



PATIENT PRESENTING CLINICAL SIGNS

Joey Bohenek Indoor/outdoor, 4 day duration hyporexia, lethargy, missing teeth. FIV +
Medication: Cerenia, Convenia injection, LRS, Elura

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC HCT 36, WBC 5.37 w/lymphopenia/eosinopenia, BUN 12, liver wnl, K 3.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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Normal size and margination was 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 4.6 cm in length. The right kidney measured 5.6 cm in length.

WEIGHT

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No evidence of medial iliac or sublumbar lymphadenopathy/masses.
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The adrenal glands were not visualized owing to peri-adrenal artifact and free fluid.

Spleen

The spleen exhibited mild enlargement, subtle areas of asymmetrical contour and mild parenchyma heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No masses or nodules noted. The spleen measured 1.2 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

HOSPITAL NAME

White Haven VH

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Dengler

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 gastric body wall measured 0.25 cm in width.

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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 measured 0.21 cm in width.

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



PATIENT *Pancreas*

Joey Bohenek The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

SPECIES

Feline *Free Abdomen*

BREED

Generalized non-uniform hyperechoic mesentery with moderate volume peritoneal free fluid was noted. The free fluid was primarily anechoic with evidence of minor echogenic changes.

DSH

Focally enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2 cm x 0.7 cm.

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ULTRASONOGRAPHIC FINDINGS

AGE

- Generalized non-specific peritonitis pattern
- Intermittent prominent mesenteric lymph nodes
- Overtly normal GI tract
- Suspect mild active pancreatitis
- Mild splenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Abdominocentesis with cytospin cytology +/- C/S if evidence of inflammatory cells for further assessment of the effusion is warranted. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology is recommended.

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(Canine and Feline)

Potential for mild chronic to chronic active pancreatitis is possible although if present the degree of pancreatitis was not significant.

IMAGING

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With no low ALB levels or significant hepatic /GI pathology that would be responsible for effusion of this nature, carcinomatosis, lymphomatosis or similar may be a primary differential diagnosis in this patient.

HOSPITAL NAME

As needed GI supportive care is recommended. A guarded prognosis is indicated pending additional diagnostics.

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HOSPITAL NAME

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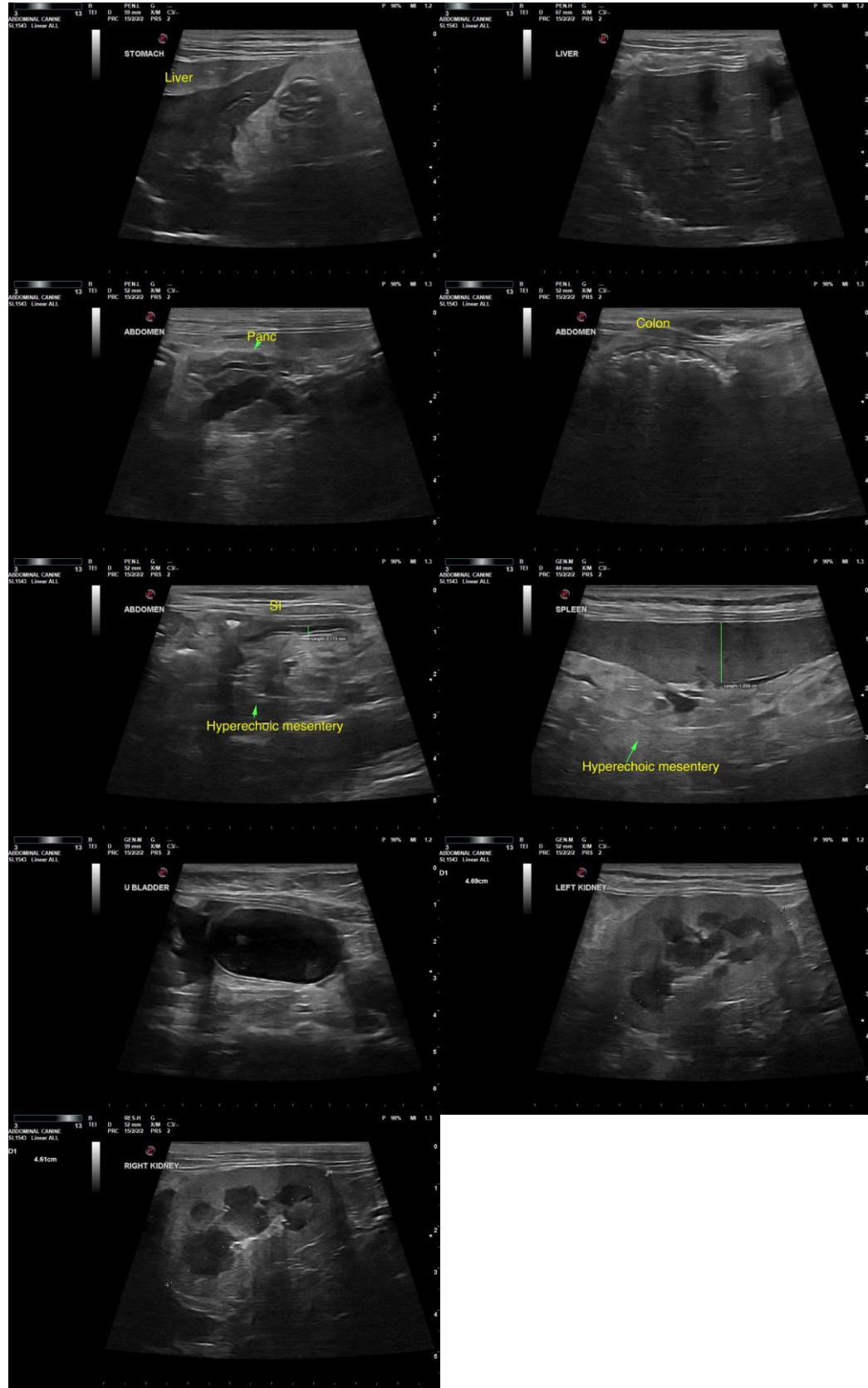
Dr. Dengler

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PATIENT

Joey Bohenek

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.

BREED

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