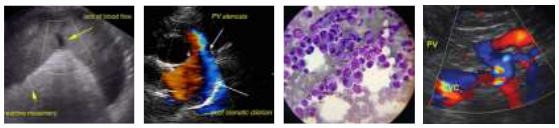
Adrenal Glands

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 0.52 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No splenic masses or nodules were present. The spleen was normal in size, measuring 0.69 cm width.



PATIENT

Minuit Heydon

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 years

WEIGHT

11.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Cameron Jones

INVOICE

12157

DATE

9/2/21

Liver/ Gallbladder

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. Subjective mild cranial abdominal caudal vena cava distention at the level of the liver and diaphragm was noted. The cranial abdominal caudal vena cava measured approximately 0.63 cm in width. No overt evidence of thrombosis was noted.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.25 cm diameter. No overt evidence of ductal calculi or mucus was noted, as well as no evidence of obstructive duodenal papilla pathology.

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 small intestine presented intact wall layering with a primarily maintained 1:3 muscularis/mucosa ratio. Minor subjective segmental increased mucosa echogenicity was noted. The duodenum wall width measured 0.30 cm. The jejunum wall width measured 0.25 cm. The Ileocolic wall width measured 0.29 cm.

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

Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia. Minor pancreatic duct dilation was present.

Free Abdomen

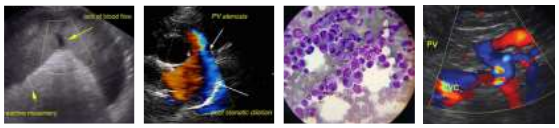
Significant subjective mild cellular peritoneal effusion was present. Generalized reactive mesentery pattern was noted.

Intermittent, midabdominal, mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Example of a lymph node measured 2.9 cm x 0.57 cm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Significant peritoneal free fluid with generalized reactive mesentery pattern
- Hepatomegaly with subjective mild hepatic vasculature and cranial abdominal caudal vena cava congestion



PATIENT

Minuit Heydon

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 years

WEIGHT

11.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Cameron Jones

INVOICE

12157

DATE

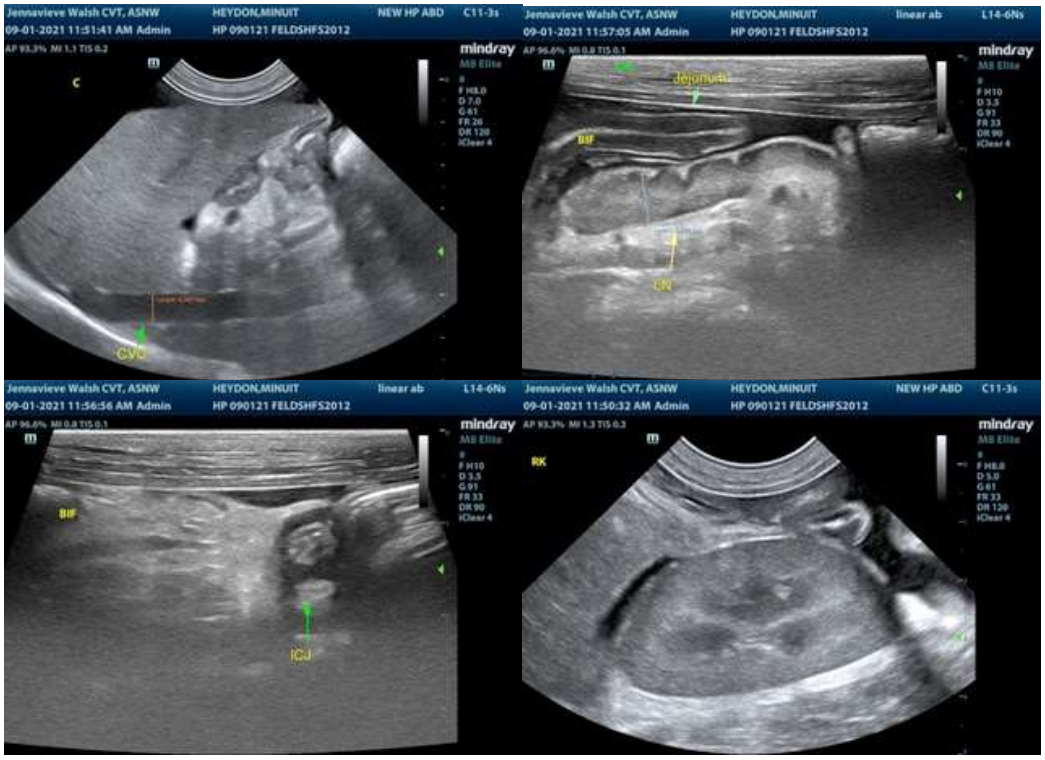
9/2/21

- Chronic pancreatitis
- Subjective chronic enteropathy with associated intermittent mesenteric lymphadenopathy - associated lymphoid hyperplasia or reactive lymphadenitis suspected

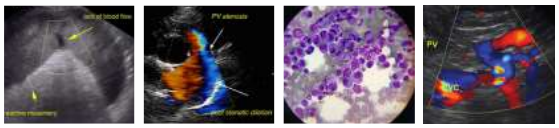
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the description of the peritoneal effusion, chyloperitoneum Is suspected. Correlation with effusion triglyceride and cholesterol levels +/- culture and sensitivity and pathology review may be considered. If chylous effusion is confirmed, potential considerations as a cause of the effusion as well as other types of effusion may include neoplasia, chronic inflammatory disorders i.e., chronic pancreatitis or inflammatory bowel, cardiomyopathy, with less likely potential for FIP which is technically a potential in this case yet considered less likely given the age of the patient, trauma may also be a possibility.

Three view chest radiographs are recommended to assess cardiopulmonary status as well as for concurrent pleural effusion. Full echocardiographic workup may be considered to rule out underlying cardiomyopathy given the subjective congestive hepatopathy pattern. A guarded prognosis pending additional recommended diagnostics is warranted.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Minuit Heydon

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 years

WEIGHT

11.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Amazon Park AC

REFERRING VET

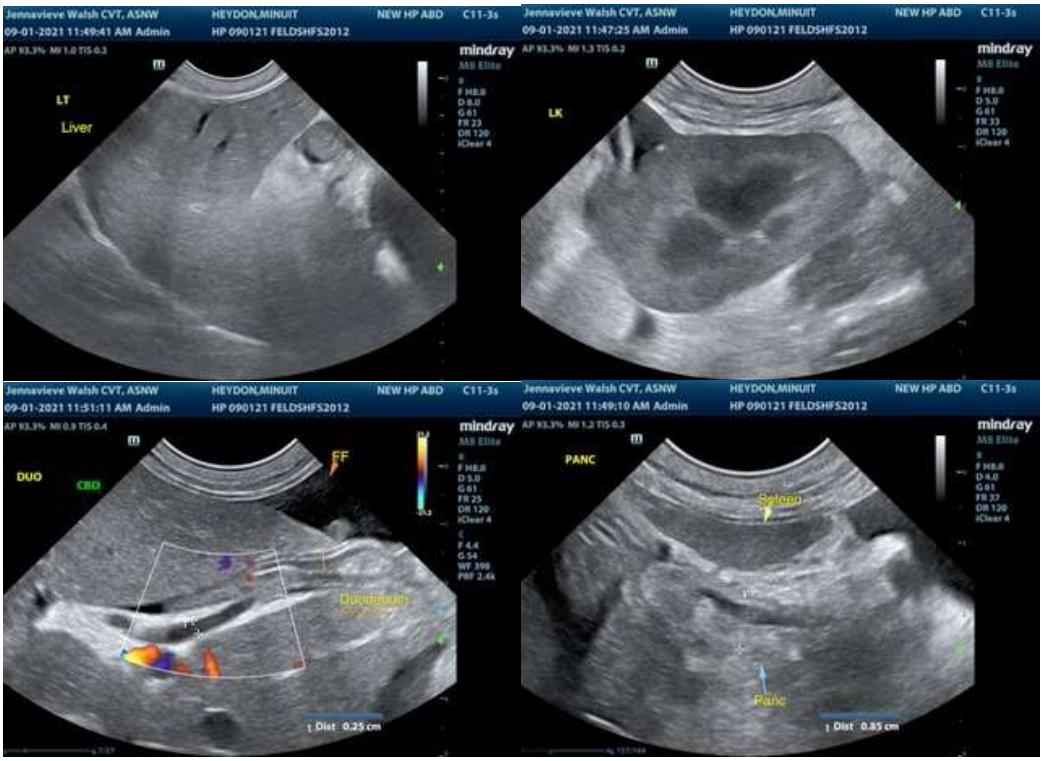
Dr. Cameron Jones

INVOICE

12157

DATE

9/2/21



The information and recommendations provided are based on the images presented by the referring veterinarian. 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