



## PATIENT

Nymeria Wallace

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

5.8 kg

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

73397

## DATE

3/4/26

## PRESENTING CLINICAL SIGNS

Few weeks ago p was vomiting food (~2x/wk) but has not done for 1-2 wks. Monday AM p was ataxic/wobbly at 4 am for approx 2 hrs then seemed ok. Today lethargic, not eating, unsure if using litter box. No weight loss, no sig medical hx. Goes to college w/ daughter but has been home for past 2 wk. Gallop rhythm, sl insp wheeze, inc BV sounds, abd sl distended and sl tense, doughy with palpable fluid wave - congealed/adhered intestines, mm lt pk/sl tacky, 2-3s

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 29.2 (L), RDW 27.4 (H), WBC 31.44 (H), Neut 27.25 (H), Mono 0.97 (H), Eos 0.02 (L), Plt 146 (L) CHEM: TP 9.1 (H), Glob 6.2 (H), A:G 0.5, CPL 0.9 (WNL) EPOC: Glu 140, Lact 4.57 proBNP: abN Radiographs: - There is peritoneal effusion. - There is suspicion for minimal pleural effusion with similar differential diagnosis. - Hepatomegaly - The possible splenic nodules are a non-specific finding. - The diffuse bronchial and interstitial patterns could be associated with chronic lower airway disease / asthma. - The nature of the more marked increased opacity in the perihilar region of the lungs is uncertain. Fluid Analysis: RBC 0.02, nCC 38.94, Gran 32.20, Agran 6.74 Imagyst Cytology Report: Consistent with suppurative inflammation (neutrophilic exudate)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney has normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 4.1 cm in length.

The right kidney has an irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Right kidney measures 4.1 cm in length.

### Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.25 cm in thickness. Right measures 0.44 cm in thickness.

### Spleen

The spleen is mildly enlarged and slightly hypoechoic with a undulating capsular margin. No specific nodules or masses are seen.

### Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.



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## *Gastrointestinal*

The stomach contains a small amount of ingesta. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

## *Pancreas*

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

## *Free Abdomen*

A perigastric lymph node is enlarged, measuring approximately 1.4 cm x 0.60 cm.

There is a moderate volume of free fluid present.

The mesentery/omentum is diffusely hyperechoic and thickened.

## ULTRASONOGRAPHIC FINDINGS

- Moderate volume abdominal effusion.
- Thickened and hyperechoic omentum/mesentery.
- Mild splenomegaly.
- Degenerative right renal changes.
- Perigastric lymphadenopathy - like secondary to suppurative abdominal effusion

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific cause of suppurative effusion was identified on abdominal ultrasound. Submission of the abdominal effusion for FIP mRNA testing is recommended. Abdominal CT could be considered to further visualize the abdomen in hopes of identifying a cause of suppurative inflammation. Depending on patient's stability, abdominal explore could be considered to evaluate for a cause, given the severity of inflammation apparent in the omentum and mesentery. A splenic aspirate should be considered with plan for cytology. Consider saving a sample to also submit for FIP mRNA testing if fluid is non-diagnostic.



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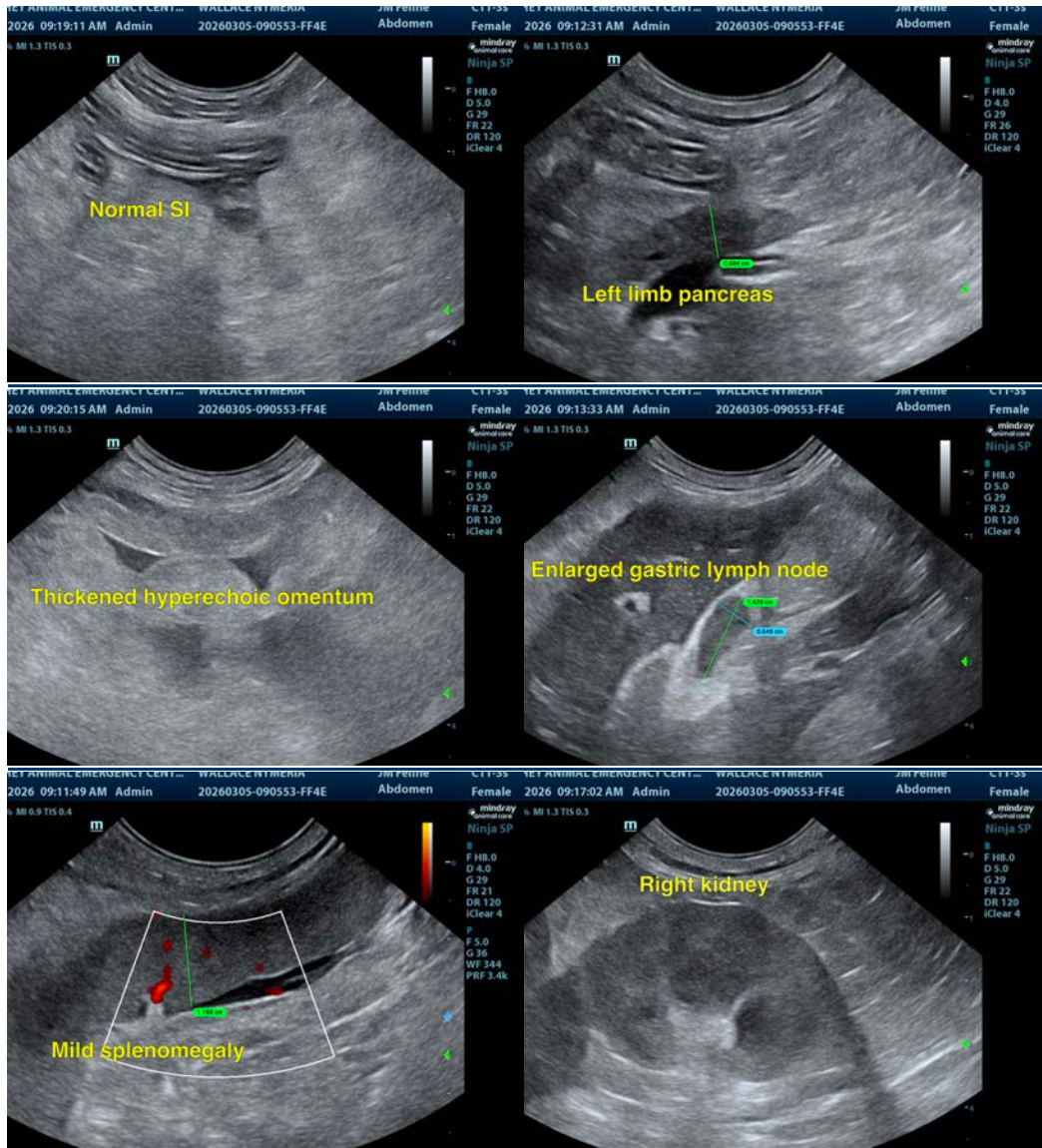
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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