

**DATE PRESENTING CLINICAL SIGNS**

10/21/21

PATIENT

History: past 2 weeks p has been chewing weird and not really eating his food, seems like he's in pain when chewing. Prominent spinous processes, pendulous abdomen, firmness of abdomen cranial aspect, slight icteric appearance to skin.

Roman Capp

SPECIES

Current Medications: Entyce 0.6mL PO SID.

Lab Results: CBC – decreased RBC> Chem – increased ALP, severe hemolysis and lipemia – unable to read SDMA. T4 WNL. ProBnP WNL.

Feline

Radiographs: Attached separately.

BREED

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

DSH

Stat Report: STAT report not requested by the veterinarian.

SEX**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Neutered Male

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is smooth. A small amount of echogenic debris is observed within the lumen. The region of the trigone is normal.

AGE

10/11/2008

WEIGHT

6.54 kg

The left kidney is normal size (3.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

INTERPRETED BY

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One still image is available for interpretation. The right kidney is normal size (3.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

HOSPITAL NAME

White Marsh AH

Adrenal Glands

The adrenal glands are difficult to visualize due to the diffuse abdominal pathology.

REFERRING VET

Dr. Brennan

Spleen

The spleen is subjectively prominent in size (1.19 cm in width at the level of the hilus) with irregular peripheral contours. At least 2 ill-defined hyperechoic nodules are observed, the largest measuring 0.94 cm in diameter. Splenic vasculature appears normal with no evidence of thrombosis.

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Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and is mildly distended with some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach is difficult to visualize due to clumped omentum in the region. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal junction and colonic wall are normal. The colonic lumen is diffusely distended with hard shadowing fecal material. There is no evidence of obstruction.

Pancreas

The pancreas is difficult to visualize due to the diffuse abdominal pathology.

Free Abdomen

A large amount of echogenic free fluid is present within the abdomen. The mesentery is diffusely hyperechoic and clumped/nodular in appearance. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion. No pleural effusion is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

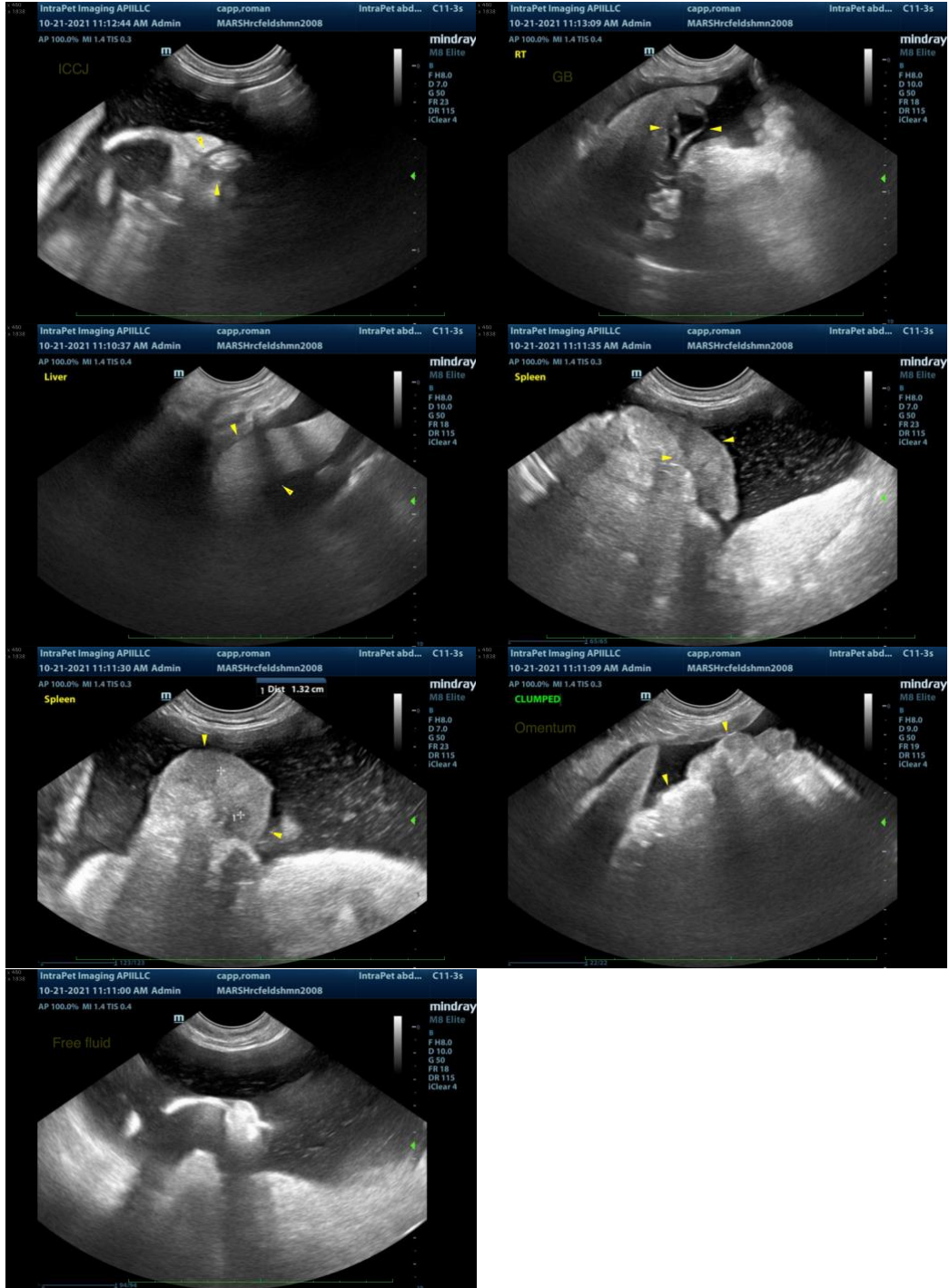
- The mesenteric changes and ascites are most concerning for carcinomatosis or FIP

Secondary Findings

- The splenic nodules could be consistent with a benign process (i.e., myelolipomas, lymphoid hyperplasia). Alternatively, neoplasia (i.e., metastatic disease) may be present.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fluid analysis and cytology on the ascites is recommended. If cytology results are inconclusive, surgical biopsy of the mesentery may be necessary to get a definitive diagnosis. However, given the sonographic changes, the patient's prognosis is considered guarded. Palliative care (i.e., therapeutic abdominocentesis, nutritional support and pain medication), therefore, should be considered in lieu of invasive testing (i.e., surgery).



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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