



PATIENT

Pippa Simsick

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 months

WEIGHT

5.14 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Bay

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Bay

INVOICE

69073

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Weight loss, Abdominal effusion, Bilirubinemia, Hyperkalemia, and Inappropriate elimination

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 35.5%, neut 14.95 (H) Chem/lytes: BUN 11 (L), creat 0.6 (L), K 7.2 (H), glob 6.3 (H), tbili 3.8 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The proximal urethra and vesicoureteral junction appear normal. No calculi or ultrasonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.44×1.35 cm, with a cortical thickness of 0.21 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.65×1.87 cm, with a cortical thickness of 0.29 cm in the sagittal plane.

The cortex is isoechoic compared to the liver parenchyma, and the corticomedullary ratio and definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are observed. Color Doppler shows a normal perfusion pattern.

Adrenal Glands

Both adrenal glands are not visualized.

Spleen

Splenic thickness is 0.95 cm. The parenchyma shows normal echogenicity and fine homogeneous echotexture without focal lesions. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder wall measures 2.14 mm and displays a stratified, double-wall/triple-layer appearance consistent with gallbladder wall edema. The lumen contains primarily anechoic fluid. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is distended with fluid and partially digested food, with a mural thickness of 1.46 mm and preserved wall layering. The pylorus measures 2.78 mm.

The duodenum measures 2.42 mm and is fluid-dilated. The jejunum measures 1.77 mm. The ileum measures 1.40 mm. Multiple intestinal segments are dilated with a mixture of fluid and gas.

The colon wall measures 1.24 mm and contains formed fecal material producing strong acoustic shadowing in the descending segment.

Pancreas

The pancreas is not clearly visualized.

Peritoneal Cavity

There is severe, mildly turbid abdominal effusion. The peritoneal surfaces appear thickened and hyperechoic. Cranial mesenteric and ileocecal lymph nodes are not visualized.

The iliac trifurcation and abdominal aorta show spontaneous echogenic contrast within the lumen, consistent with markedly slow blood flow predisposing to thrombosis. No discrete thrombus is identified at this time.

ULTRASONOGRAPHIC FINDINGS

- Severe abdominal effusion with peritoneal thickening and echogenicity.
- Spontaneous contrast within the aorta.
- Gallbladder wall edema (double/triple-layered).
- Multifocal small intestinal dilatation with fluid and gas.
- Normal renal and hepatic architecture, but laboratory abnormalities suggest systemic dysfunction rather than structural disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound examination shows severe abdominal effusion and peritonitis. The gastrointestinal tract shows multifocal segmental dilatation of small intestinal loops with fluid and gas, compatible with functional ileus secondary to systemic illness, inflammation, pain, or peritonitis. No evidence of mechanical obstruction or foreign material is identified. The stomach is fluid-distended with partially digested contents but maintains normal wall thickness.

The appearance of the gallbladder suggest wall edema, which may occur secondary to systemic inflammation, hypoproteinemia, portal hypertension, acute hepatitis, or vasculitis.



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The presence of spontaneous echogenic swirling contrast within the aorta indicates extremely slow-flowing blood, which is a recognized pre-thrombotic pattern in cats, although no discrete thrombus is currently visualized. This finding carries a risk for imminent arterial or venous thrombosis.

The two most likely diagnoses, by far, are wet FIP or septic abdominal peritonitis, with septic cholangiohepatitis as a third possibility. The combination of hyperbilirubinemia, inflammatory effusion, hyperglobulinemia, and functional ileus makes both FIP and septic peritonitis highly suspicious.

Recommendations

- Immediate stabilization of shock: Correct perfusion deficits, address hyperkalemia urgently, broad-spectrum antimicrobial coverage and support circulation to avoid progression to DIC.
- Diagnostic clarification while stabilizing:
 - Abdominocentesis for cytology and rapid protein measurement.
 - Effusion Rivalta test.
 - Coagulation profile (given risk of DIC).
- Begin treatment according to the highest-likelihood emergent cause.
- Monitor for thrombotic complications.

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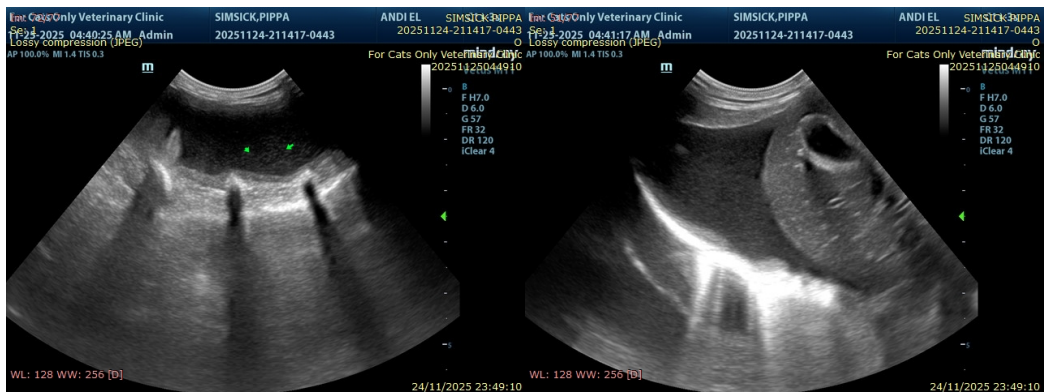
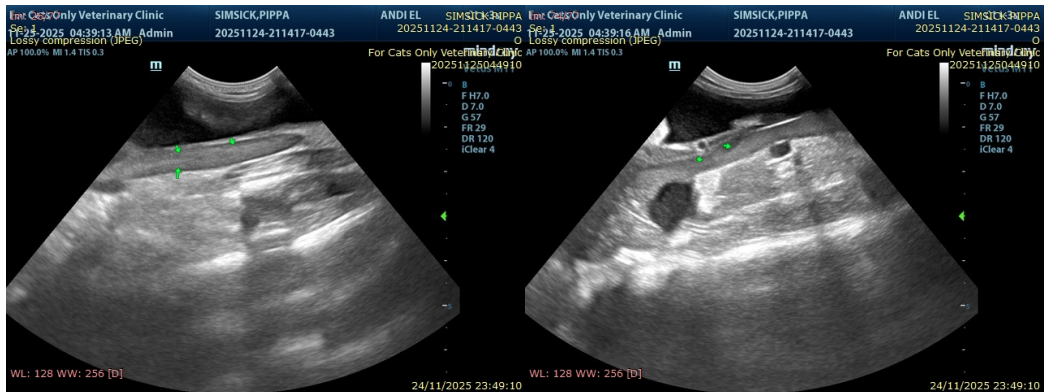
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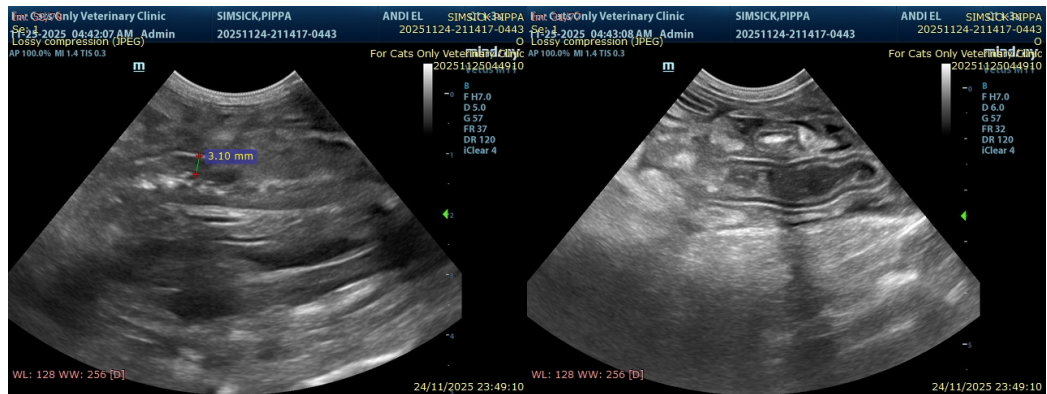
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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