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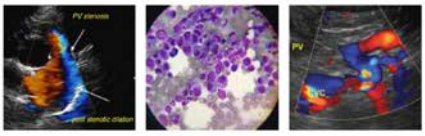

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Frigga Kirby

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

1 Year

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

42135

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10/18/22

PRESENTING CLINICAL SIGNS

Current Medications: oral version of GS-441 for FIP- currently nearing end of 84d treatment period (2 weeks left), was previously doing the injections Received maropitant injection 10/17/22 (yesterday) Patient History: History of weight loss, ADR, lethargy starting 3 months ago. Compare to prior scan done through SVS 7/20/22. P has been improving a lot over this past month with wt gain noted (most P has ever weighed) and had been more energetic, eating well until today. P was not interested in her food today and hiding more and O is concerned for recurrence of other issues. History of elevated globulins (now normal) and ascites on scan at referral ER 8/11/22 -straw colored fluid obtained, P dx with FIP. O started GS441 treatments at home and P has been improving. P tested neg for FeLV, has hx of mild increase in Toxoplasmosis IGM titers, but no change when repeated 3 weeks later and course of clindamycin. P no longer on clindamycin. Maldigestion panel done August 2022- normal cobalamin, low folate, mildly elevated PLI, normal TLI

Abnormal PE/Chem/CBC/UA Results: Exam performed 10/17/22- hiding/shy for exam today. Good color, well hydrated today. Body condition looks good today (most patient has ever weighed- double in size compared to 2 months ago). Want to monitor for any further ascites, has been on GS441 for over 2 months now. Nonpainful on abdominal palpation, does not appear overly nauseous during exam. Does not have large, distended abdomen, but can not rule out presence of abdominal effusion. Did eat Churu during exam/blood draw. See recent bloodwork- new changes of note are neutrophilia now present, mild hyperphosphatemia, mild hypocalcemia, mild elevated amylase. IH CBC showed thrombocytopenia, but blood smear confirmed adequte platelets, some large platelets present. TP/globulins have normalized over the past month and maintained.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.76 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.76 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.36 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.25 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than

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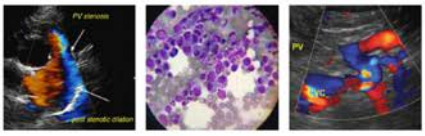

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normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

Mild mesenteric lymphadenopathy is present.

ULTRASONOGRAPHIC FINDINGS

- Acute on chronic smoldering pancreatitis
- **Hyperechoic hepatomegaly** – This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

**The pathology in today's study is markedly improved from the original study several months ago prior to initiating therapy for FIP, most notable in the improved lymphadenopathy and improved kidney appearance.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended.

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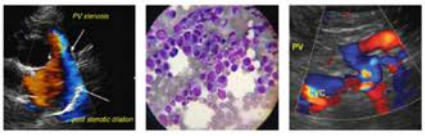

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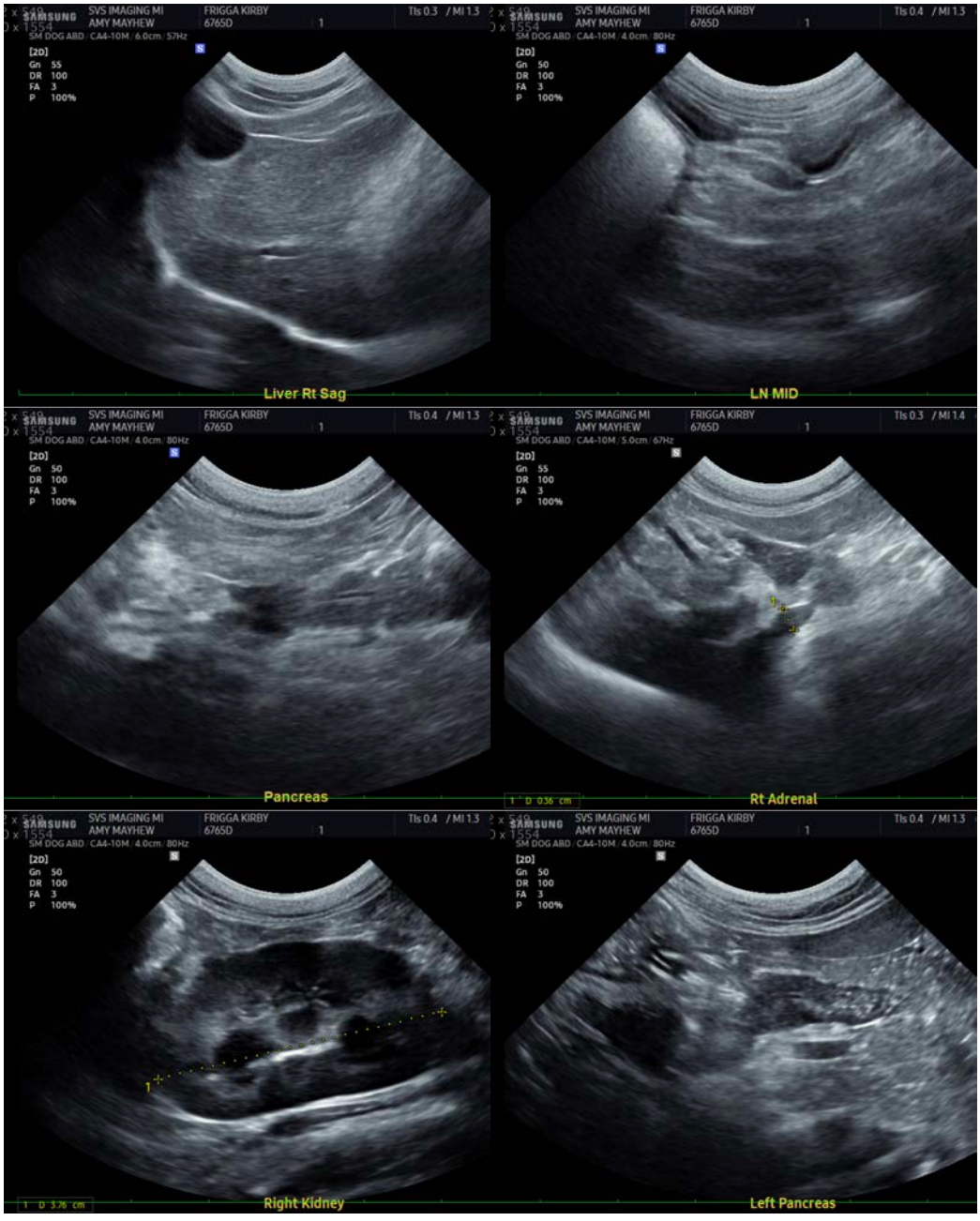

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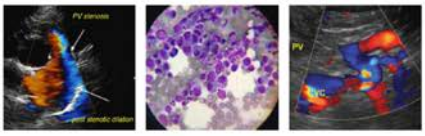

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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