



PATIENT

Zimar McAbee

SPECIES

Feline

BREED

Bengal

SEX

Male

AGE

1 Year

WEIGHT

3.7 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr Laura de Cordon

INVOICE

17027

DATE

8/24/22

PRESENTING CLINICAL SIGNS

History: Pt last normal 8/18, inappetent, lethargic, ADR. Upon presentation 8/23 pt Febrile, icterus, anemia--highly suspect FIP.

Abnormal PE/Chem/CBC/UA Results: 8/23/22: FIV/FELV: Neg Coags: PT 21.7 (13-20) APTT 159 (6.5-500) PCV 30/ TS 10 Saline agglutination negative for micro and macro, Renomegaly noted via AXR 8/24/22: PCV 22/ TS 9.8 Manual PLT: avg per oil field: 7.4 platelets. Noted varying sizes of platelets in each field. Estimate: 111,000-148,000; overall assessment- decreased Slide review of CBC: rouleaux formation noted, overall marked decrease in PLT CBC--NEUT (14.8), HCT (19), PLT (87) Chem/lyte--Ca (8.2), TP (8.3), ALB (2.1), GLOB (6.2)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Kidneys are large in size (left measures 5.06 cm, right measures 5.7 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. 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

Left adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.36 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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 normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas 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 appreciable free fluid in the abdomen. Mesenteric lymphadenopathy is present.

ULTRASONOGRAPHIC FINDINGS

- Feline renomegaly – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out but is less common in an enlarged kidney.
- Mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The number one differential, given this patients signalment, combined renomegaly and lymphadenopathy, combined with the highly suggestive albumin to globulin ratio, is FIP. Definitive diagnosis of FIP, especially non-effusive FIP, is difficult, but PCR testing could be considered. Otherwise, supportive/symptomatic medical management of clinical signs is recommended, and several experimental therapies exist for FIP and if interested, consultation with an internist or infectious disease specialist may be beneficial.





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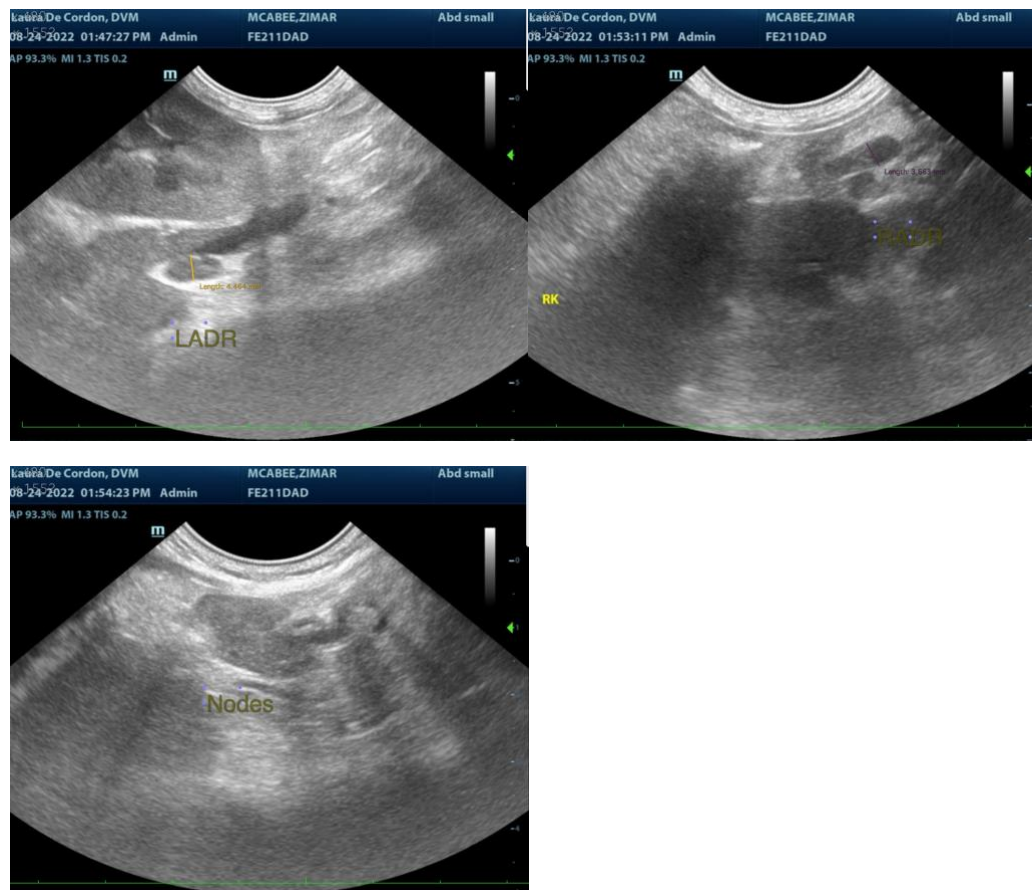
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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