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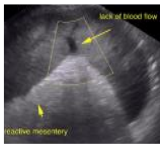
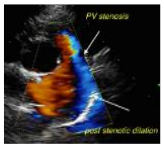
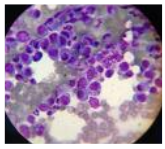
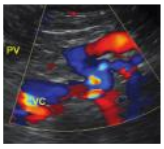

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1-800-838-4268 info@sonopath.com

PATIENT
Nala Kudla

SPECIES
Feline

BREED
Bengal

SEX
Female spayed

AGE
1 Year 11 Months

WEIGHT
6.6 lbs.

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Summit Dog and Cat Hospital

REFERRING VET
Dr. Volger

INVOICE
13368

DATE
9/29/21

PRESENTING CLINICAL SIGNS

History: Not eating, weight-loss, Suspect FIP

Abnormal PE/Chem/CBC/UA Results: Abs neut 15980, WBC 18.8 10^3, lymphs 11%, Neut 85%, TP 11.4, Glob 8.7, A/G ratio 0.3 UA: Protein +1

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 with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The left kidney is normal size (4.05 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. 1-2 small foci mineralizations are observed. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.36 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 size (0.71 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.00 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.93 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 gallbladder is not definitively visualized. The portal vein to vena cava ratio is approximately 1:1.

Gastrointestinal

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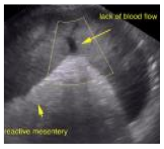
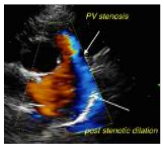
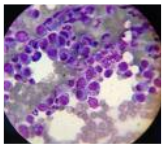
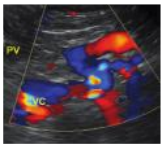

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The 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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours, particularly in the region of the left limb. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated, measuring 0.21 cm in diameter. Surrounding mesentery is hyperechoic.

Free Abdomen

The mesentery in the cranial to mid abdomen is hyperechoic. Trace free fluid is observed. There is no evidence of inflammation or effusion. Several prominent cranial to mid abdominal lymph nodes are visualized, the largest measuring 1.37 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Moderate to severe pancreatitis with regional peritonitis
- The abdominal lymphadenopathy likely represents reactive change with a lower possibility of lymphadenitis or infiltrative neoplasia
- Given the severely elevated globulin level, concurrent FIP cannot be excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 3 view thoracic radiographs are recommended to assess cardiopulmonary status.
- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.
- Serial sonographic monitoring of the pancreas (i.e., every 24-48 hours) is recommended to assess for progression, particularly in regard to the development of abscesses (which can occur in moderate to severe cases).
- Also consider toxoplasmosis testing (i.e., IgM and IgG).
- Consider further testing for FIP, although the sensitivity of the availability tests tend to be fairly low.

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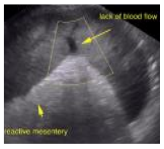
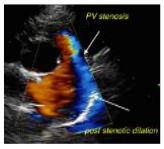
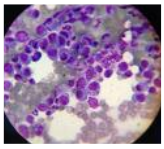
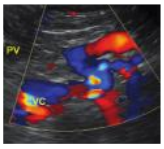

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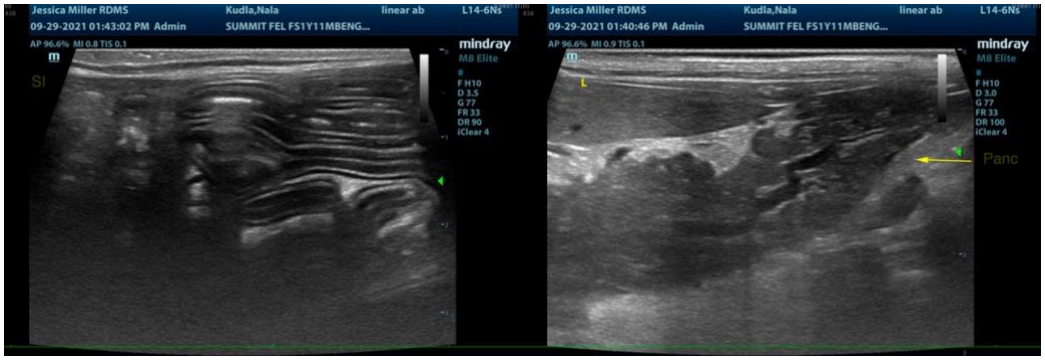

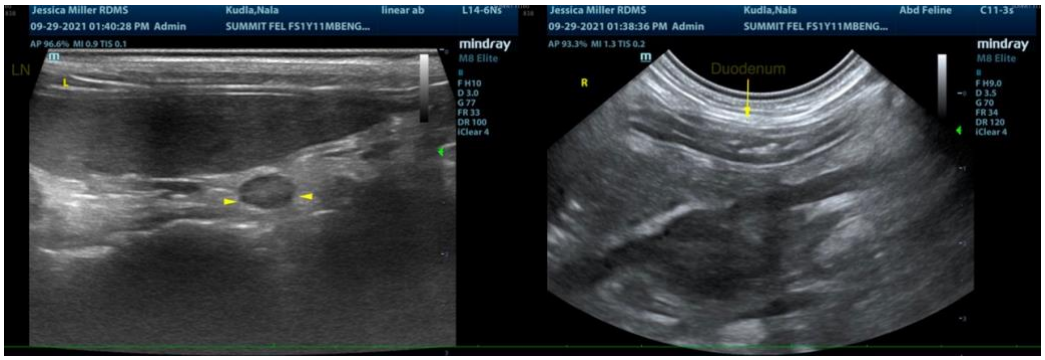

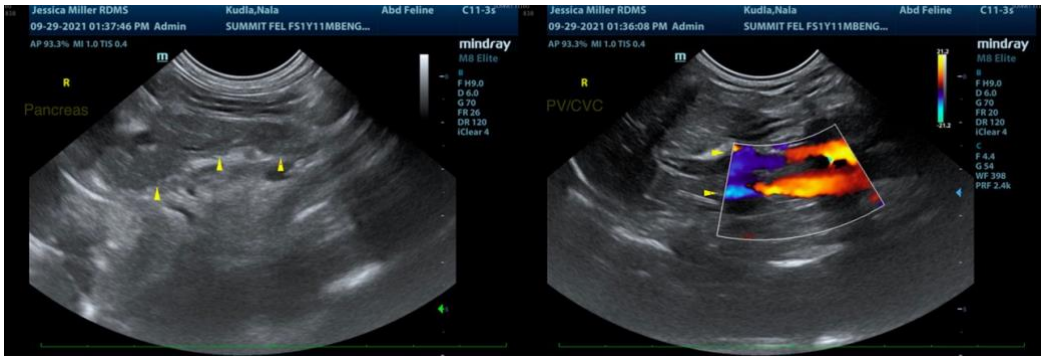

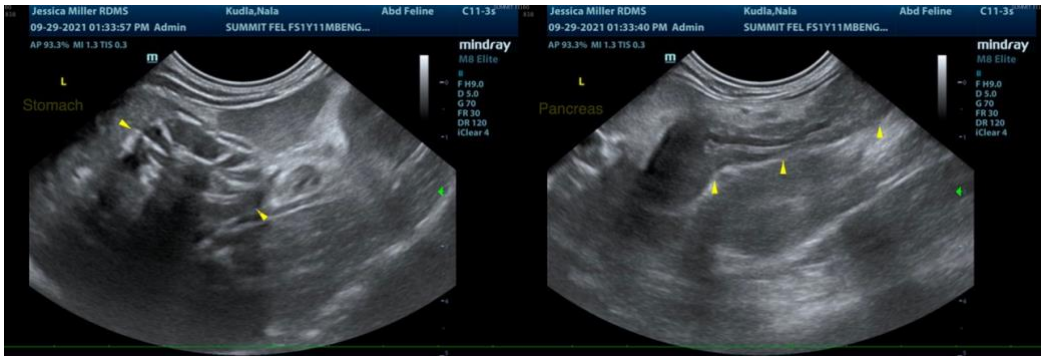

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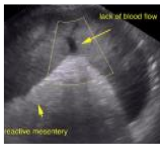
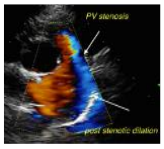
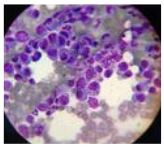
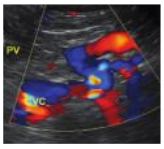

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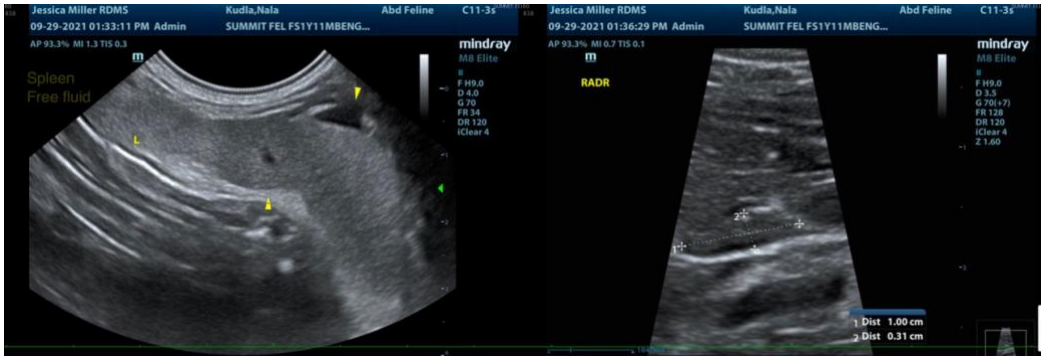

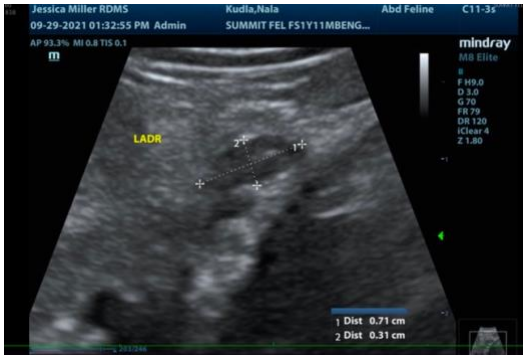

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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