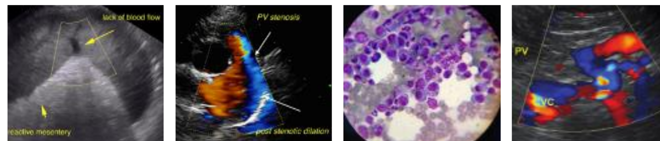

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Little Bit Everyhope-Roser

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Drummond

INVOICE

16151

DATE

6/18/22

PRESENTING CLINICAL SIGNS

History: (*Note: cytology on abd fluid cytospin prep is pending through Sonopath) Previously healthy indoor only cat presented on ER evening of 6/16 for complaint of acute onset repeated intractable vomiting and vocalizing.

Abnormal PE/Chem/CBC/UA Results: PE remarkable for fever 104.8 and profoundly painful abdomen (have started fentanyl CRI) Radiographs: Unremarkable thorax, free abd fluid Painful abdomen, fever 104; CBC: neutropenia (0.35K) Chems: -hypophosphatemia 2.0 -hypocalcemia 5.7 -ALT 377 -Lipase >6000

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** were swollen with ill-defined echogenic cortical changes with loss of corticomedullary definition. The left kidney measured 4.9 cm. The right kidney measured 4.76 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** was normal in size with scalloping contour, measuring 0.7 cm. Caudal folding of the spleen was noted.

Liver

The **liver** revealed slight coarse architecture and increased portal markings. Minor gallbladder wall thickening was noted.

Gastrointestinal

The **gastrointestinal** tract was unremarkable, per se, however, was enveloped by the pancreatic pathology.

Pancreas

The **pancreas** was unrecognizable, as undifferentiated hypoechoic neoplastic or granulomatous tissue was noted.

Free Abdomen

Reactive, ill-defined **omentum** was noted throughout the area of the left pancreatic limb and adhering to the spleen. Significant omental adhesions were noted around the upper gastrointestinal tract and pancreas.

Free fluid was noted in the abdomen with echogenic debris

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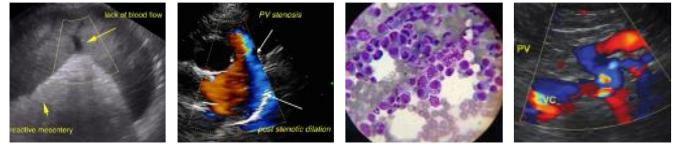

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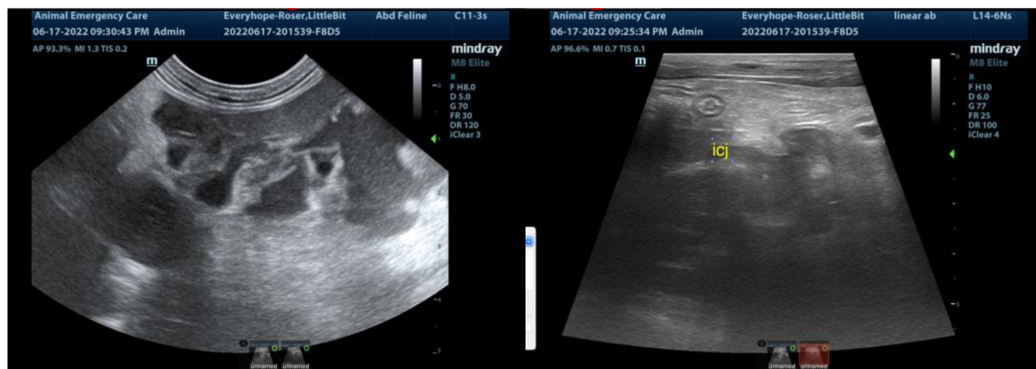
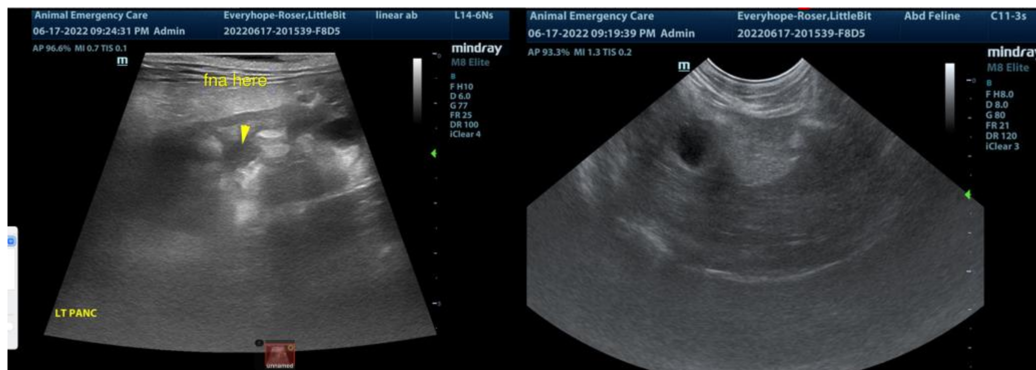
ULTRASONOGRAPHIC FINDINGS

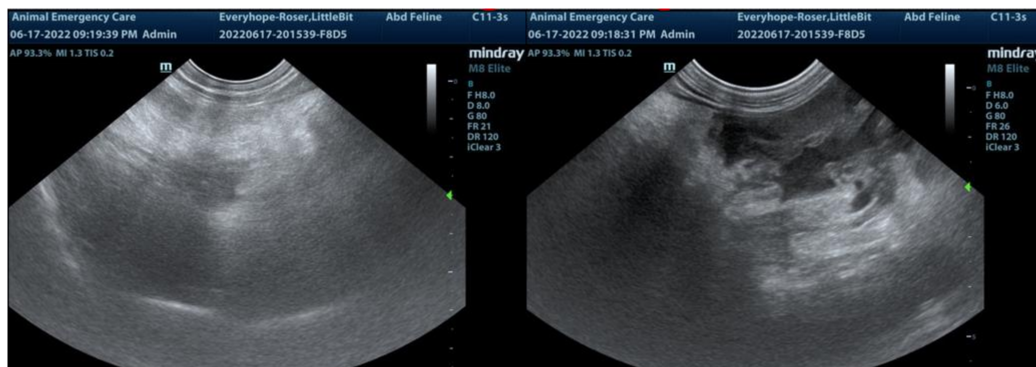
- Extensive pancreatic and omental pathology with secondary splenic involvement
- Renomegaly
- Free fluid in the abdomen with echogenic debris
- Diffuse intestinal thickening without neoplastic criteria
- Liver, slight coarse architecture and increased portal markings
- Gallbladder wall thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm strongly concerned for FIP in this patient or possible mastocytosis or similar neoplasia. Abdominocentesis of the free fluid with cytospin, as well as FNA of the hypoechoic areas in the area of the pancreas indicated. The prednisolone may be suppressing a more significant presentation. However, the cranial abdomen has significant pathology. Prognosis is very guarded to poor.







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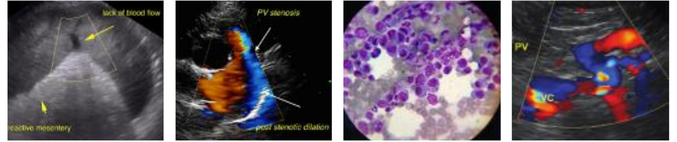

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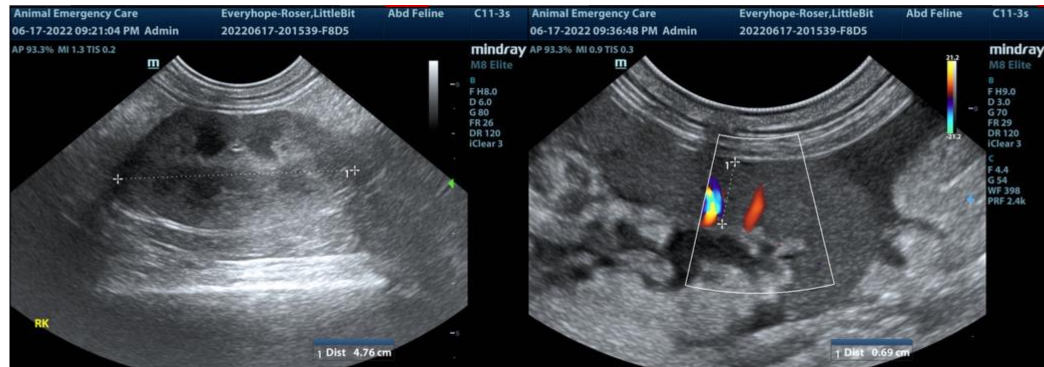

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com