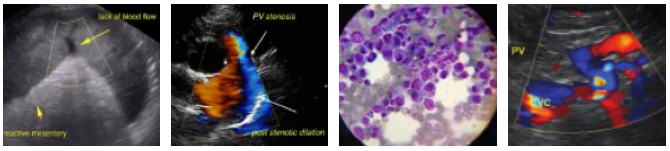
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Peewee Hayes

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, intact

AGE
18 weeks

WEIGHT
3.7 lbs.

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

IMAGING PERFORMED BY
Amanda Crook

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Bridget Hayes

INVOICE
11877

DATE
8/12/21

PRESENTING CLINICAL SIGNS

History: Declining appetite, now not eating. Had diarrhea last week, improved on probiotics. Combo test = neg at adoption. Indoor cat, others are OK. Slightly thin. Normal TPR.
Abnormal PE/Chem/CBC/UA Results: See bloodwork: Non-regenerative anemia, neutrophilia, monocytosis. Increased bilirubin, decreased BUN/Creat, electrolytes. Fluid SG = 1.040, TP = 5.6 g/dL, straw colored See radiographs: no serosal detail

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 small amount of suspended echogenic 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 (3.96 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. Renal vasculature is normal.

The right kidney is normal size (3.45 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (1.02 cm length; 0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.03 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

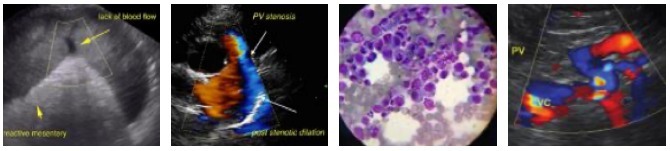
The spleen is normal in size (0.68 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal 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 thin and smooth. A small amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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



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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.

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.

Free Abdomen

A large amount of echogenic free fluid is present. The mesentery throughout the abdomen is echogenic to hyperechoic and irregular in appearance. Several prominent mid-abdominal lymph nodes are visualized.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious chamber enlargement.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The cause of the patient's ascites is not evident on today's sonogram. Considerations include FIP, abnormal lymphatics, congestive heart failure (less likely), neoplasia (less likely), septic peritonitis, other.

Secondary Findings:

- The lymphadenopathy may be secondary to immunologic immaturity or reactive change. Infiltrative neoplasia is considered less likely given the patient's age.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the abdominal fluid for analysis and cytology +/- aerobic and anaerobic cultures is recommended.
- Also consider 2 additional thoracic radiographs (VD and left lateral) +/- a full echocardiogram.
- FIP testing should also be considered although the sensitivity and specificity of these tests tend to be low.

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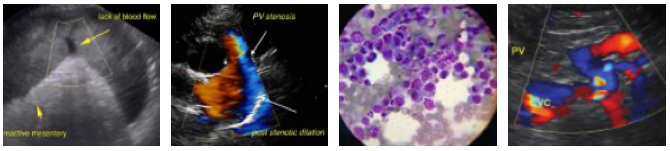

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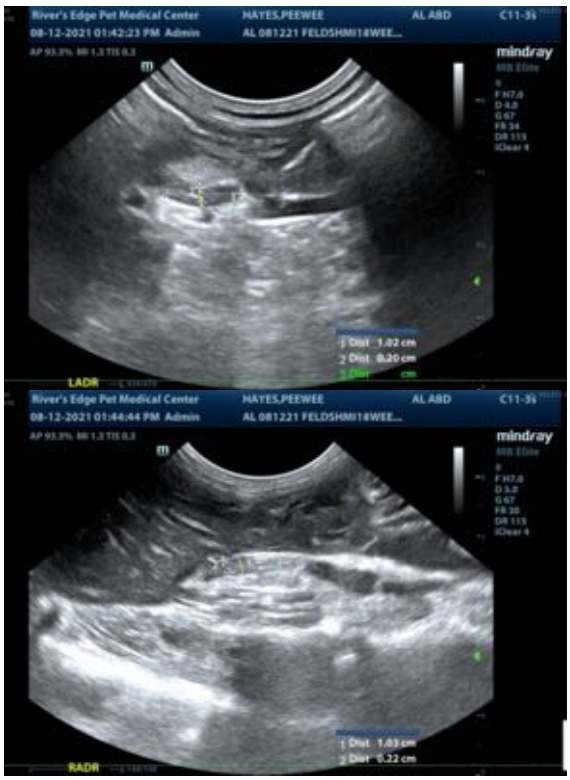

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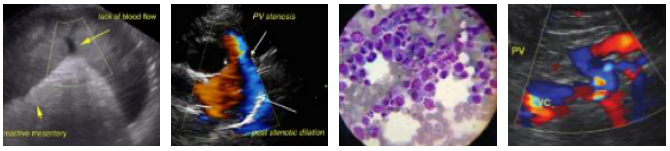

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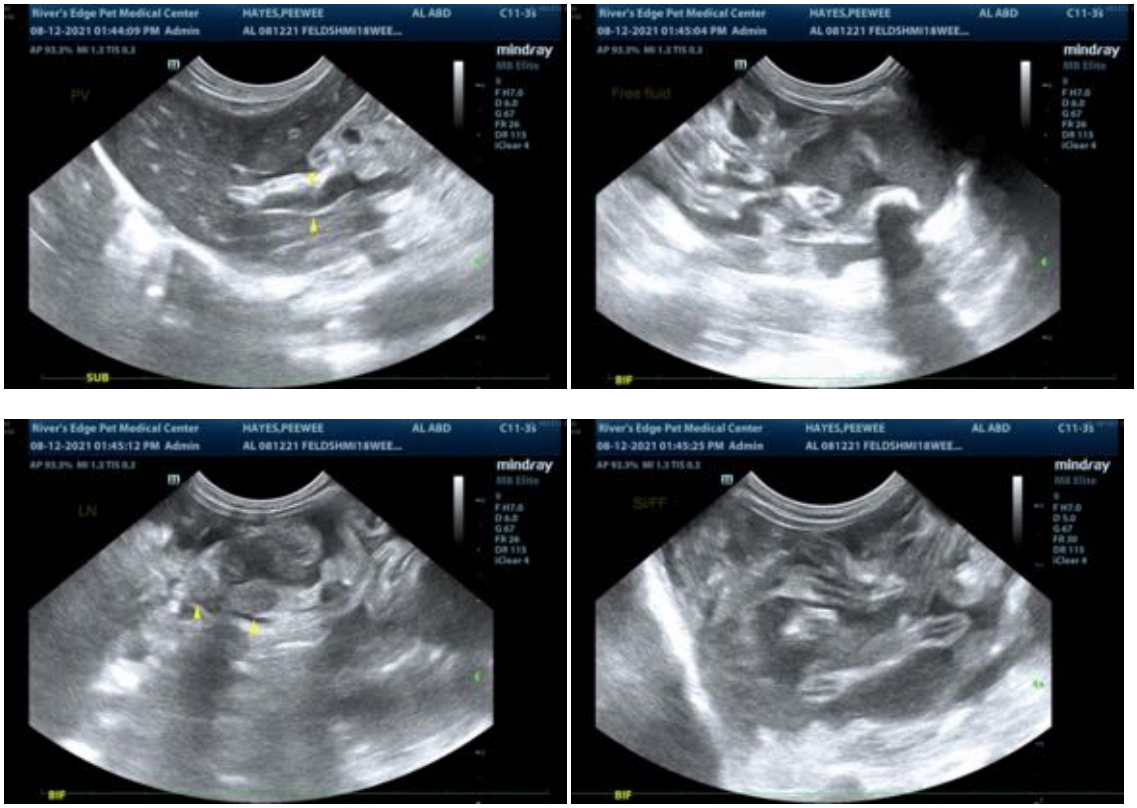

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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