



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Mila Cordero

SPECIES
Feline

BREED
Siberian

SEX
Female, spayed

AGE
9 Months

WEIGHT
8.8 lbs. .

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Pulse Pet Ultrasound
Services

REFERRING VET
Dr. Rodriguez

INVOICE
14298

DATE
12/5/22

History: Presented for an abdominal ultrasound to further evaluate history of anorexia and lethargy. PT presented on Nov 11th with history of anorexia and lethargy and BW and radiographs. Was sent home with Famotidine oral suspension, Onsior, and gave convenia and flunixin inj

Abnormal PE/Chem/CBC/UA Results: PE: Discomfort on abdominal palpation Abd rads: no major abnormalities BW: CBC Eosinopenia (0.06) Chem: Increased TP (10) Globulin (6.9) Phos (8.1) Glucose (266)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 normal size (3.52 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.

The right kidney is normal size (3.49 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.

Adrenal Glands

The left adrenal gland is normal in size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.24 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (0.96 cm in width at the level of the hilus) with a slightly undulating medial 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 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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is mildly thickened (up to 0.16 cm) and hyperechoic. A small amount of echogenic debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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 ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

A portion of the pancreas is observed by the reactive mesentery. In the visualized portions, no obvious pathology is seen.

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Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A small to moderate amount of free fluid is present. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.88 cm in length. A few prominent lymph nodes are also observed in the right cranial quadrant.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The patient's clinical history of hyperglobulinemia, in conjunction with the sonographic changes, are most concerning for feline infectious peritonitis (FIP). Other differentials include panniculitis, pancreatitis, carcinomatosis, other. However, given the patient's age, FIP is favored.

Secondary Findings:

- The gallbladder wall changes are suggestive of cholecystitis. However, this finding may be a normal variant for this young patient.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Cytologic evaluation of the abdominal fluid is recommended along with further testing (i.e., antibody titers for FIP).
- Also consider three-view thoracic radiographs to assess for the presence of pleural effusion.

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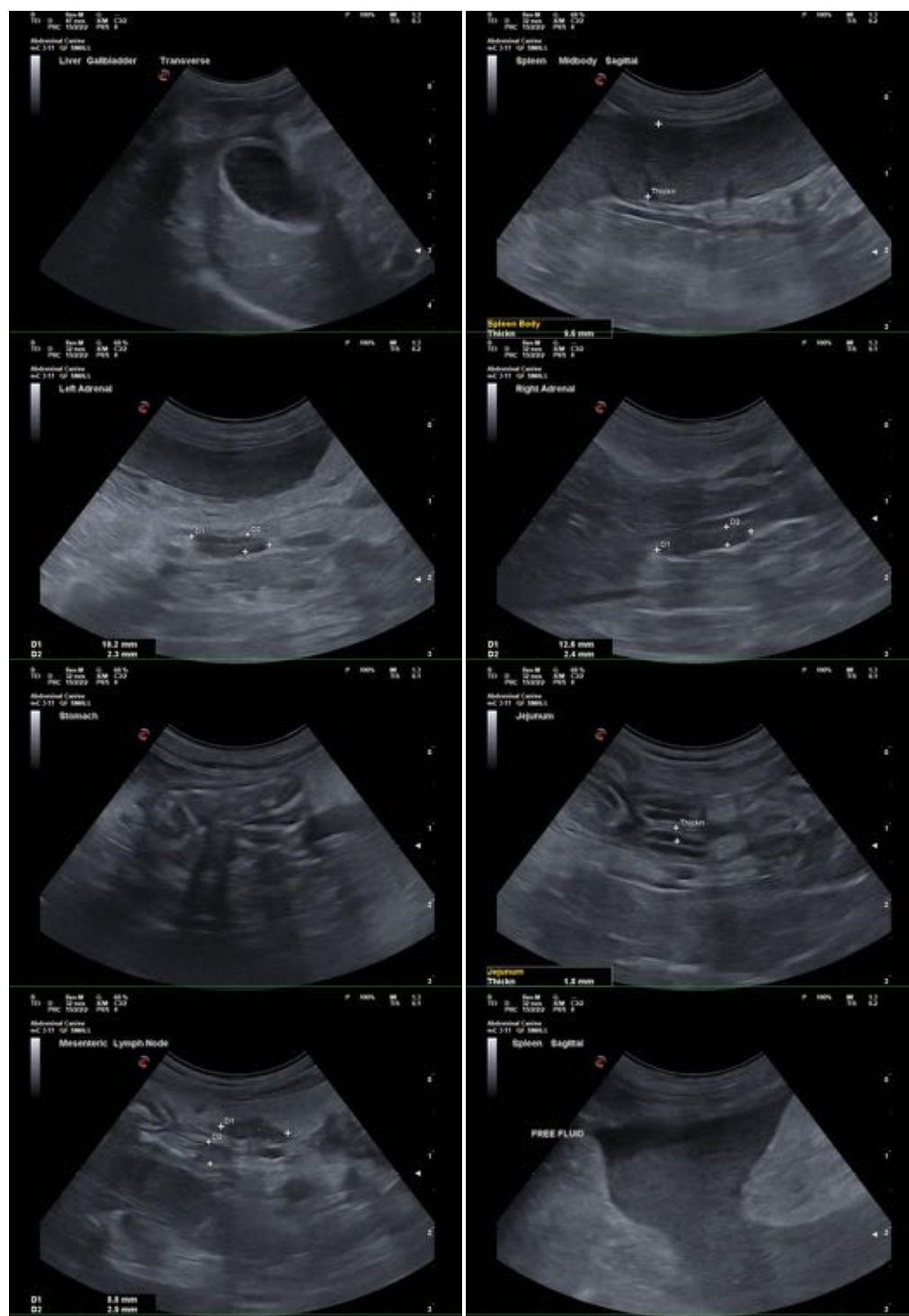
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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