

PATIENT

Seymour Woodcock

SPECIES

Feline

BREED

Siamese

SEX

Neutered male

AGE

4 years

WEIGHT

15.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Beamsville AH

REFERRING VET

Dr. Wilson

INVOICE

42066

DATE

10/24/22

PRESENTING CLINICAL SIGNS

History: Ascites in abdomen sudden onset. Went to emergency clinic on weekend. They drained 400ml of yellow tinged fluid off of abdomen and sent to Idexx for evaluation - pending. Had bloodwork done as well. Started Gabapentin and Prednisolone and Clavaseptin.
Abnormal PE/Chem/CBC/UA Results: FELV/FIV negative CBC - Within normal limits-some hypersegmented neuts seen, small amount of activated platelets seen, microcytosis of all RBCs noted
Chemistry - normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent particulates which may indicate mild cellular debris/protein, crystalline debris, mucous or lipid. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac trifurcation was free of pathology.

Normal size and margination was 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.3 cm and the right kidney measured 4.3 cm.

Adrenal Glands

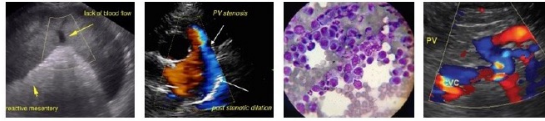
There was no evidence of pathology in the left or right adrenal glands.

Spleen

The spleen exhibited mild enlargement with 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, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.4 cm at the level of the hilus.

Liver

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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta/chyme without signs of obstruction or foreign material. This is likely consistent with mildly retained food or recent meal ingestion. There was no evidence of mechanical pyloric outflow obstruction.

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.

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

Pancreas

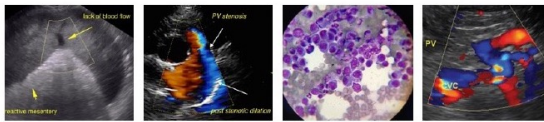
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy was present. Mild volume of peritoneal effusion. The effusion was primarily anechoic with a potential for minor, echogenic changes which may suggest some degree of fluid cellularity. Areas of mildly, non-uniform, subtly nodular omentum with potential for minor subjective benign/ reactive omental lymphadenopathy. There were no omental masses noted.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.



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FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	15.6 lbs	250	0.4	1.66	0.44	46	80.1
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT		1.35	1.3	-	1.2	NM	
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

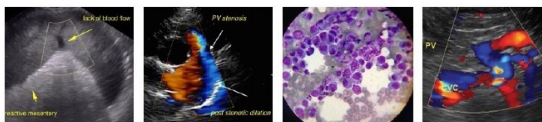
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Normal echocardiogram.
- Mild bladder sediment.
- Mild splenomegaly, non-specific.
- Bilateral, non-specific renal medullary rim sign.
- Overtly normal gastrointestinal tract with mild gastric ingesta.
- Sonographically unremarkable pancreas.
- Mild, non-uniform to subtly nodular omentum, possible minor omental lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no reported, subnormal albumin levels that would diminish oncotic pressure to the point of causing free fluid as well as no evidence of hepatic pathology or congestion as well as no evidence of overt gastrointestinal pathology that would be responsible for peritoneal effusion, a definitive cause of effusion was not obvious. Correlation with pending effusion analysis +/- culture and sensitivity if evidence of inflammatory cells and/or FIP titers/PCR if clinically indicated. The mild splenomegaly was non-specific with consideration for incidental hyperplasia, hematopoiesis, incidental splenitis or congestion is considered probable. There is no overt evidence of splenic neoplastic criteria, which is considered less likely. Pending effusion analysis and additional diagnostic screening splenic FNA, cytology assuming normal clotting status using a 25-gauge needle can be considered to ensure that only benign changes are present. Potentially current Prednisolone may be masking intraabdominal pathology. Three view chest radiographs are recommended if not done.



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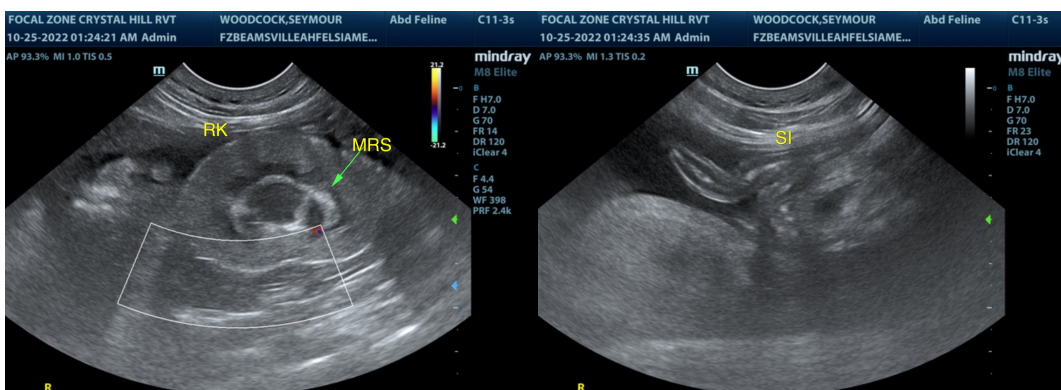
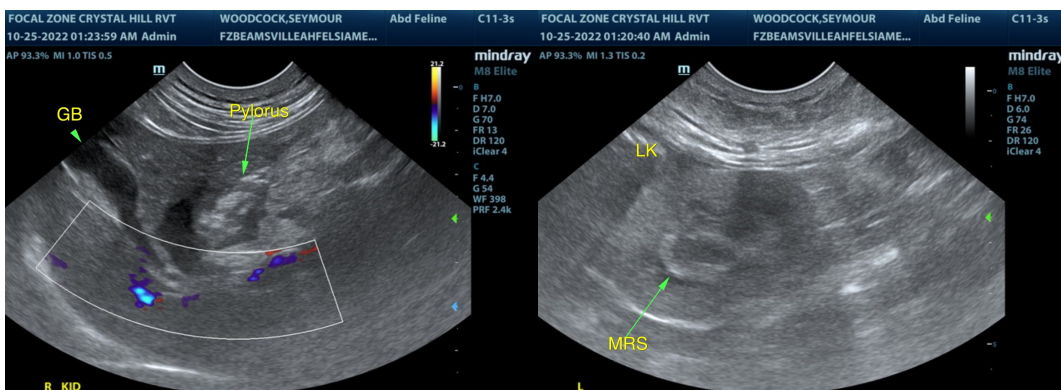
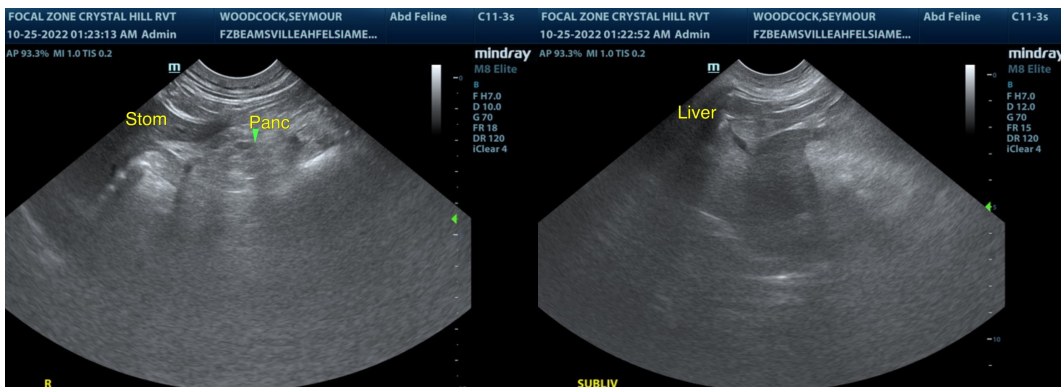
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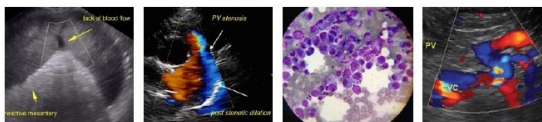
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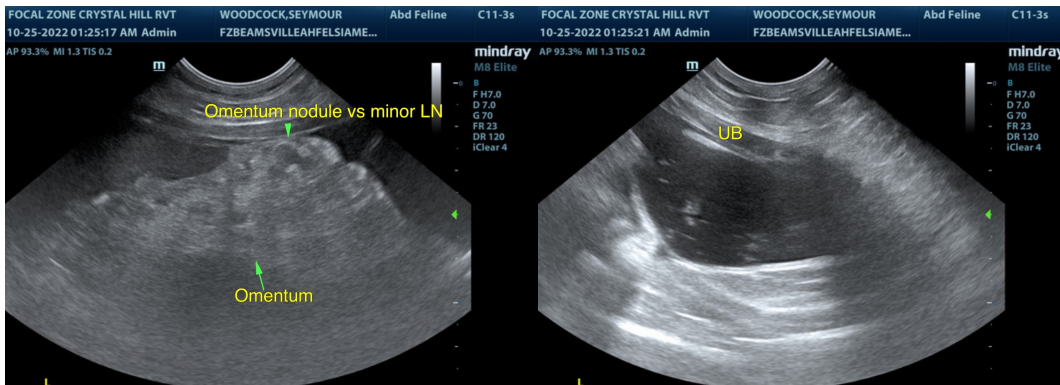
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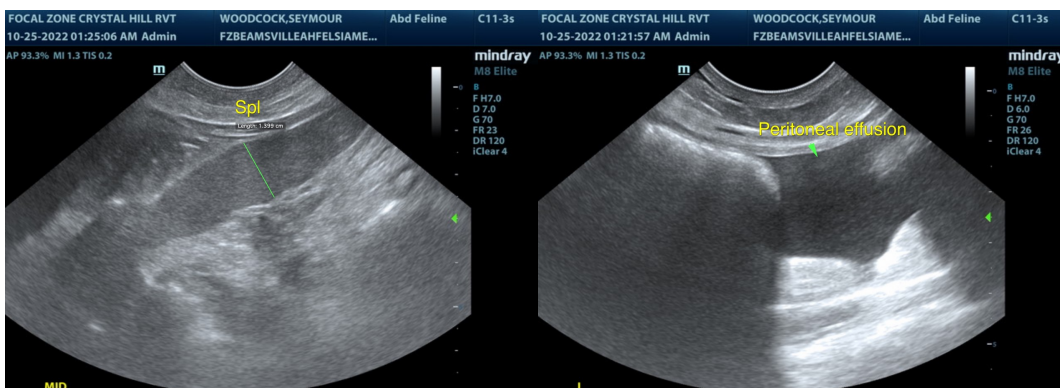
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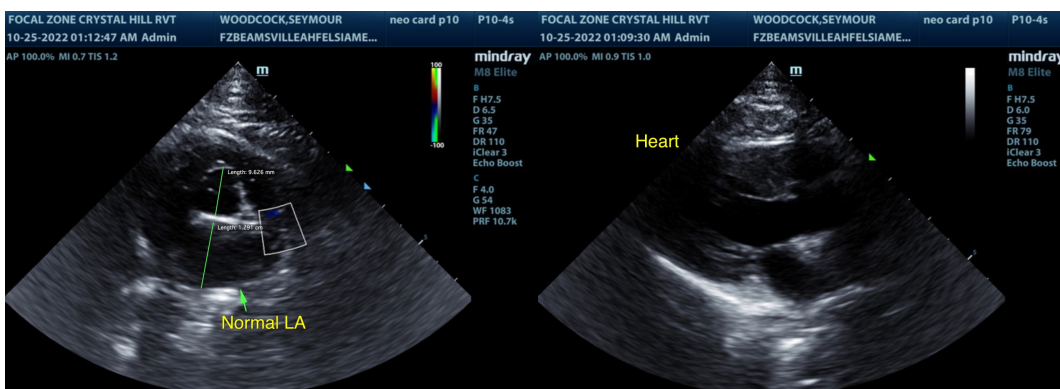
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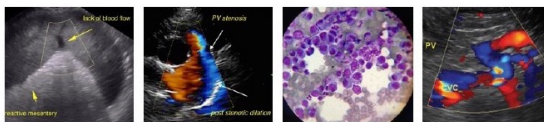
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com



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