**PATIENT**

Sunny Dixon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4 months

**WEIGHT**

3.74 lbs

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

WVRC, Dr Lorgovan

**INVOICE**

11942

**DATE**

12.27.22

**PRESENTING CLINICAL SIGNS**

History: Presented to ER for history of 3 days of inappetence and febrile and jaundice. Currently fever is under control. Brief ultrasound of abdomen at RDVM showed ascites. Suspect FIP This kitten is from a shelter and is not thriving.

Abnormal PE/Chem/CBC/UA Results: elevated globulin and bilirubin platelets 62,000 clumped.

**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 with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is small in size (2.94 cm in length) with an irregular shape. Severe hydronephrosis is present with only a small amount of cortical tissue observed at the lateral aspect. Left hydroureter is present (up to 0.33 cm in diameter). The ureter is visible one to two centimeters distal to the renal pelvis, after which it is not definitively visualized.

The right kidney is normal size (4.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A hyperechoic medullary band is observed adjacent to corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.21 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.70 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.

**Liver**

The liver is subjectively normal in size with normal curvilinear 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.

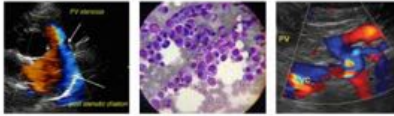
The gall bladder is mildly distended. The wall is borderline thickened (up to 0.17 cm) and hyperechoic. A small amount of mostly gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is not distended. 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. Several small intestinal segments are slightly corrugated in appearance. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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**Free Abdomen**

The mesentery throughout the abdomen is hyperechoic and irregular. A large amount of echogenic free fluid is present. Several prominent lymph nodes are observed throughout the abdomen (the largest measuring 1.44 cm in length). The nodes are normal in shape and echogenicity.

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**ULTRASONOGRAPHIC FINDINGS****Primary Findings****BREED**

DSH

- The ascites in conjunction with mesenteric changes are concerning for feline infectious peritonitis. However, other causes of ascites (i.e., right-sided congestive heart failure, low oncotic pressure, increased vascular permeability) cannot be completely excluded.
- Left hydronephrosis/hydroureter. Left ureteral obstruction (i.e., congenital defect, stricture, stone) is suspected.
- Nonspecific diffuse hepatopathy. Differentials include inflammatory disease (i.e., FIP, cholangiohepatitis), hepatic lipidosis, other.

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**Secondary Findings**

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.
- The small intestinal changes are consistent with hyperperistalsis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**

Andrea Nicastro, DVM,  
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(Small Animal Internal  
Medicine)

- Cytology evaluation of the abdominal fluid and mesentery is recommended, along with further testing for FIP.
- Also consider thoracic radiographs to assess cardiopulmonary status and to evaluate for pleural effusion.
- Given the left renal changes, consider a urine culture and sensitivity.

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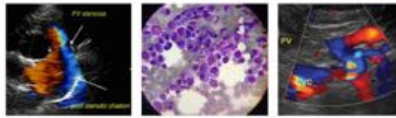
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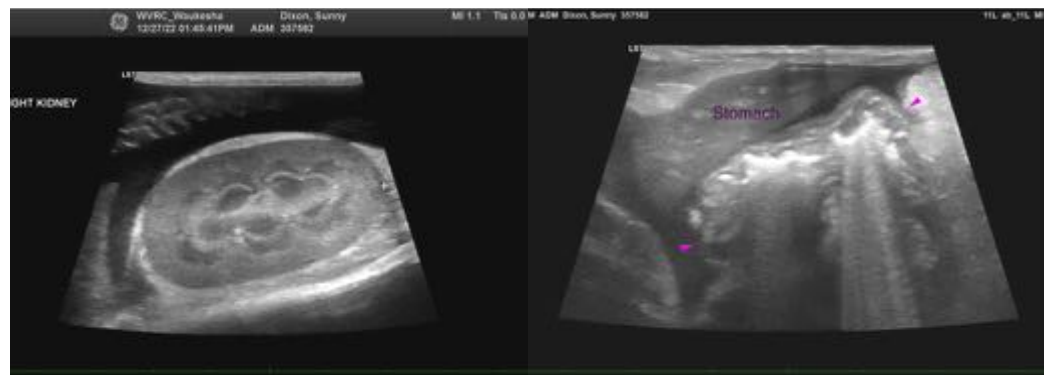
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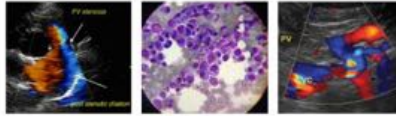
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com