



**PATIENT**

Bebe Oliver

**PRESENTING CLINICAL SIGNS**

History: Weight loss and bloating x 2-3 weeks. Vomiting and diarrhea since yesterday. Marked ascites, BCS = 1/9, pale mucus membranes. No palpable mass. Severe muscle wasting. Small kidneys.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: bloodwork pending

**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 very minor particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

FS

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 cm in length.

**AGE**

16yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

6.74lb

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized owing to peri adrenal artifact.

**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, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.63 cm in width at the level of the hilus.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Lacey Crook

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No overt evidence of hepatic masses.

**HOSPITAL NAME**

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Medical Center

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. Hayes

**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.

**INVOICE**

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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.

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



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**Pancreas**

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The pancreas was normal to mildly prominent in size with minor asymmetrical contour and heterogeneous to mildly echogenic parenchyma. Minor pancreatic duct dilation was present.

**SPECIES**

**Free Abdomen**

Feline

Significant volume peritoneal free fluid exhibiting mild echogenic changes suggestive of fluid cellularity. Generalized nonuniform mesentery was noted.

**BREED**

Intermittent mildly prominent to enlarged 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). An example of a lymph node measured 2.0 cm x 0.88 cm.

DSH

**SEX**

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. No evidence of significant left or right heart chamber enlargement or LV systolic dysfunction. A scant amount of concurrent pleural free fluid suspected.

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- Significant volume peritoneal free fluid exhibiting echogenic changes
- Generalized nonuniform mesentery and intermittent prominent mesenteric lymph nodes
- Heterogeneous pancreas-suspect age related changes
- Subjectively normal cardiac structure and function, potential concurrent scant pleural free fluid

16yr

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

6.74lb

Recommend abdominocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. FIP is technically a potential; therefore, FIP titers on the fluid are essential; however, given the age of the patient FIP is less likely. Carcinomatosis, lymphomatosis are the primary differentials.

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The free fluid has mild echogenic changes to it. Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid as well as no evidence of passive congestion with hepatic vasculature or vena cava and no significant, diffuse hepatic disease is noted as well as no evidence of intestinal perforation or other pathology that would be responsible for effusion of this nature, lymphatic obstruction owing to carcinomatosis and lymphomatosis or similar is my primary concern.

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A very guarded to potentially unfavorable prognosis pending fluid analysis.

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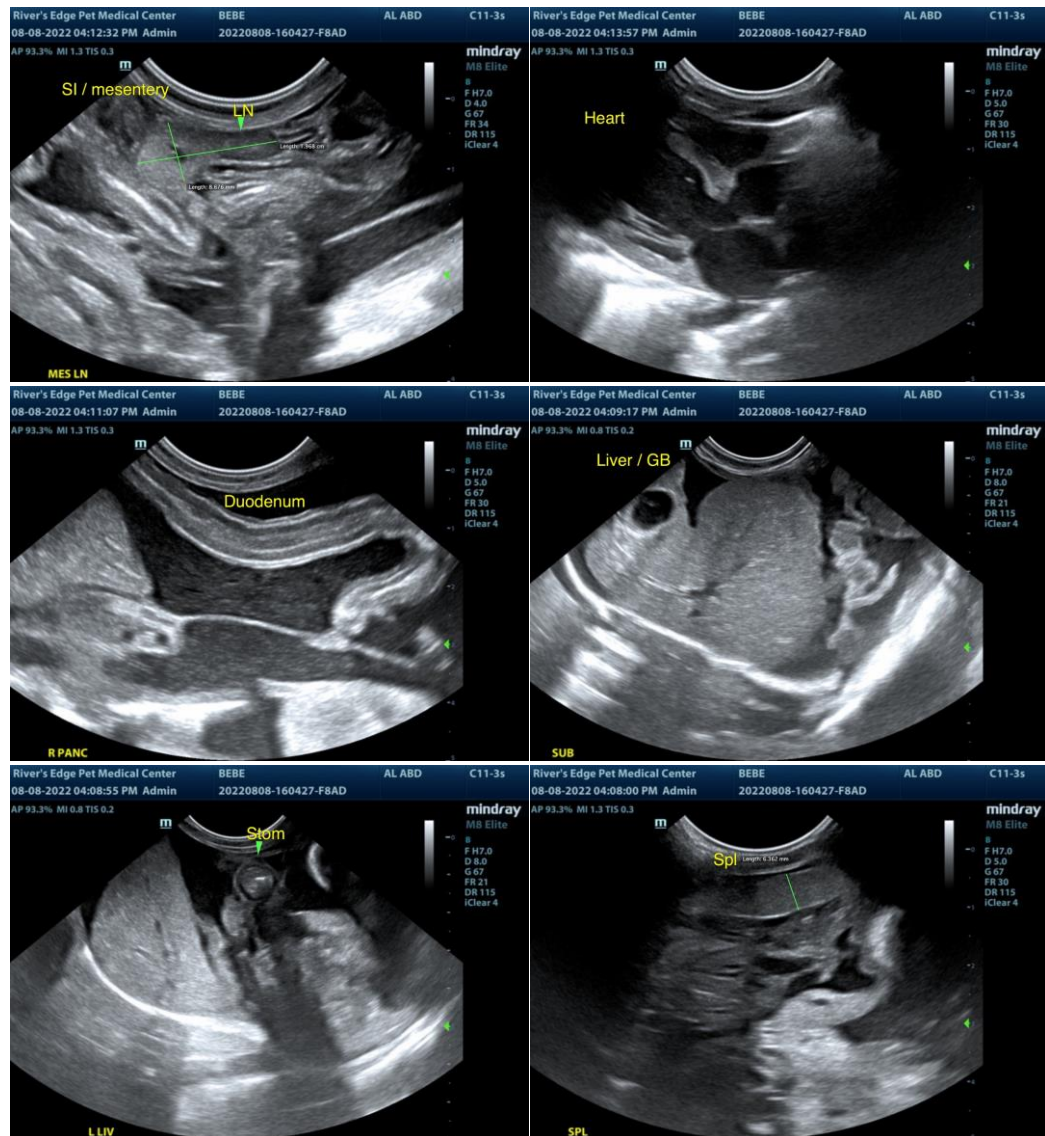
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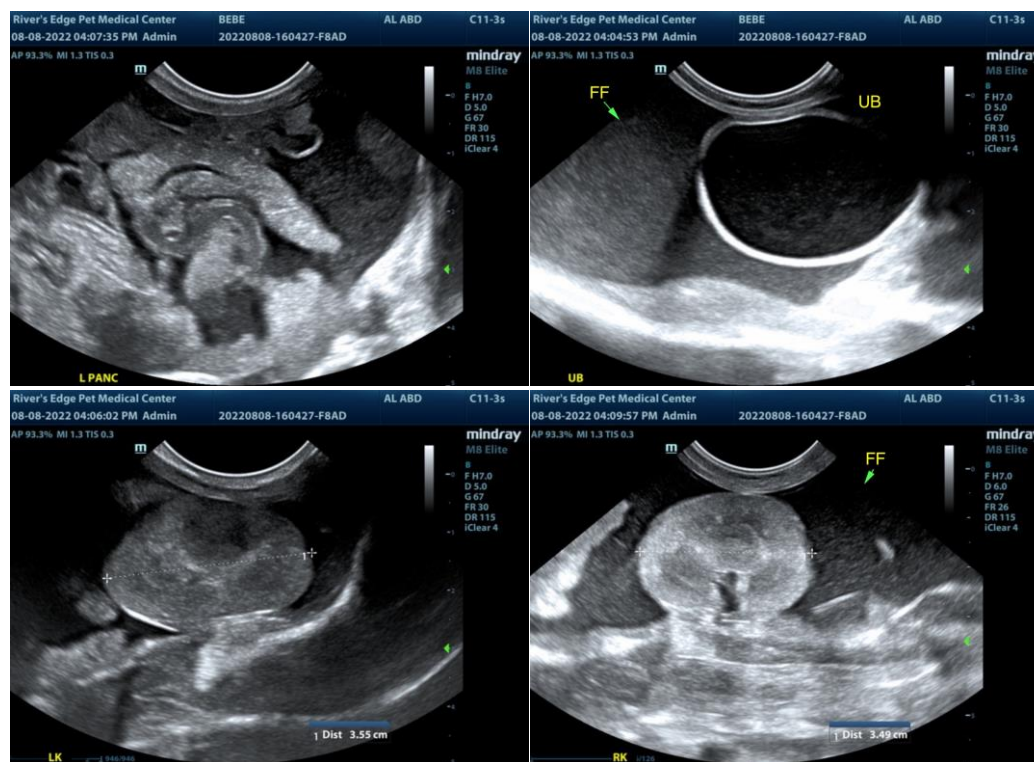
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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