



PATIENT

PRESENTING CLINICAL SIGNS

Casper Davis

History: Grade II/VI murmur. Abdominal fluid (clear transudate), breathing issues, losing weight, anorexic. Current meds: Cyproheptadine 2mg bid.
Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The bladder lumen is moderately distended. A scant amount of echogenic debris is suspended 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.

SEX

Neutered Male

The left kidney is normal size (3.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

17 years

The right kidney is normal size (4.09 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild pyelectasia is present (0.40 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

Not Provided

INTERPRETED BY

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

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(Small Animal
Internal Medicine)

Spleen

The spleen is normal in size (0.75 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

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.

Shari Reffi, CVT

HOSPITAL NAME

Animal Mansion

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

REFERRING VET

Gastrointestinal

Dr. Parker

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 colonic wall is normal. No obstructive disease is noted.

INVOICE

10408

DATE

Pancreas

A portion of the left limb is visible/prominent, with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No

2/18/22



PATIENT

distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Casper Davis

Free Abdomen

The omentum throughout the abdomen is hyperechoic, irregular, nodular-appearing and clumped, particularly the right cranial quadrant. A large amount of echogenic free fluid is also present. The abdominal lymph nodes are normal/not visible.

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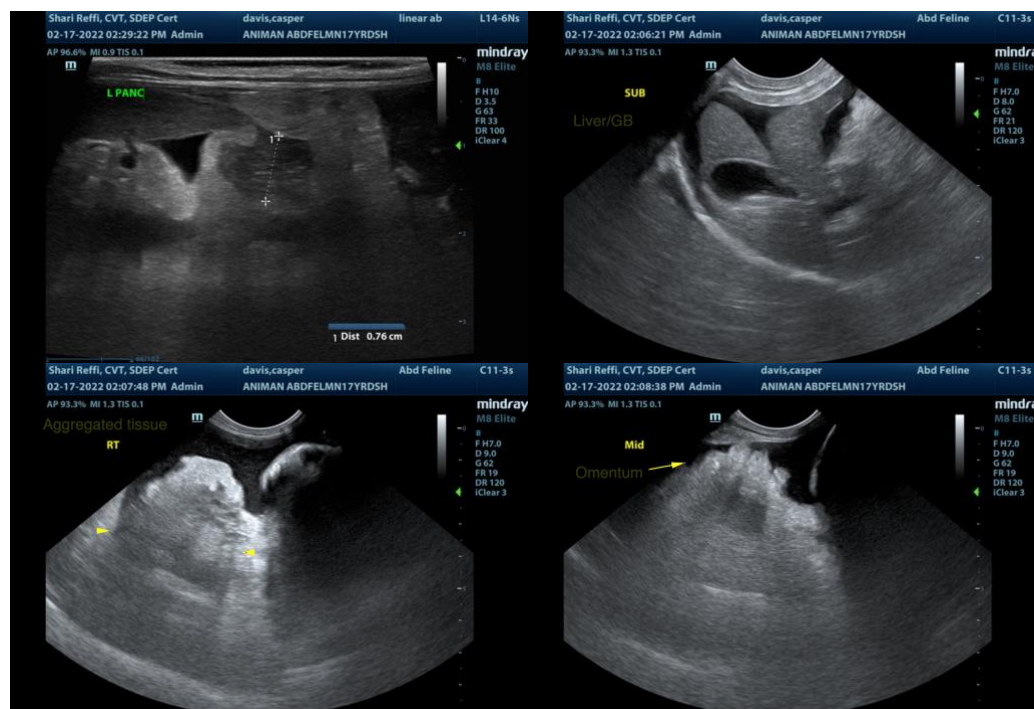
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse mesenteric changes and ascites are most concerning for carcinomatosis or feline infectious peritonitis. Diffuse panniculitis is also possible but considered less likely.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Bilateral non-specific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine-needle aspirate of the fluid and mesentery with submission for cytologic evaluation is recommended. If cytology results are inconclusive, surgical biopsies of the omentum may be necessary to get a definitive diagnosis.
- Also consider further testing for FIP.





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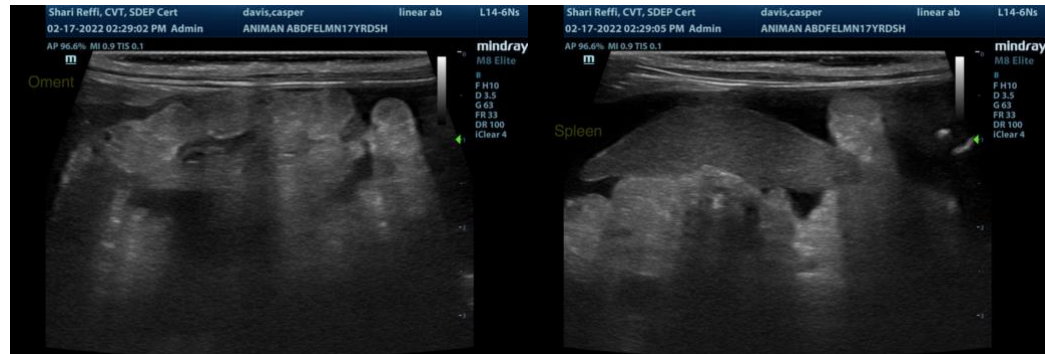
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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