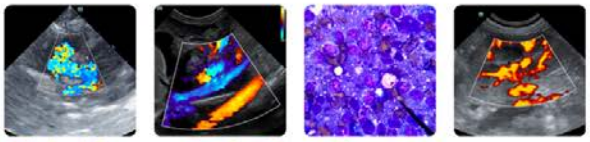


PATIENT

Bella Laabs

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

8 Years

WEIGHT

11.9 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Stephen Romero, DVM

INVOICE

74194

DATE

4/2/26

PRESENTING CLINICAL SIGNS

3-4 day history of reduced appetite, lethargy, and not defecating.Mar 31st pet presented to ER noted tachycardia 260bpm , bicavitary effusion, and abdominal discomfort on palpation. Rivalta test suspicious of FIP. Radiographs show bicavitary effusion with bilateral pleural effusion and peritoneal effusion but no overt mass effects. 810 mL of straw colored fluid removed via abdominocentesis at ER. Ddx: neoplasia, CHF, FIP, other.Neutrophilia (13k), Low BUN (13), Cl (106), and Na (141). April 1st pet presented to primary care vet. Abdominal effusion sample reviewed at primary care - protein was 3.2gm/dL and not very cellular. Effusion a/g ratio was 0.8. Recheck chem shows 0.7 Creat, 12 BUN, 3.9 TP, 1.8 Alb, 2.2 Glob, <10 ALT. Performed bicavitary scan to look for evidence of CHF or neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 3.29 cm. Right kidney measured 4.34 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.50 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.56 cm at cranial pole and 0.36 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

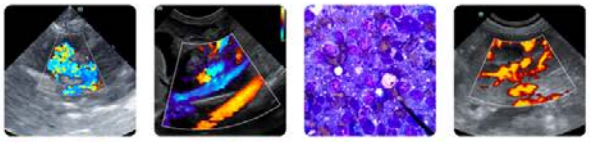
Spleen

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

The liver is normal to subjectively small in size with slightly undulating or scalloped capsular contour or margins. Parenchyma is diffusely heterogeneous with increased portal markings and coarse architecture. At least one approximately 1.5 cm nodule/mass with a similar parenchymal appearance but discrete rounded appearance is noted in the caudal liver. 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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with 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. 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 pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

No definitively visible lymphadenopathy is noted in these images. However, there is a very large amount of very echogenic free fluid throughout the images as well as subjectively diffusely “clumped”/almost nodular appearing mesentery and omentum.

PRIMARY FINDINGS

- The very large amount of very echogenic appearing free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

- The “clumped” almost nodular appearing mesentery could be secondary to the free fluid or could be part of the pathologic process and is somewhat concerning for a possible carcinomatosis or aggressive diffuse reactive infectious disease, especially given the concurrent liver appearance. Differentials for the liver include infiltrative neoplastic disease including primary hepatic neoplasia, round cell neoplasia, other. Having said that, a benign inflammatory process or other benign change such as feline biliary cystadenomas, etc. can’t be ruled out without tissue sampling.

SECONDARY FINDINGS

- Age related kidney changes and a mild to moderate amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already in place, cardiac evaluation beginning with an echocardiogram is recommended.

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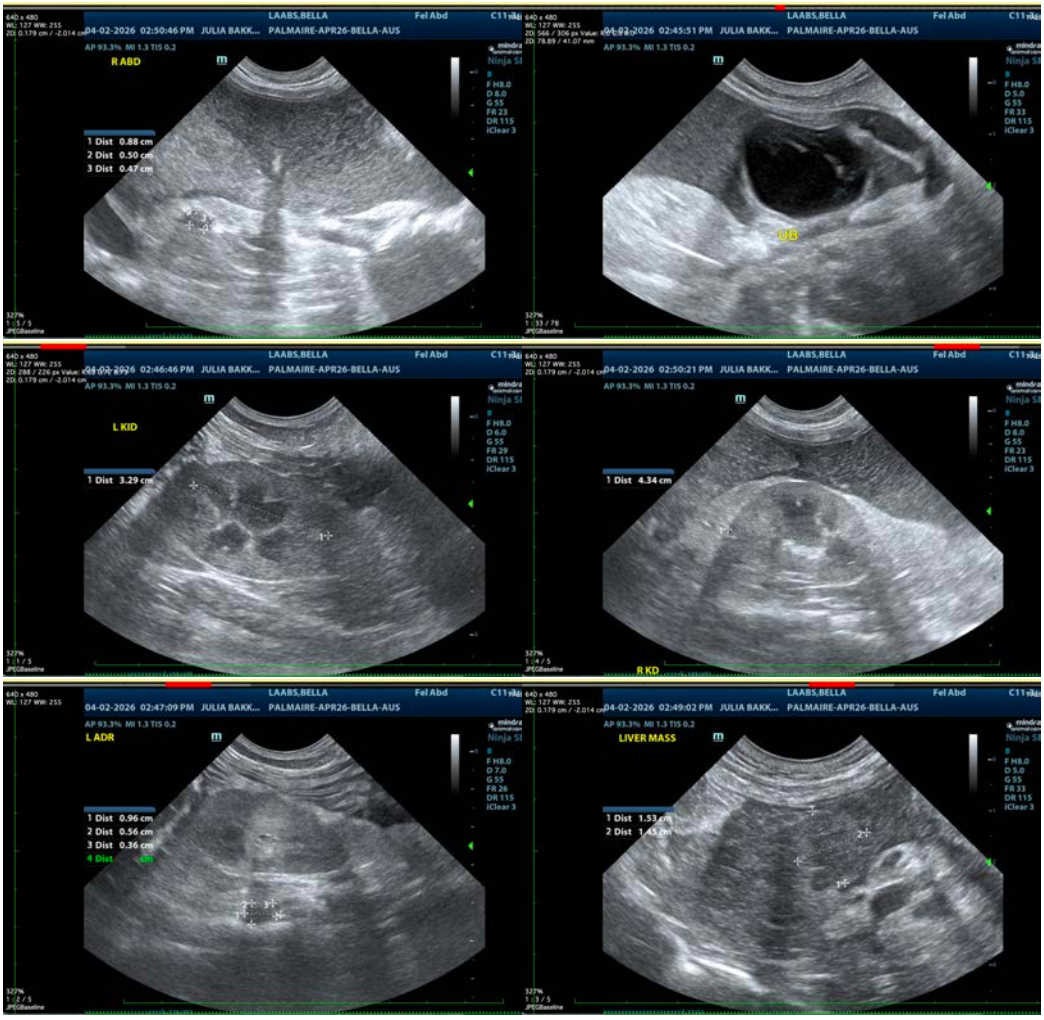
If patient's coagulation status is appropriate, recommend rechecking the free abdominal fluid given the reported low cellularity. Given the very echogenic appearance of the fluid in these images combined with the historical protein level, recheck analysis and cytology is recommended.

If a cytologic diagnosis is unable to be obtained from the fluid, then sampling the liver directly and/or even the "clumped" omentum/mesentery could be considered if patient's coagulation status is appropriate.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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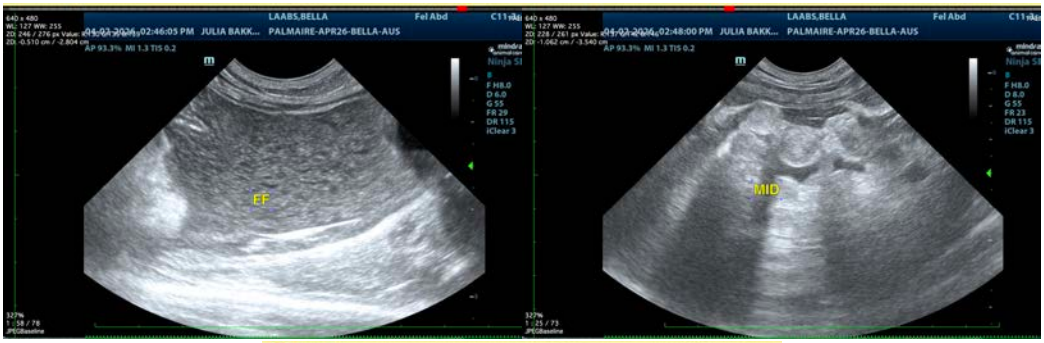

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com