

**PATIENT PRESENTING CLINICAL SIGNS**

Syanna Rozenfeld

Persistent fever, depressed, hyperglobulinemia, anemia, has been seen a few times and continues to eat little and seems lethargic. Sleeps a lot for a kitten, not moving much. Started antibiotics and owner says that they can get them into her. Seems to grind her teeth even when eating canned food. No V/D. Other kitten from different breeder seems fine. PE - mild dehydration, T 40.2, Start Doxy and NSAID for fever. Has also been given Hydracare.

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Intact Female

**AGE**

5 Months

**WEIGHT**

1.88 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Buck Animal Hospital

**REFERRING VET**

Dr. LAG

**INVOICE**

44914

**DATE**

8/24/23

**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 (3.35 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 (3.04 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 areas of both adrenal glands are examined without evident adrenal gland pathology.

**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.

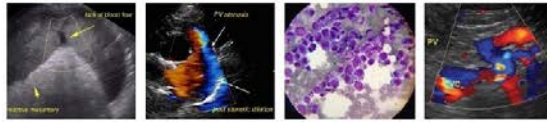
**Liver**

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 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.

**SPECIES**

Feline

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

**BREED**

***Pancreas***

Ragdoll

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation. \*See other.

**SEX**

Intact Female

***Other***

**AGE**

5 Months

There is a large amount of echogenic appearing free fluid throughout these images as well as brightly enhanced hyperechoic mesenteric fat. The pancreas subjectively looks mildly hypoechoic due to the marked degree of hyperechoic fat surrounding it, but the pancreatic parenchyma itself appears normal.

**WEIGHT**

1.88 kg

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

- Large amount of echogenic appearing free fluid and hyperechoic clumped, almost nodular appearing mesentery is concerning for a neoplastic or aggressive infectious process. Given this patient's reported hyperglobulinemia, differentials such as lymphoma, FIP versus other have to be considered. Pancreatitis could be contributing but is believed to be a very mild contributing factor, if any.

**IMAGING PERFORMED BY**

Crystal Hill

- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Reactive mesenteric lymph nodes – This finding could be a normal age variant. Infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Fluid sampling for cytology as well as a fine needle aspirate of the liver could be considered for cytology if patient's coagulation status is appropriate.

Pending cytology results, submission of samples to Auburn for FIP PCR could also be considered.

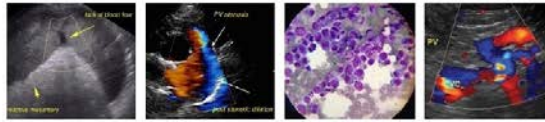
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In the meantime, as is reportedly already in place, supportive/symptomatic therapy is recommended.

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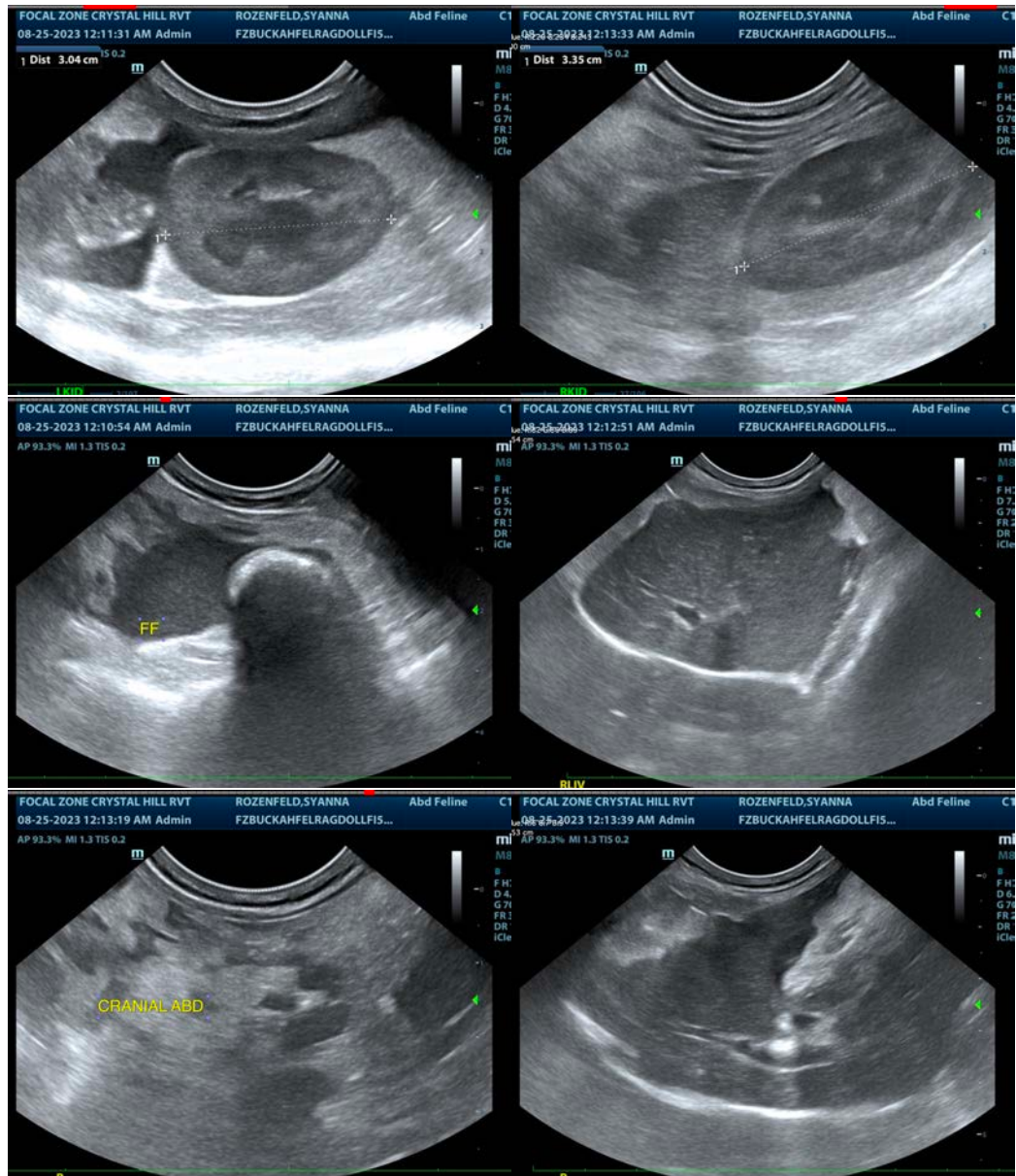
Dr. LAG

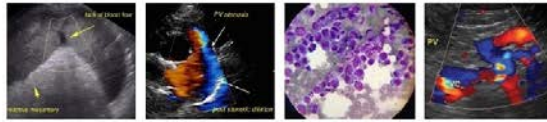
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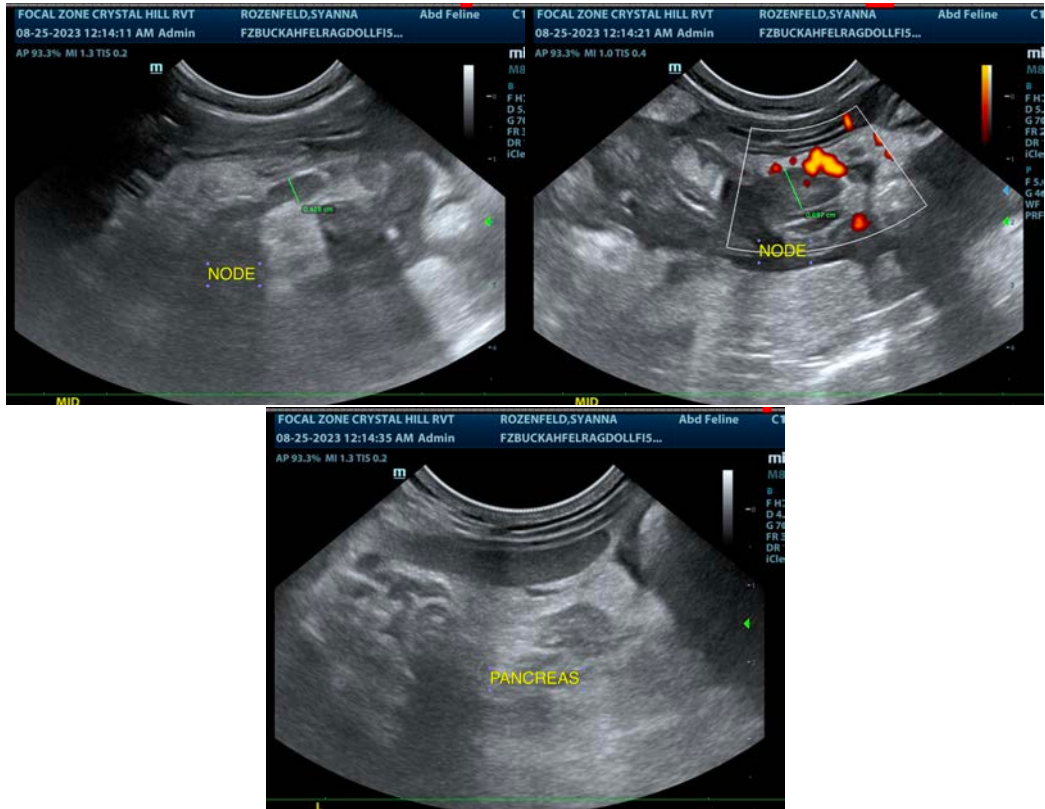
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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