

**PATIENT**

Panda Hoskins

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

06/27/2017

**WEIGHT**

19.3

**INTERPRETED BY**

Andrea Nicaastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicaastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Saddleback Mobile Vet

**REFERRING VET**

Dr Kelli Klein

**INVOICE**

23044

**DATE**

5-21-26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Fluid retention. Wheezy sneeze. Has had ascites for the past couple of months. Last Friday, 2.5 liters were tapped off the abdomen. A couple of months ago, FIP was suspected, and was started on FIP treatment. Cat seemed to initially improve, but has since worsened with progressive ascites. Thoracic radiographs revealed and echogenic lesion in the lungs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small- to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.43 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.94 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.83 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.

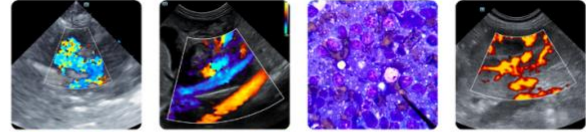
**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic 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 gallbladder lumen is mildly- to moderately-distended. The wall is of appropriate thickness for the level of repletion. A small amount of aggregation of echogenic sludge is observed within the lumen. The cystic and common bile ducts are normal.

**Gastrointestinal**

The gastric lumen is mildly fluid-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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.



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**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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**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

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**Free Abdomen**

The mesentery throughout the abdomen is hyperechoic and nodular in appearance. In the left mid-abdomen, an aggregation of omentum is seen (2.90 X 1.68). A large amount of mildly echogenic free fluid is present.

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**Other**

A brief echocardiogram reveals severe right atrial enlargement with suspected trace pleural effusion. The abdominal caudal vena cava is also subjectively mildly dilated.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- The right atrial enlargement in conjunction with the dilated caudal vena cava and severe ascites are most consistent with right-sided congestive heart failure.
- The aggregation of omentum in the left mid-abdomen could be consistent with reactive change or a tumor/mass.

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**Secondary Findings**

- Bilateral nonspecific age-related renal changes
- Urinary bladder debris

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Ideally, an echocardiogram and baseline blood pressure measurement would be performed.
- If this is not possible, empirical treatment for congestive heart failure is recommended.

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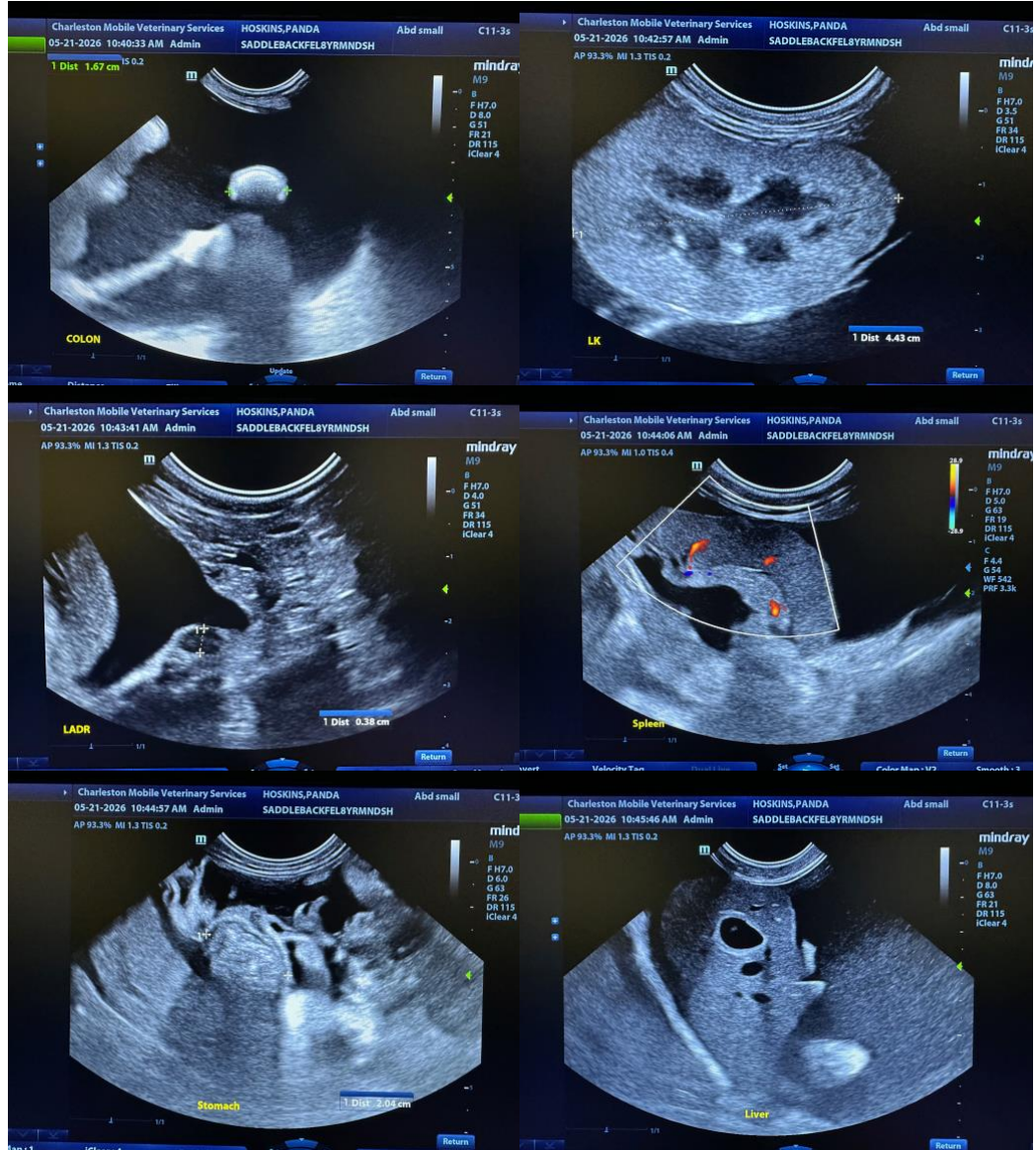
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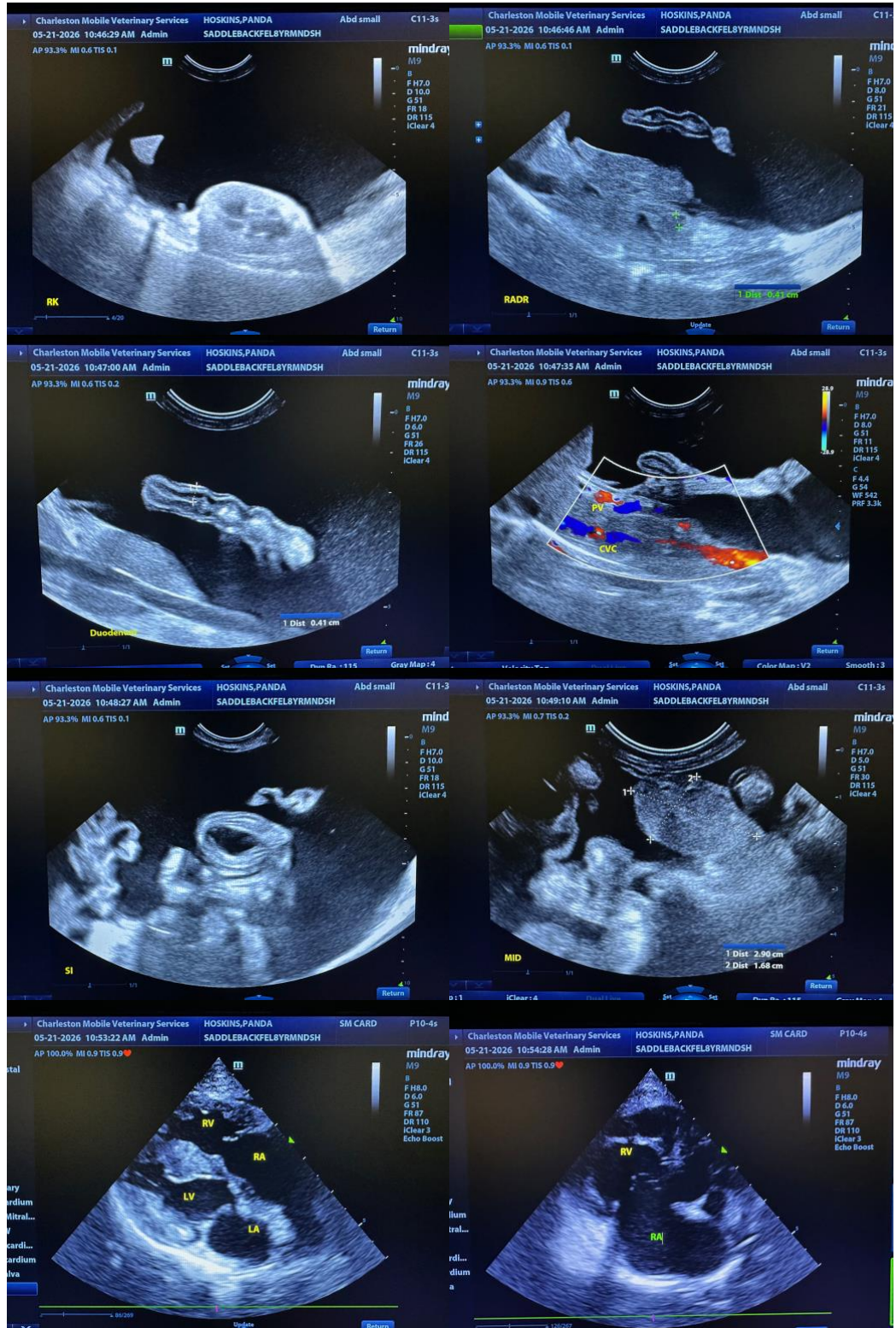
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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