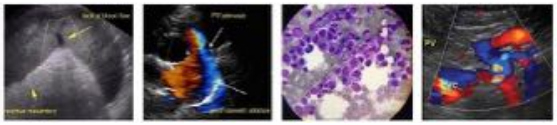


PATIENT

Pipi Desjardins

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

19 Yrs.

WEIGHT

4.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Morris

INVOICE

12797

DATE

1/5/2022

PRESENTING CLINICAL SIGNS

History: -Presented for exam December 16/21 for distended abdomen: Heart murmur III/VI (previously diagnosed), M2 distended cranial abdomen (non painful, no fluid wave, no obvious masses). Good appetite noted at that time. Mobility OK. O declined radiographs at that time but sent Wellness 2 to Idexx. -Returned for recheck/radiographs December 21/21 as O noted abdomen has become more distended and not eating as well. M3 pleural fluid noted. Sedated and abdominocentesis performed. FIP was discussed with O and opted to send abdominal fluid for FIP MRNA testing (testing never completed due to lab error). Also sent FeLV/FIV test which were both negative. -December 23/21: Started on Prednisolone after discussion with O while awaiting results. -January 4/22 returned for recheck as abdomen has refilled: O notes doing "okay", appetite decreasing slowly. Weight has gone from 5.0kg Dec. 21 to 4.5kg today (large amount of fluid previously drained). Recheck radiograph perform, fluid still present but not as much as previously. Disc'd abdominocentesis vs. ultrasound (after finding out FIP test was not completed by lab). currently on Prednisolone 5mg - 1/2 tablet BID

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 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 cm, are normal.

The left kidney is normal in size (3.31 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 in size (0.35 cm length; 0.18 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

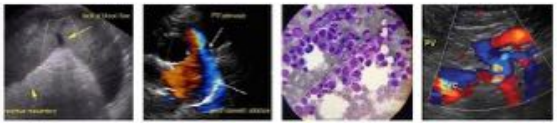
The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is subjectively normal in size (0.77 cm in width at the level of the hilus) with slight scalloping of the medial contour. The parenchyma is subtly heterogeneous. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with rounded to irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. A 3.8 cm irregular heterogeneous cystic mass is observed deep mid to right liver, adjacent to the diaphragm. The remaining hepatic parenchyma is slightly heterogeneous in appearance with a few small ill-defined hyperechoic to heterogeneous nodules. In addition, a few small ill-defined cystic areas are seen on the left side. Vascular and biliary



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tracts are of normal volume with no evidence of congestion. The gall bladder is not definitively visualized. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach is not visualized in its entirety due to the adhered omentum. The gastric lumen is not distended. 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. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the large amount of ascites. In the visualized portions, no obvious pathology is seen.

Free Abdomen

A large amount of anechoic free fluid is observed. Some fibrin strands are seen within the abdominal fluid. The omentum in the cranial to mid abdomen is hyperechoic and nodular with a clumped appearance. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

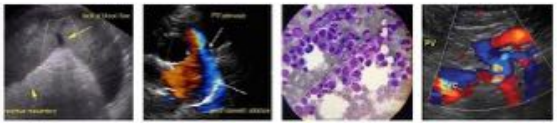
- The omental changes could be consistent with carcinomatosis or reactive/inflammatory mesentery.
- The diffuse ascites may be secondary to neoplasia (i.e., carcinomatosis), FIP, congestive heart failure, other.
- The hepatic mass is most consistent with a biliary cystadenoma or cystadenocarcinoma. The diffuse hepatic parenchymal changes are non-specific and could be secondary to inflammatory disease, hepatic lipidosis, infiltrative neoplasia, other hepatopathy.

Secondary Findings:

- Bilateral, age-related renal changes with left dystrophic mineralization.
- The splenic parenchymal changes are most consistent with a benign pathology (i.e., lymphoid hyperplasia or extramedullary hematopoiesis).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the abdominal fluid for analysis and cytology is recommended, if not already performed.
- Also consider FIP testing.
- A fine needle aspirate of the clumped omentum can also be considered to assess for carcinomatosis. If cytologic evaluation is inconclusive, surgical omental biopsy may be necessary to get a definitive diagnosis.



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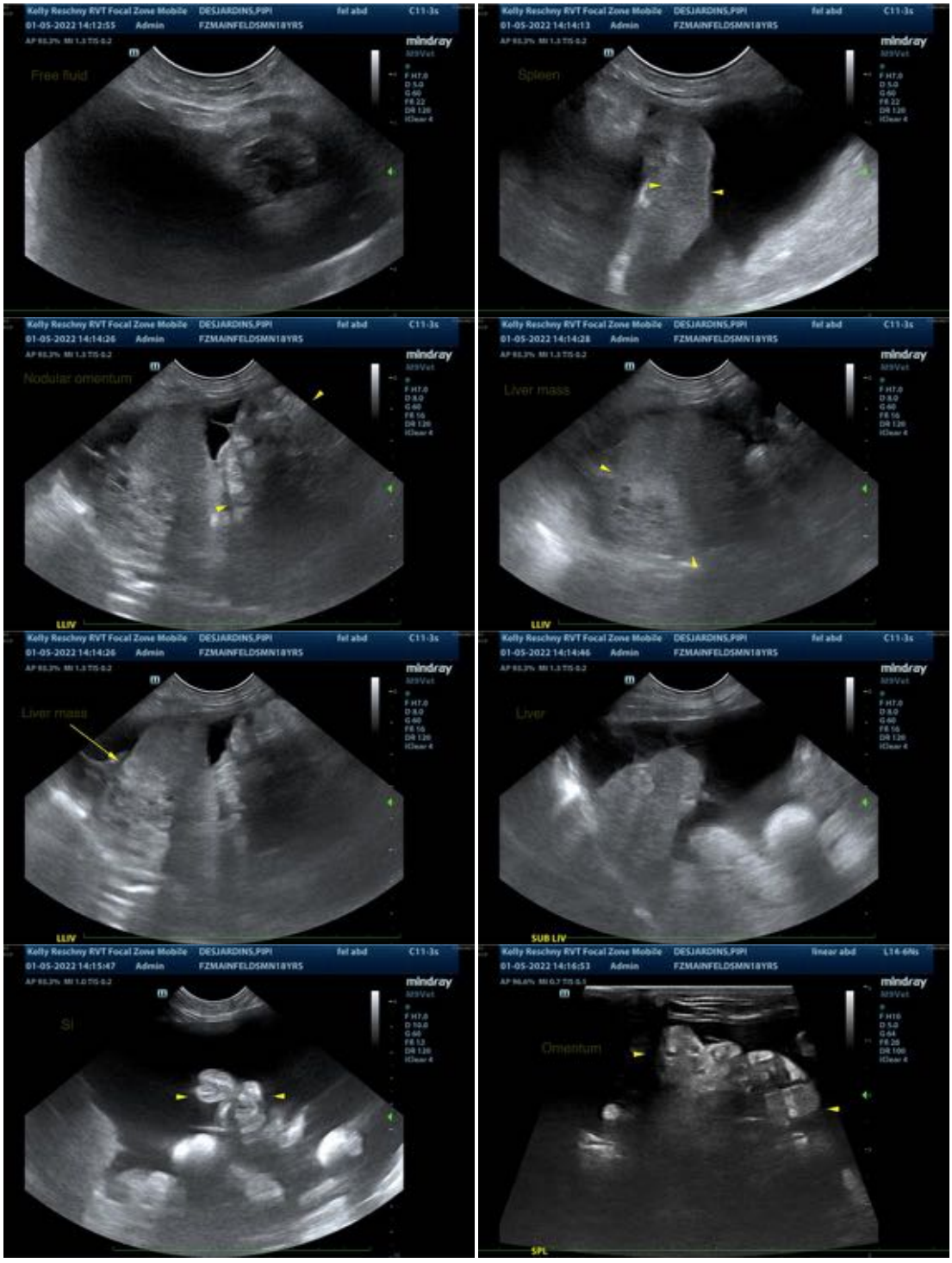
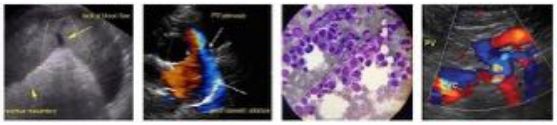
- An echocardiogram is recommended, particularly if congestive heart failure is considered a likely cause for the ascites.



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



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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