

**DATE PRESENTING CLINICAL SIGNS**

4/18/23

Presents for not eating and not doing well with bicavitary mild effusion. 7/22 had leg removed for osteosarcoma.

Current Medications: None listed.

PATIENT

Roof Rawlor

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Siberian

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.

SEX

Spayed female

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.0 cm. The left kidney measured 4.0 cm.

AGE

5/8/12

Adrenal Glands**WEIGHT**

12 lbs

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. The spleen was heterogenous and volume contracted with slight irregularity. Hydration status should be assessed.

HOSPITAL NAMEHomeward Bound
Veterinary**Liver**

The **liver** was mildly heterogenous with hypoechoic nodular changes. Irregular contour was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Vance

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

INVOICE

43851

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

A mild amount of free fluid was noted. A 2.2 cm hypoechoic, undifferentiated nodular mass was noted in the midabdomen. This is likely consistent with an infiltrated lymph node. Heterogenous omental changes were noted throughout the mid cranial abdomen with secondary free fluid. The omentum was coalescing around the upper gastrointestinal tract and the pancreas. The pancreas may be the underlying primary cause.

Heart

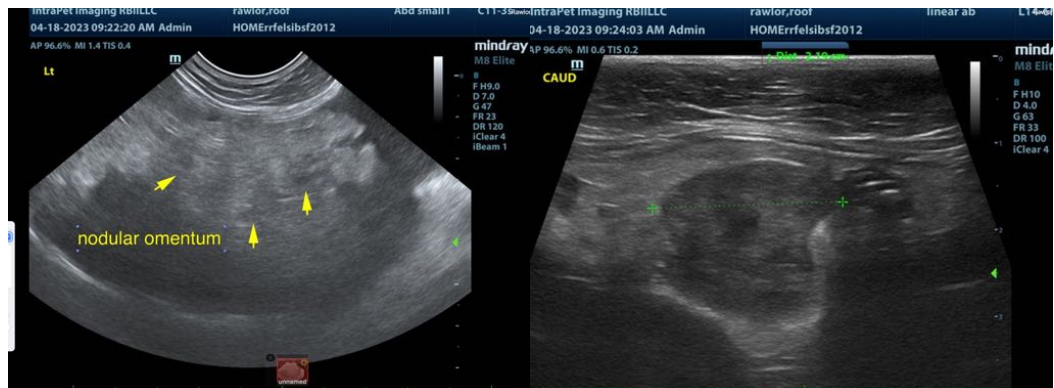
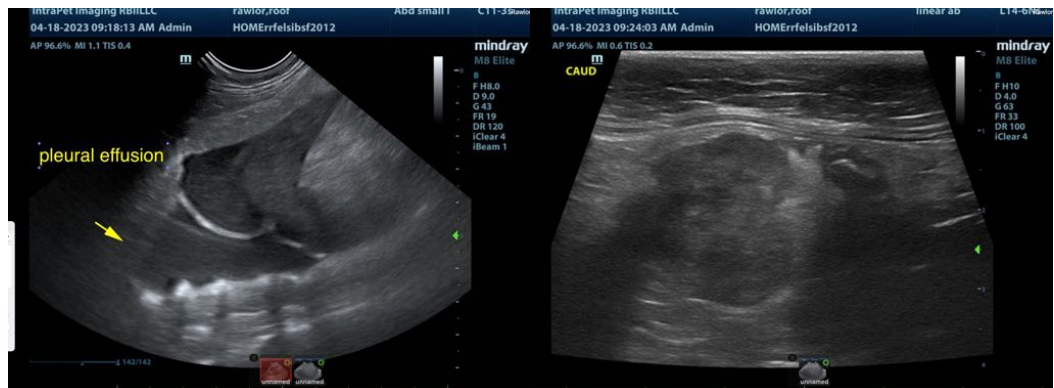
Rapid view of the heart revealed no evidence of pathology. Areas of lung consolidation were noted.

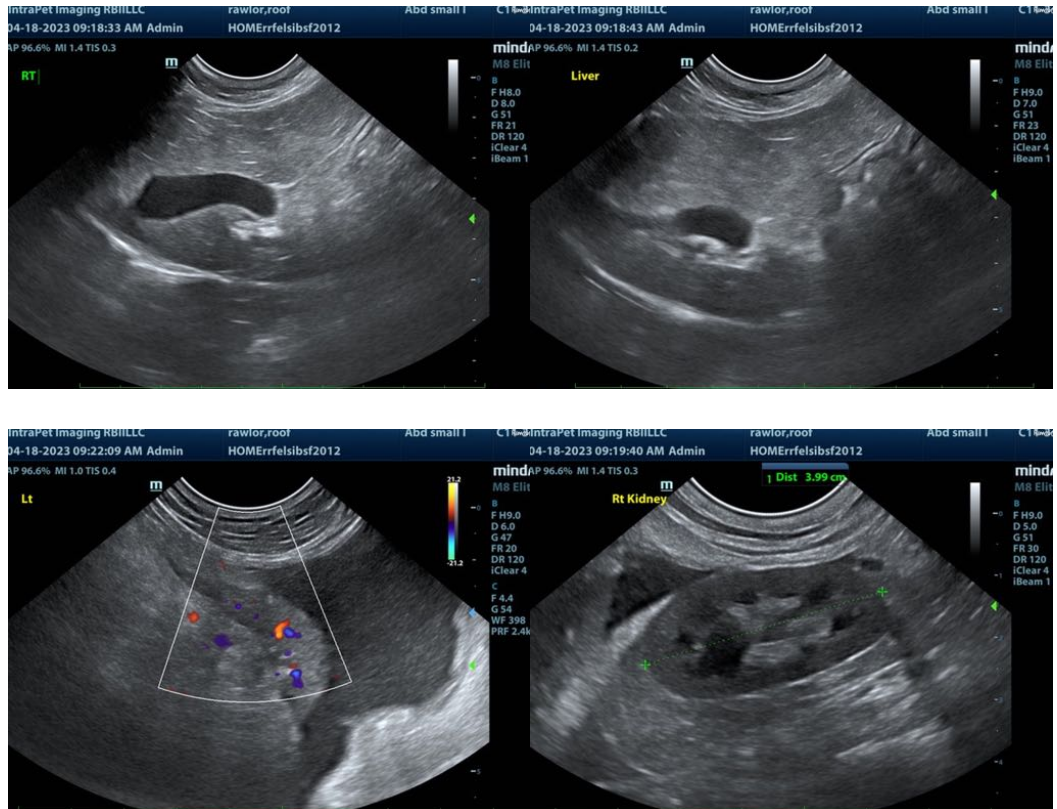
ULTRASONOGRAPHIC FINDINGS

Abdominal neoplasia, carcinomatosis, lymphomatosis, mastocytosis type presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FIP is a remote potential with pleural involvement. Dual cavity neoplasia is likely. The prognosis is poor. Cytospin of a free fluid sample and/or FNA of the mesenteric mass is recommended for a definitive diagnosis.





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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