

**DATE**

1/13/22

PRESENTING CLINICAL SIGNS

History: 1/11/22- o got pt as a kitten and indoor only always healthy, but past 2-3 days owner noticed anorexia, increased lethargy, and seems painful when picked up. PE-BAR w/ grade 2/5 murmur and possible distended abdominal fluid feel and pale-yellow MM's.

PATIENT

Comet Witham

Current Medications: Entyce-30mg/ml- 0.3ml SID

Buprenorphine-0.3mg/ml-0.25ml BID.

Lab Results: FeIV/FIV/HW- Neg x 3 . BW- >T.bili=4.3, >Glob's=5.9, >Amylase=2160, >PrecPSL=31, >CPK=5642.

SPECIES

Feline

Radiographs: chest-normal, abdomen- hazy appearance with loss of serosal detail as with free fluid- no fluid obtained on abdominocentesis.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Domestic Shorthair

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

8/23/20

The **kidneys** revealed mild hyperechoic medullary rim sign. The kidneys were slightly thickened with coarse cortices. The right kidney measured 4.56 cm. The left kidney measured 4.41 cm.

WEIGHT

8 lbs

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.42 cm. The left adrenal gland measured 0.46 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was enlarged with undulating contour and measured 1.2 cm in width with micronodular changes and enhanced surrounding mesentery.

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

Liver

The **liver** revealed coarse architecture with increased portal markings. Hepatomegaly was noted as well with an echogenic and dilated gallbladder. There was no evidence of passive congestion. Therefore the ascites is not owing to thoracic or right-sided failure.

INVOICE

95230

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Obscured mesenteric lymph nodes were noted and enveloped by the reactive hyperechoic mesentery.

Pancreas

The pancreas was irregular in contour with mild enlargement measuring 0.96 cm with slight pancreatic duct dilation.

Free Abdomen

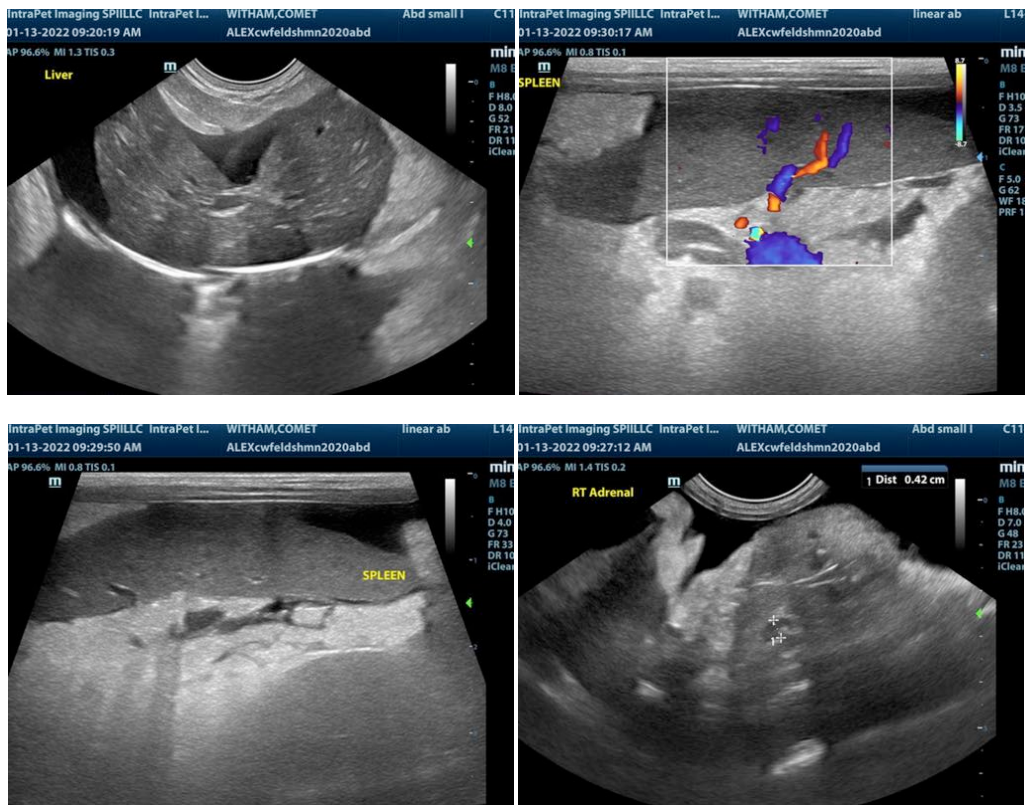
Free fluid was noted in the abdomen. Enhanced mesentery was noted throughout the midabdomen.

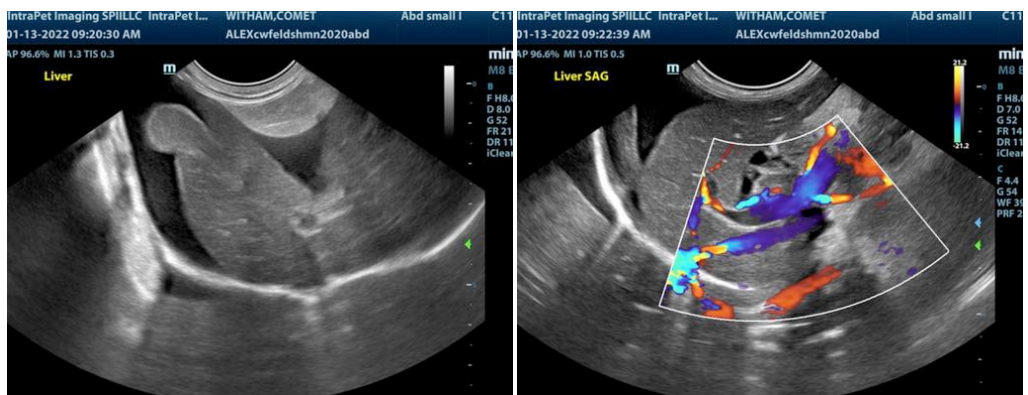
ULTRASONOGRAPHIC FINDINGS

Hyperechoic medullary rim sign renal pattern.
Enlarged spleen with micronodular changes and enhanced mesentery.
Hepatomegaly with increased portal markings.
Enlarged, irregular pancreas.
Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong suspicion for FIP in this patient. FNA of the spleen, liver, abdominocentesis and cytospin would all be indicated for further definition. Neoplasia such as carcinomatosis and lymphomatosis is possible; however, given the age of the patient FIP is a strong potential.





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.

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