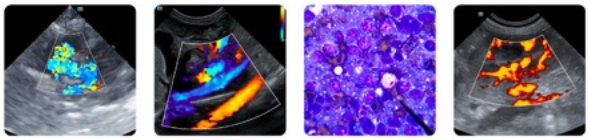


PATIENT

Natsu Fleegle

SPECIES

Feline

BREED

Siamese

SEX

Neutered male

AGE

1 years

WEIGHT

9.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Allison Gomer

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Demeo

INVOICE

78185

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: 1-year-old, neutered male Ragdoll with a 4-month history of progressive inappetence and weight loss.
Concern is for Feline Infectious Peritonitis (FIP).
Full body radiographs: No effusions seen
Abnormal PE/Chem/CBC/UA Results: Lab Results 2026-06-01 Total Protein: 13.1 g/dL (ref 5.2-8.8) Albumin: 2.5 g/dL (ref 2.5-3.9) Globulins: 10.6 g/dL (ref 2.3-5.3) A/G Ratio: 0.2 ALT: 109 U/L (ref 10-100) CBC: Normal. UA: - Specific Gravity: 1.064 - pH: 6.5 - Protein: 4+ Protein Electrophoresis: - Total Protein: 13.1 g/dL - Albumin: 3.0 g/dL (ref 2.5-3.9) - Globulins: 10.1 g/dL (ref 2.3-5.3) - Alpha 2: 1.0 g/dL (ref 0.4-0.9) - Beta: 1.2 g/dL (ref 0.3-0.9) - Gamma 1: 7.2 g/dL (ref 0.3-2.5) A polyclonal gammopathy is present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly underdistended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.01×2.20 cm, with a cortical thickness of 0.43 cm in the sagittal plane. The right kidney could not be accurately measured during the examination. Both kidneys demonstrate cortical echogenicity that is isoechoic to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A mild bilateral medullary rim sign is present. Subtle bilateral subcapsular hypoechoic cortical changes are suspected. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis

Adrenal Glands

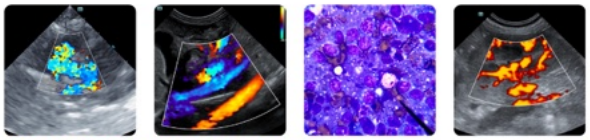
Not confidently visualized.

Spleen

Splenic thickness is 1 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular ans the doppler color is normal.

Liver

The liver is subjectively normal in size, with sharp margins and a smooth contour. The hepatic parenchyma is homogeneous and of normal echogenicity and echotexture. The falciform fat appears mildly hyperechoic relative to the hepatic parenchyma. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall is thin and smooth, and the contents are primarily anechoic. The common bile duct measures 1.56-1.90 mm.

Gastrointestinal tract

The stomach is empty and folded, with a mural thickness of 1.34 mm and preserved wall layering.

The pylorus measures 2.78 mm. The duodenum measures 1.23 mm, the jejunum 1.48 mm, and the ileum 1.39 mm. Wall layering is preserved throughout the examined intestinal tract. The ileocecocolic junction measures 2.18 mm. Within the ileum, the mucosa measures 0.92 mm and the muscularis propria 0.71 mm.

A few small intestinal segments are mildly distended with fluid.

The colon measures 0.79 mm and contains formed fecal material within the descending colon.

Pancreas

The pancreas measures 7.28-8.90 mm in thickness and appears mildly irregular in contour. The pancreatic parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.92 mm in diameter. No peripancreatic fat hyperechogenicity or free fluid is identified.

Free Abdomen

No sonographic evidence of abdominal effusion or peritonitis is identified. The cranial mesenteric lymph nodes measure 5.65-5.89 mm in thickness, maintain normal shape, and are mildly hypoechoic. The ileocecal lymph nodes are not confidently visualized; however, the surrounding region appears unremarkable. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild enlargement and decreased echogenicity of the cranial mesenteric lymph nodes.
- Fluid distension of a few small intestinal segments.
- Mild pancreatic enlargement, irregularity, and hypoechogenicity with mild pancreatic duct dilation.
- Suspected subtle bilateral subcapsular renal cortical changes.

SECONDARY FINDINGS

- Mild bilateral medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild but multifocal abnormalities are identified involving the pancreas, mesenteric lymph nodes, ileum, and possibly the kidneys. Individually, these findings are relatively subtle and nonspecific; however, their concurrent presence supports the existence of a chronic multisystemic inflammatory process

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rather than isolated organ disease.

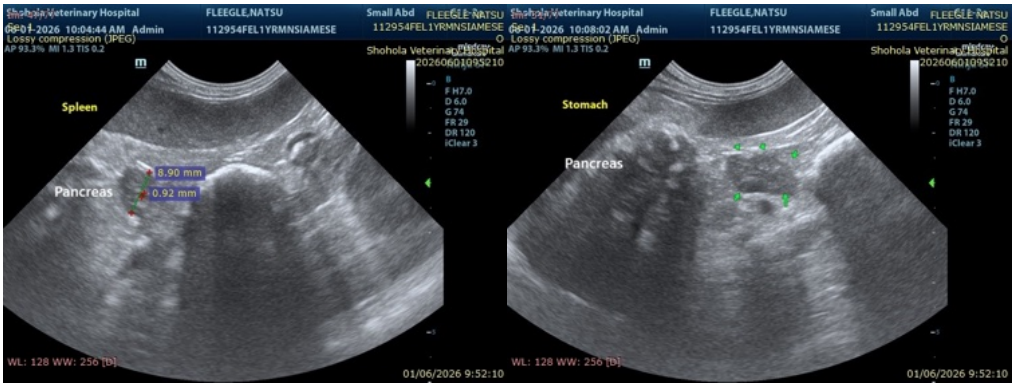
The pancreatic enlargement and hypoechogenicity, mild mesenteric lymphadenopathy, increased ileal muscularis-to-mucosa ratio, and suspected subtle bilateral subcapsular renal changes suggest involvement of multiple abdominal organs. While these findings are not diagnostic of a specific disease process, they are compatible with the type of multisystemic inflammatory involvement described in cats with non-effusive feline infectious peritonitis (FIP).

No abdominal effusion, marked granulomatous lesions, or severe organ-specific abnormalities are identified. However, the absence of these findings does not exclude non-effusive FIP, particularly in earlier or less advanced stages of disease.

When interpreted in conjunction with the patient's young age, progressive weight loss, marked polyclonal hyperglobulinemia, severe hypergammaglobulinemia, profoundly decreased albumin-to-globulin ratio, and significant proteinuria, the overall findings are highly suspicious for a chronic systemic inflammatory disease, with non-effusive FIP considered a leading differential diagnosis. Other causes of chronic multisystemic inflammatory disease, including infectious and granulomatous disorders, cannot be completely excluded.

Recommendations
• Correlation with FIP-specific testing is strongly recommended. Depending on availability and clinical suspicion, this may include feline coronavirus RT-PCR and/or immunohistochemistry on appropriate samples.
• If clinically indicated, additional investigation for other chronic infectious or granulomatous inflammatory diseases (e.g., toxoplasmosis, mycobacterial disease, or systemic fungal disease) may be considered.
• Urine protein quantification (UPC) and blood pressure measurement are recommended to further characterize the documented proteinuria and assess possible renal involvement.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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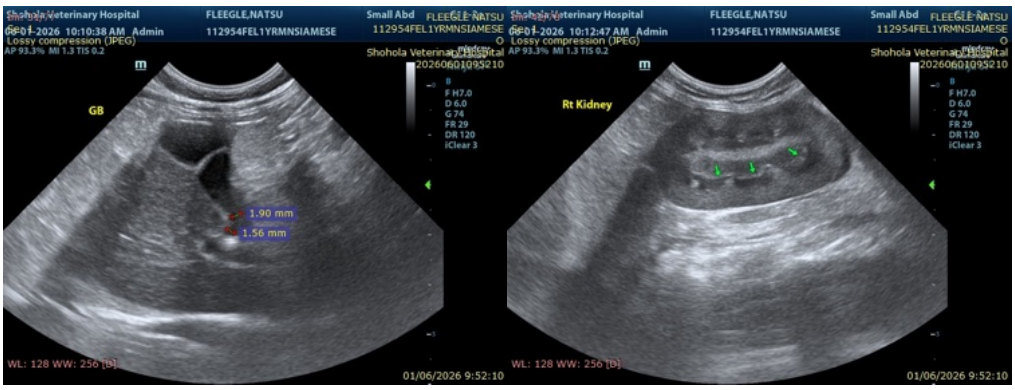

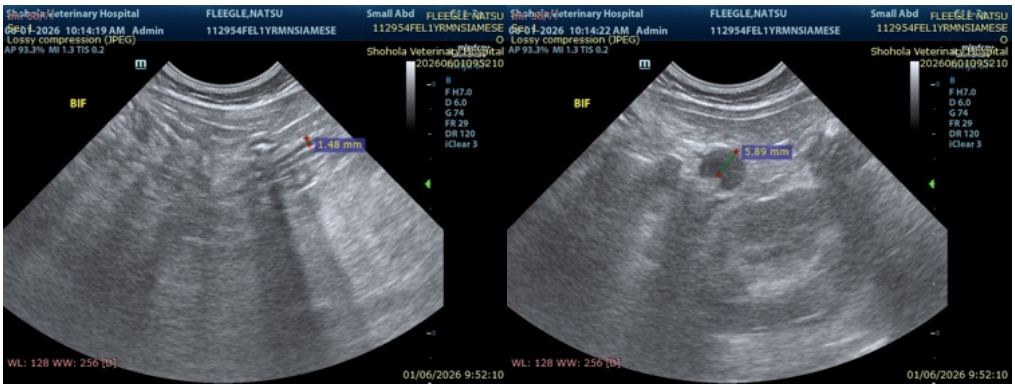

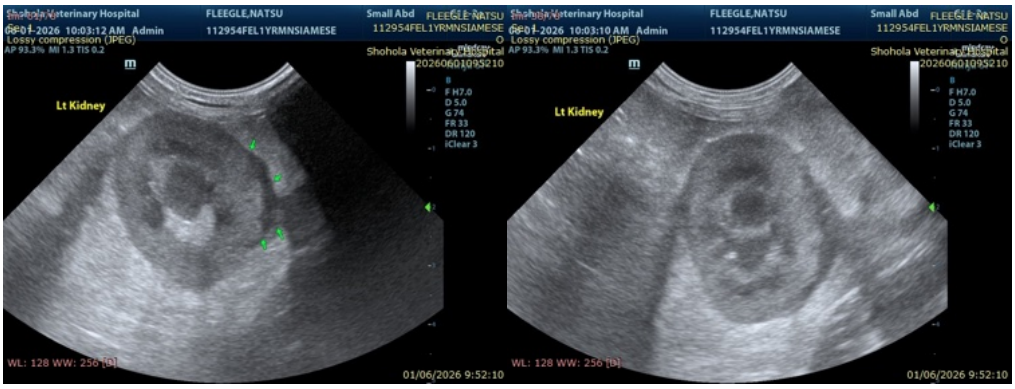

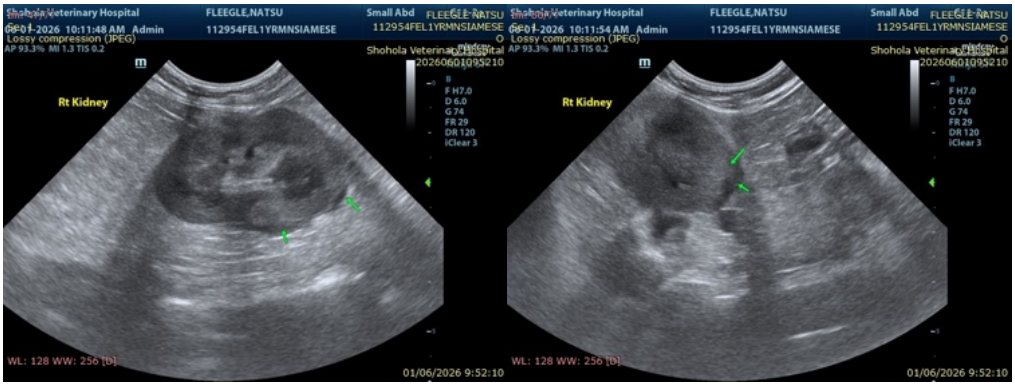

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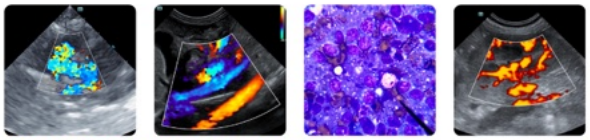

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com