

**DATE PRESENTING CLINICAL SIGNS**

11/30/2021

History: Presented 11/17 with abdominal distention. aFAST revealed marked abdominal fluid analysis of fluid consistent with exudate. FIP test negative, suspect occult neoplasia.

**PATIENT**

Marlo Yingling

Current Medications: Prednisolone 5 mg 1.5 tab po bid started 11/22.

Lab Results: mild neutrophilia, mild increase of SDMA with Creat 1.5, decreased Na and Cl. Feline coronavirus PCR negative, FeLV/FIV negative. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Dexdomitor.

Stat Report: Not requested.

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

11/16/2011

**WEIGHT**

20 lbs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A moderate amount of aggregated echogenic suspended debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.53 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 hydroureter.

One still image of the right kidney is available for interpretation. The right kidney is normal size (4.22 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 hydroureter.

**INTERPRETED BY****Adrenal Glands**

The adrenal glands are not definitively visualized due to the diffuse abdominal pathology.

**Spleen**

The spleen is normal in size (0.94 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**HOSPITAL NAME**

Perry Hall AH

**Gastrointestinal**

The gastric lumen is distended with fluid and gas and appears hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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 colonic wall is normal. No obstructive disease is noted.

**REFERRING VET**

Dr. Hatzigiannakis

**INVOICE**

12632

**Pancreas**

The pancreas is not definitively visualized due to the large amount of ascites. However, in the visualized regions, no obvious pathology is observed.

### ***Free Abdomen***

A large amount of echogenic free fluid is present. The omentum throughout the abdomen is hyperechoic, nodular and clumped. The abdominal lymph nodes are normal/not visible.

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings:**

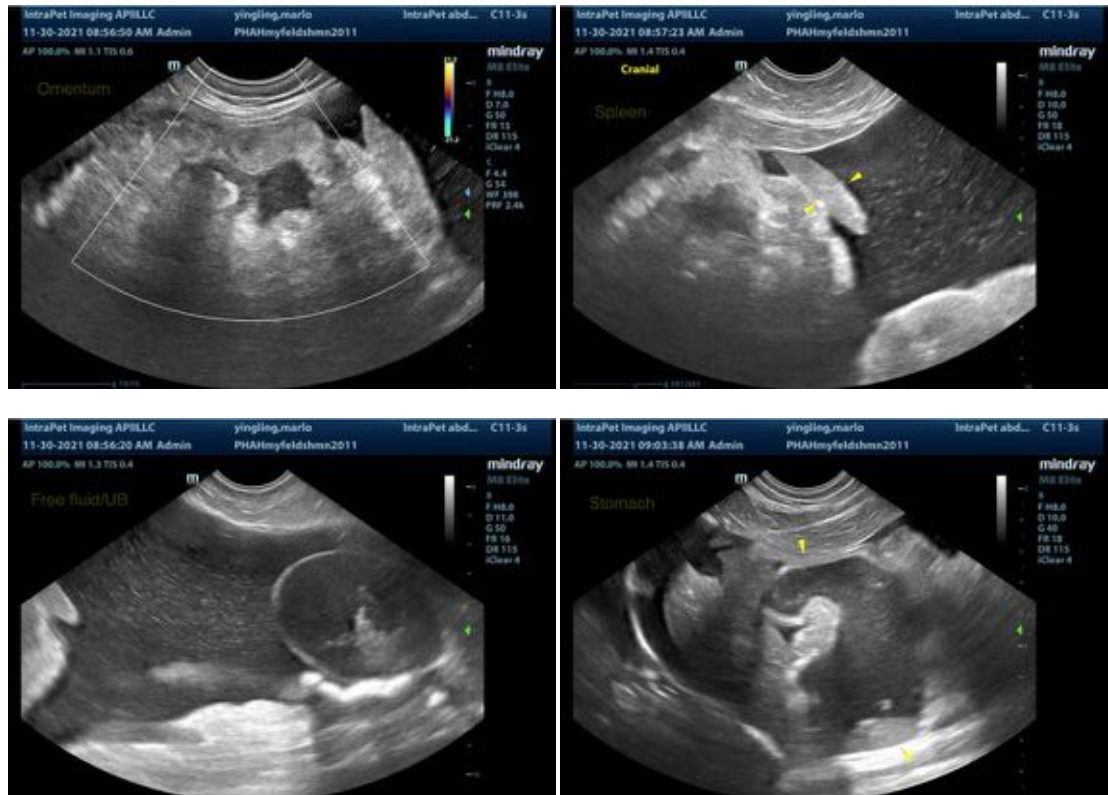
- The omental changes and ascites are most concerning for carcinomatosis. Feline infectious peritonitis is also a differential but considered less likely based on the patient's coronavirus and cytology results.

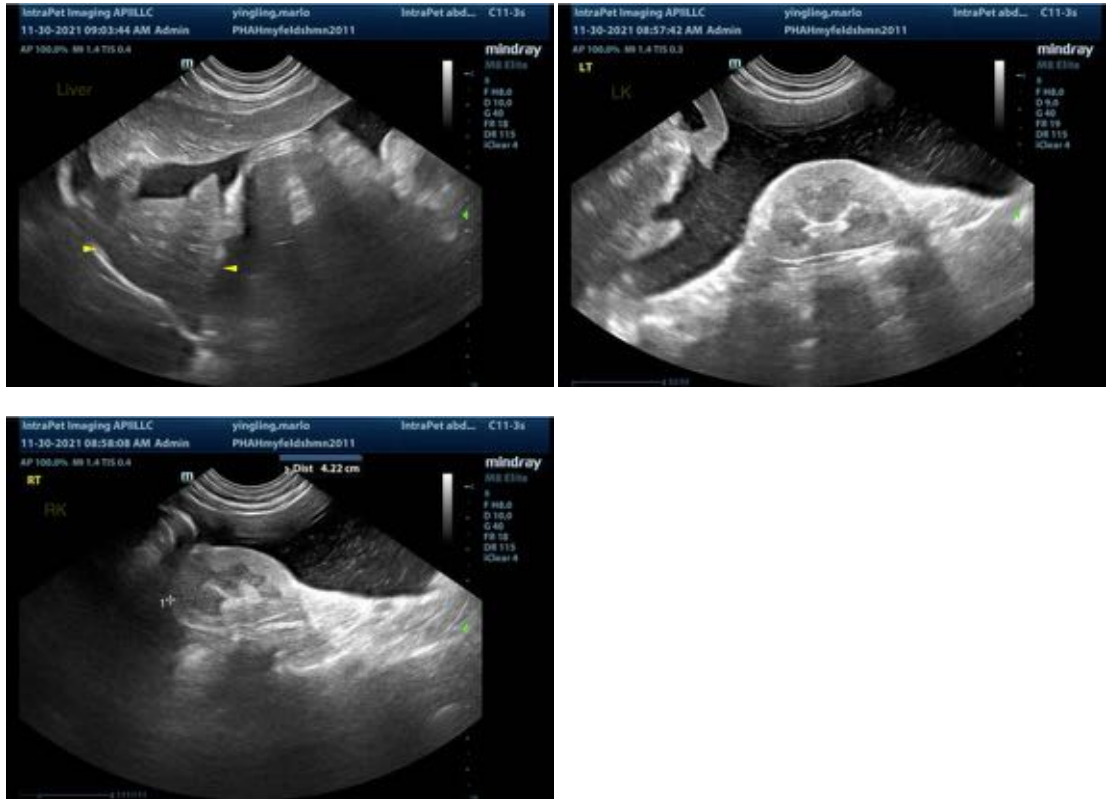
#### **Secondary Findings:**

- Gastric ileus.
- Urinary bladder debris.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If omental cytology is inconclusive, a surgical biopsy may be necessary to get a definitive diagnosis. However, given the concern for carcinomatosis, the prognosis for this patient is considered guarded.





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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)  
Andrea.nicastro@sonopath.com