



PATIENT

Marlowe Lebrown

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

13Y

WEIGHT

8lbs

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Carmen

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

75071

DATE

5-20-26

PRESENTING CLINICAL SIGNS

The patient presents for a consultation due to loss of appetite, lethargy, and abdominal swelling; the doctor recommends an X-ray and a blood test.

RADIOGRAPHIC STUDY OF ABDOMEN & THORAX

Orthogonal views of the abdomen and thorax are available for review totaling three images. One ventrodorsal view, one right lateral and one left lateral view.

RADIOGRAPHIC FINDINGS

ABDOMEN

There is marked loss of abdominal serosal detail with poor delineation of the abdominal organ margins.

The intestinal loops appear mildly centrally displaced and "floating,". Portions of the intestines are mildly gas distended, and also more caudally located.

The descending colon is mildly displaced dorsally and contains mild gas and heterogeneous fecal material.

The liver, spleen, and urinary bladder silhouettes are poorly defined due to the reduced abdominal detail.

The renal silhouettes are partially visualized and grossly within expected radiographic limits.

The urinary bladder is partially visible, no evidence of abnormalities.

THORAX

The thoracic trachea is within normal limits.

The cardiac silhouette is within normal size limits, occupying approximately 50% of the thoracic width and approximately 2.5 intercostal spaces (VHS approximately 8.1).

Pulmonary vessels are within normal limits.

The pulmonary parenchyma is within normal opacity. No focal pulmonary soft tissue nodules or masses are identified.

The pleural space, mediastinum, ribs and thoracic wall are unremarkable.

Multifocal mild thoracic and lumbosacral incomplete bridging spondylosis deformans is present.

RADIOGRAPHIC DIAGNOSIS

- Marked reduction in abdominal serosal detail, most consistent with moderate to marked volume abdominal effusion (ascites)
- Normal thorax.
- Mild multifocal thoracolumbar spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary radiographic abnormality is diffuse loss of abdominal serosal detail, most compatible with moderate to marked peritoneal effusion. Differential diagnoses for peritoneal effusions in this patient



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include neoplastic effusion (including carcinomatosis/lymphoma), inflammatory or infectious peritonitis (FIP), hypoproteinemia, hepatic disease, or intestinal disease.

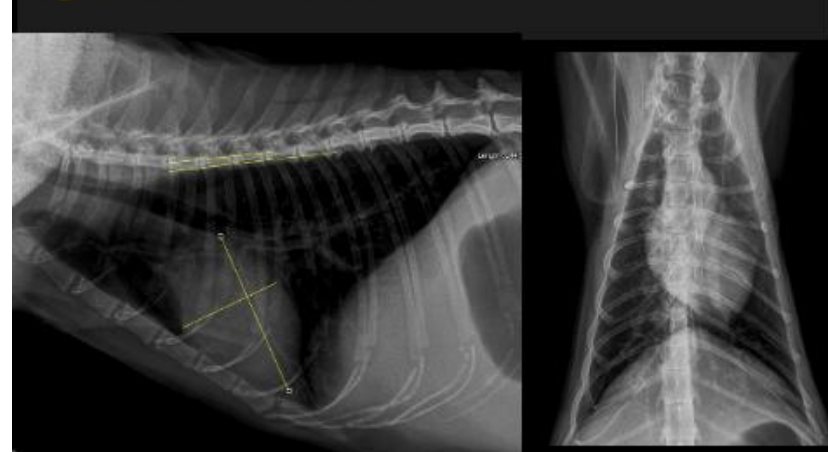
Mid-abdominal mass effect is not completely excluded.

Abdominal ultrasonography is strongly recommended for further characterization of the abdominal fluid, assessment of abdominal organs, and investigation for occult mass lesions or lymphadenopathy. Ultrasound-guided abdominocentesis with fluid analysis/cytology is also recommended.

Fig 1. Marked reduction in abdominal serosal detail, most consistent with moderate to marked volume abdominal effusion (ascites).



Fig 2. Normal thorax.



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.

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