



PATIENT PRESENTING CLINICAL SIGNS

Kitty Levi 6 week duration of chronic intermittent vomiting, peritoneal fluid

SPECIES BUN 51, Creatinine 3.3, Albumin 2.0, Normal liver enzymes, HCT 24.1, WBC 11.0 with unremarkable differential

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

DSH 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. Mild, non-dependent, particulate sediment, which may indicate mild cellular debris / protein, crystalline debris, or mucus, 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.

AGE The area of the aortic trifurcation was free of pathology.

2011 Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

WEIGHT

13.1

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.

INTERPRETED BY

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

Spleen

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 changes, overt splenic neoplastic criteria, benign parenchyma changes, or splenic masses were not noted. The spleen measured 0.98 cm width at the level of the hilus.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Thompson

Liver/ Gallbladder

The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance. No overt evidence of hepatic vascular or cranial abdominal caudal vena cava congestion was noted. The gallbladder was normal in size with no evidence of gallbladder wall edema or wall inflammatory criteria. Anechoic content with very mild luminal debris was present. The cystic and common bile ducts were normal.

INVOICE

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9-22-22



PATIENT *Gastrointestinal*

Kitty Levi 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 0.20 cm.

BREED

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

DSH

Pancreas

SEX The area of the pancreas was free of overt pathology.

FS

Free Abdomen

AGE

2011 Moderate volume subjective anechoic peritoneal free fluid was present. Potential for very mild echogenic fluid changes, which may suggest mild cellularity, was noted. Generalized mildly nonuniform to mildly hyperechoic omentum was present. No overt evidence of omental masses or overt lymphadenopathy was noted.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

- Moderate volume primarily anechoic peritoneal free fluid
- Generalized mild nonuniform to hyperechoic omentum
- Subjective mild hepatomegaly
- Overtly normal gastrointestinal tract
- Bilateral chronic interstitial nephrosis renal pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that no significant 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 or diffuse hepatic disease, as well as no overt evidence of intestinal mural pathology or other overt intraabdominal pathology that would be responsible for an effusion of this nature, a definitive cause of the effusion was not obvious. Recommend abdominocentesis cytospin cytology of the sample for submission for pathology review +/- C/S if evidence of inflammatory cells. Although not definitive, potential nonobvious lymphatic obstruction owing to lymphomatosis or similar may be of primary concern.

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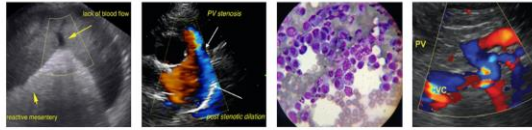
If not done, three-view chest radiographs to assess for or rule out concurrent thoracic pathology as well as assessment of cardiopulmonary status is recommended.

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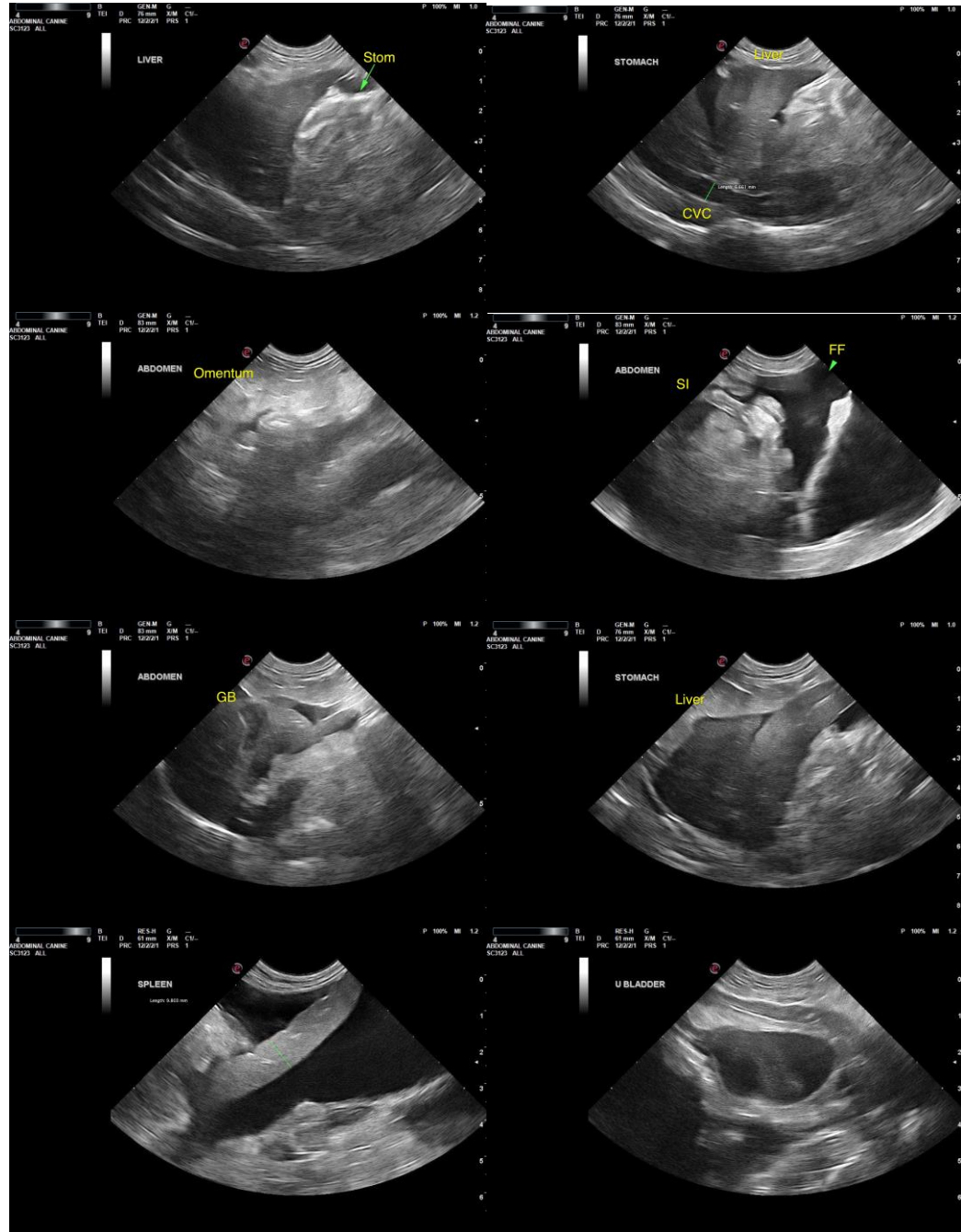
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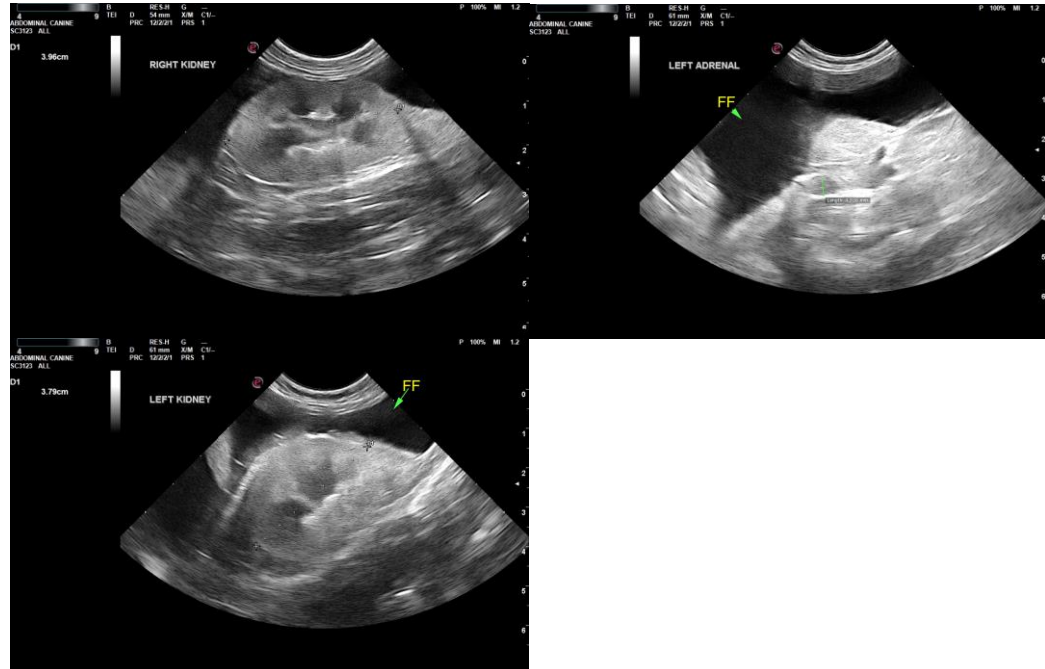
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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