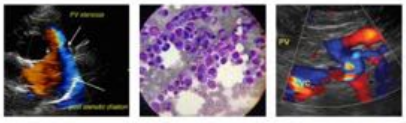

PATIENT

Squeaks Punzel
278494

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 years

WEIGHT

4.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC- Dr. Jochman

INVOICE

11563

DATE

9.1.22

PRESENTING CLINICAL SIGNS

History: 3-week history of progress lethargy and anorexia. Two-day history of ataxia.

Abnormal PE/Chem/CBC/UA Results: CBC- HCT 31 (L end N), Neuts 10.7 (H) Chem- Ca 7.5 (L), Na 130 (L), Cl 99 (L), ALT 162 (H), AST 609 (H), ALP 178 (H), T.bili 4.9 (H), CK 1,668 (H) T4- <0.5 (L) UA (cysto)- Ember/Orange, USG 1.057, pH 6.5, 2+ Protein, 3+ bili, rare WBC, rare RBC, Moderate bilirubin POCUS- Scant free abdominal effusion Recheck AFAST scan overnight revealed progression of the abdominal effusion. A sample of the effusion was obtained. The effusion was bright yellow, thick and viscous with proteinaceous strands when stretched between fingers, TP 4.4 g/dL. Submitted for fluid analysis.

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 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 1-2 cm, are normal.

The left kidney is normal size (4.16 cm in length); normal shape and architecture with smooth peripheral margins. 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.

The right kidney is normal size (4.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is prominent in size (0.52 cm in width) with a normal shape and glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.71 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 gall bladder is mildly distended. The wall is normal in thickness. A small amount of suspended, 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 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

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Pancreas

The left limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.13 cm in diameter).

Free Abdomen

The mesentery throughout the organ is hyperechoic. A moderate amount of free fluid is present. One to two prominent mesenteric lymph nodes are visualized, the largest measuring 1.52 cm in length. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

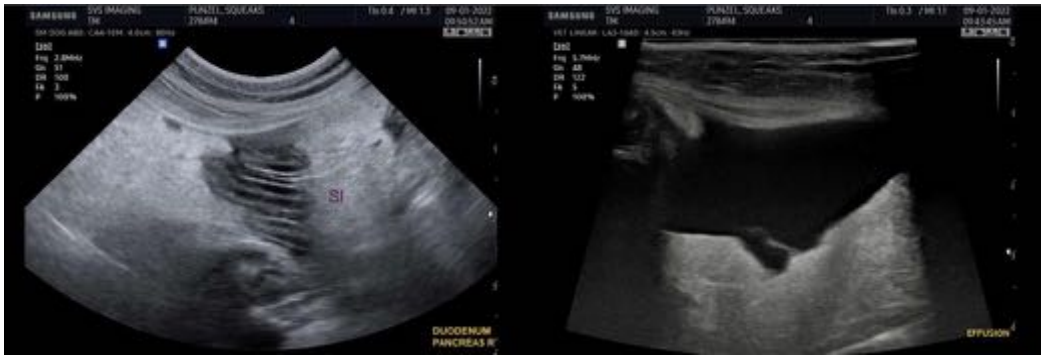
- The ascites in conjunction with the clinical history are concerning for feline infectious peritonitis. Other differentials include congestive heart failure (or other causes of increased hydrostatic pressure (i.e., portal hypertension)), occult neoplasia, low oncotic pressure (less likely), other. Diffuse peritonitis is present, likely secondary to the presence of free fluid.

Secondary Findings

- The mild left adrenomegaly may be secondary to stress, hyperplasia, or less likely, an emerging tumor.
- Minor degenerative changes in the left kidney
- The pancreatic changes in the left limb are suggestive of mild pancreatitis. Correlation with the patient's clinical history is recommended.
- The prominent mesenteric lymph nodes are likely reactive or inflammatory, with a lower possibility of infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the abdominal fluid for analysis and cytology is recommended along with infectious disease testing, particularly FIP.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status. If cardiomegaly is present, an echocardiogram may be warranted.
- Given the mildly elevated liver enzymes, consider hepatic tissue sampling (i.e., fine-needle aspirate or biopsy) if clotting status is appropriate.



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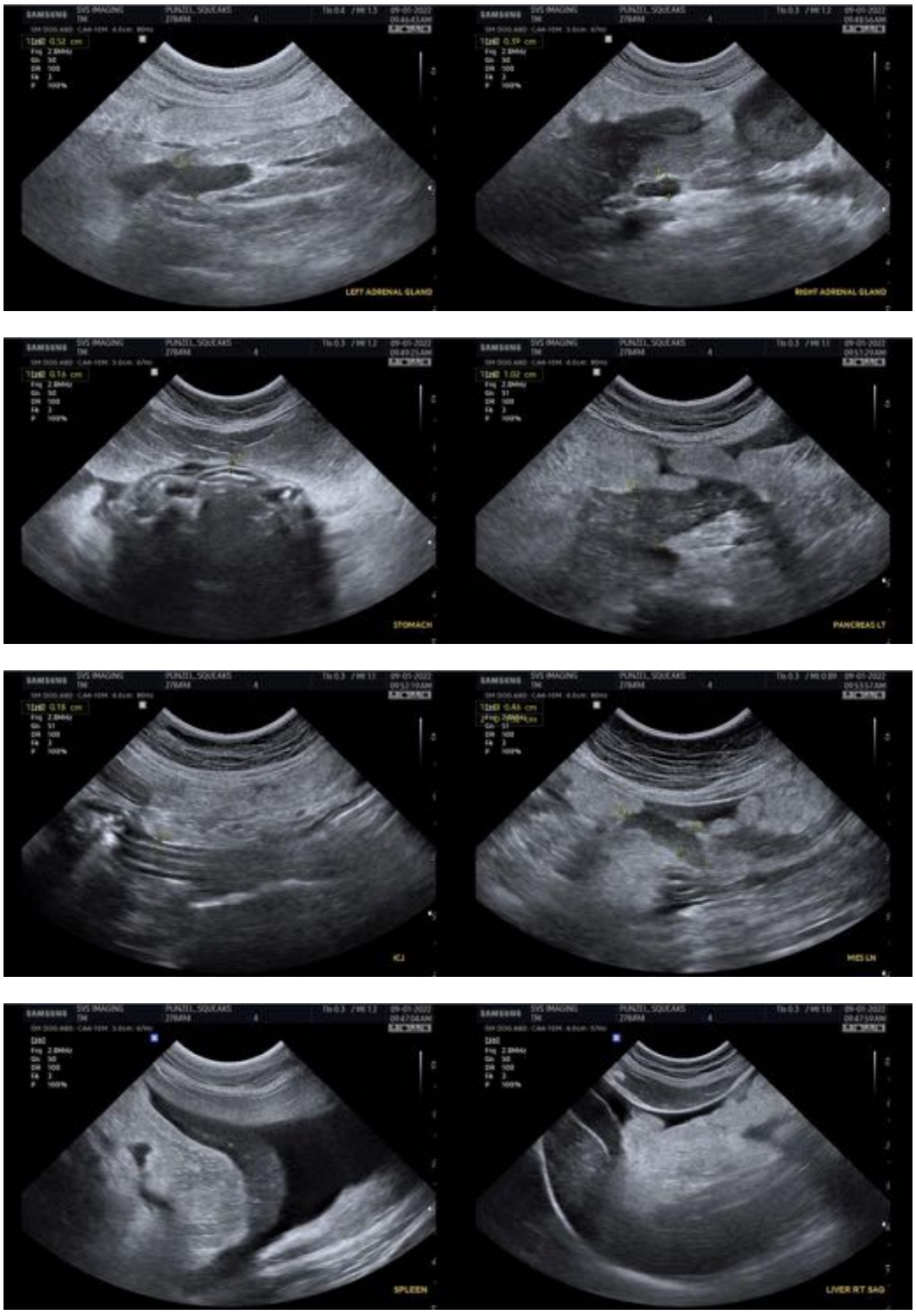
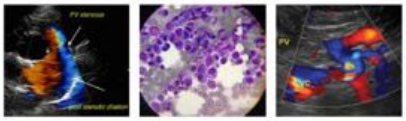


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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