

**DATE**

9/13/22

**PRESENTING CLINICAL SIGNS****PATIENT**

Malcolm Going

History: Malcolm was presented on 9/3/2022 for severe abdominal distension. The distension was first noted about 2-3 months ago and has progressively gotten larger. Malcolm has normal thirst, hunger and bathroom habits. No coughing, wheezing, vomiting or diarrhea at home. A Capstar and Advantage were administered on 9/8/2022. On physical examination Malcolm was quiet alert and responsive. He was covered in flea dirt, tachycardic and had severe abdominal distension. Abdominocentesis revealed translucent clear to very slightly pale yellow peritoneal fluid. 450mL of fluid was obtained which was about half of the total volume of fluid seen sonographically.

**SPECIES**

Feline

Current Medications: None listed.

**BREED**

DSH

Lab Results: 9/3/2022: AFAST Fluid Score: 4/4. Superchem/CBC/T4/UA – pending. Fluid Analysis w/ Cytology – pending. FIP Virus Real PCR Test – pending.

**SEX**

Intact Male

Date of Previous IntraPet Ultrasound: 10/11/19. See attached.  
Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Offered and Approved.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**AGE**

6/10/17

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****WEIGHT**

15.6 Pounds

**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 cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM

Left kidney is normal is size (4.39 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.

**HOSPITAL NAME**

Bel Air VH

Right kidney is normal is size (4.57 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.

**REFERRING VET**

Dr. Young

**Adrenal Glands**

The adrenal glands are unable to be well visualized.

**INVOICE**

17281

**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.

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 a very very large amount of anechoic appearing free fluid, the presence of which distort some of the normal anatomy, making full visualization of some organ, such as the adrenal glands, difficult. No appreciable lymphadenopathy is noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

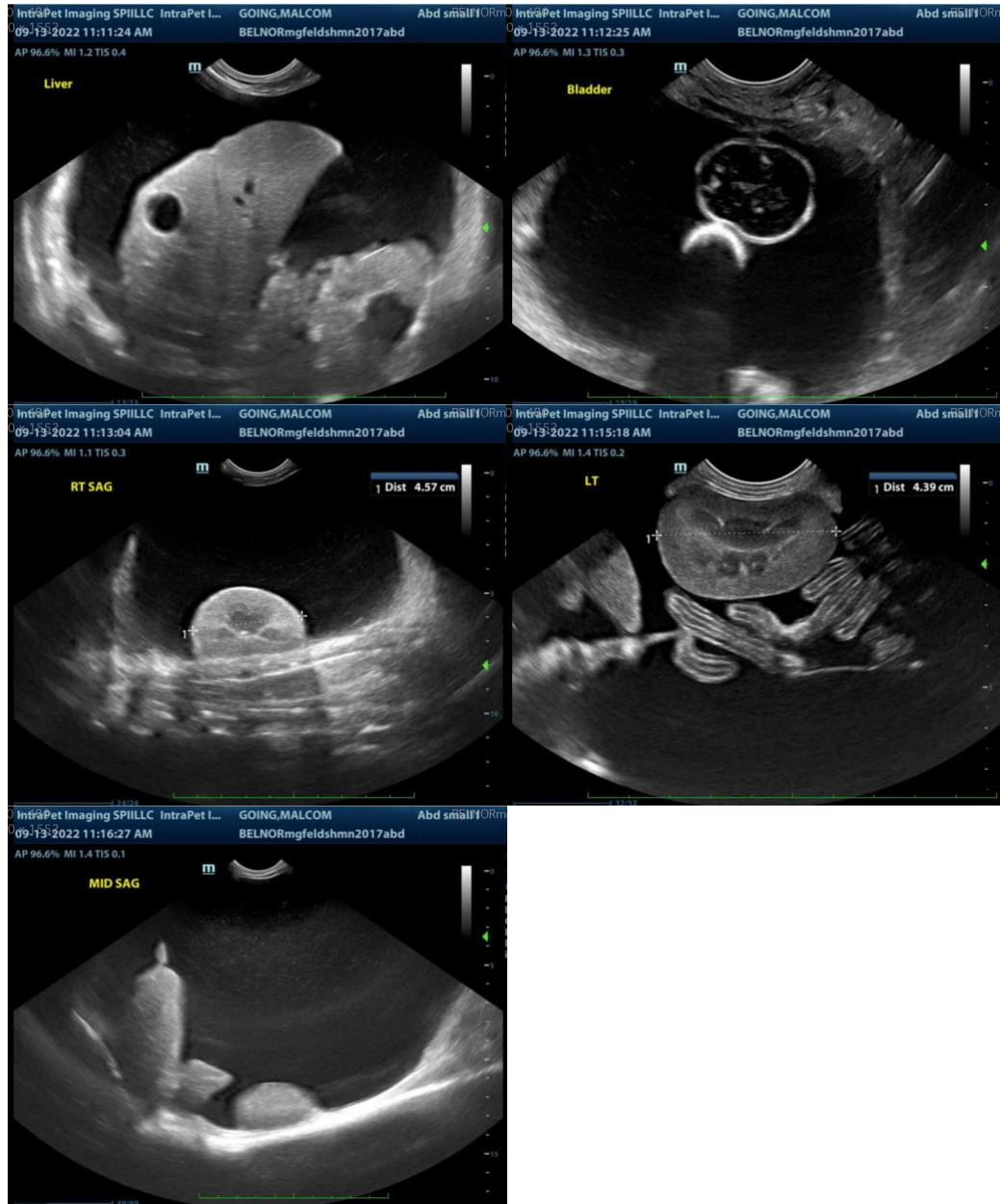
- Urinary bladder debris
- A large amount of anechoic free fluid without an obvious abdominal ultrasonographic cause for the free fluid noted.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Thoracic imaging and an echocardiogram are recommended to rule out a cardiac cause for the free fluid.

If this cannot be traced to cardiac disease, then fluid analysis, as is already pending, is recommended.

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.



**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**

Beth.Johnson@SonoPath.com