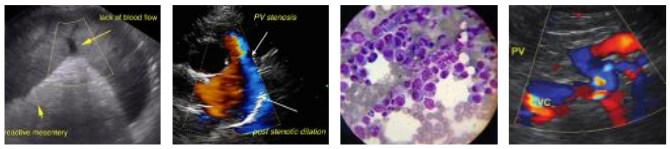
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Wolfie Walker

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
9 Months

WEIGHT
6.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Amy Hess

HOSPITAL NAME
Petmedic UC & VC

REFERRING VET
Dr. Amy Hess

INVOICE
16448

DATE
7/1/22

PRESENTING CLINICAL SIGNS

History: Owner adopted with brother when 4 months old- brother is growing and he is small. Has been very lethargic and not interacting with owner. Presented with palpable mid abdominal mass, thin, febrile.

Abnormal PE/Chem/CBC/UA Results: 3v CXR- pleural effusion CBC- HCT 26%, WBC 28K, Neuts 26K Chem- GLOB 6.7

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 **kidneys** were swollen with hyperechoic medullary rim sign. Given the global presentation, underlying FIP is suspected. The left kidney measured 3.5 cm.

Adrenal Glands

The **left adrenal gland** was 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 left adrenal gland measured 0.4 cm.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

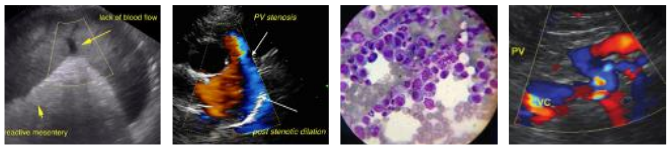
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.

Gastrointestinal

The gastrointestinal tract presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed



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upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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

The mesenteric **lymph nodes** were enlarged and irregular creating a mass effect, measuring up to 3.0cm. Multiple lymph nodes together comprised a 5.0 cm mass. Reactive mesentery was noted around the lymph nodes.

Other

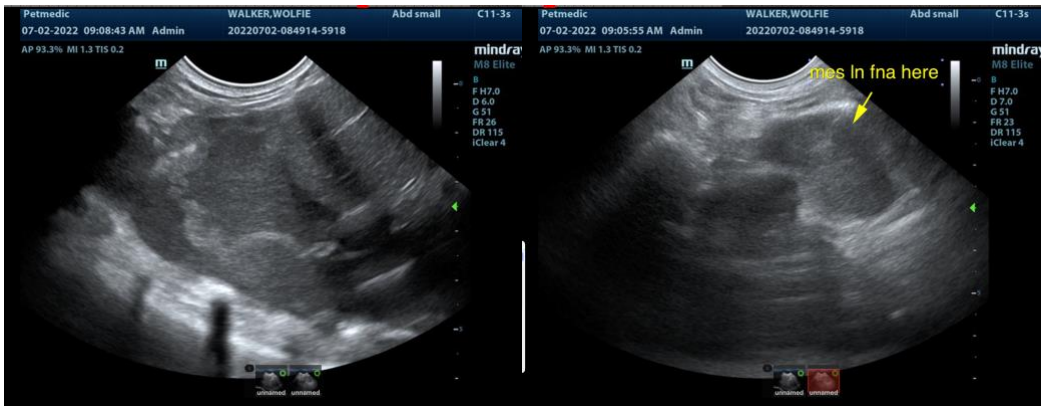
Pleural effusion was noted through the diaphragm. Chest radiographs are warranted to assess for underlying disease.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymph node mass
- Medullary rim kidneys
- Pleural effusion
- Full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FIP is suspected. Round cell neoplasia is possible. Pleurocentesis with cytospin is warranted, as well as FNA of the mesenteric lymph nodes for confirmation.



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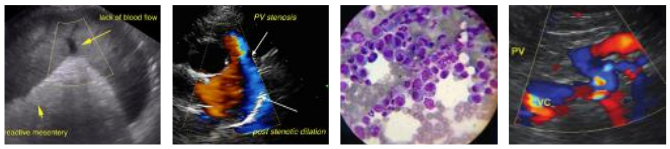

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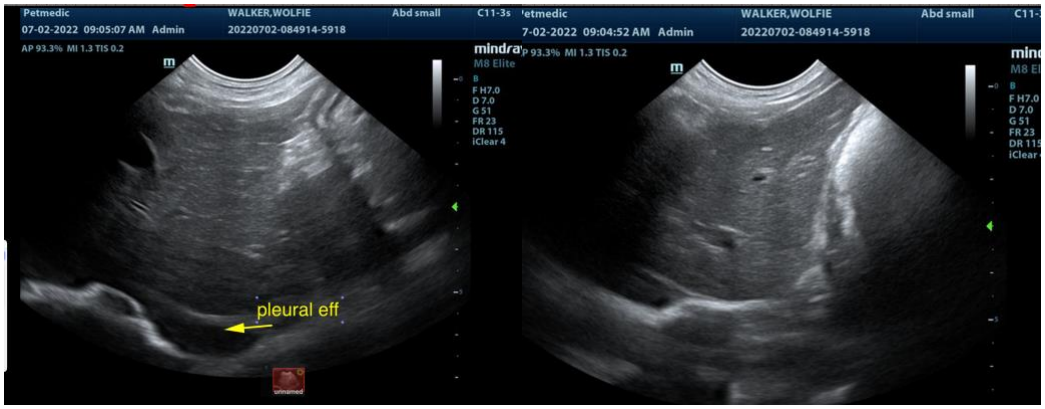

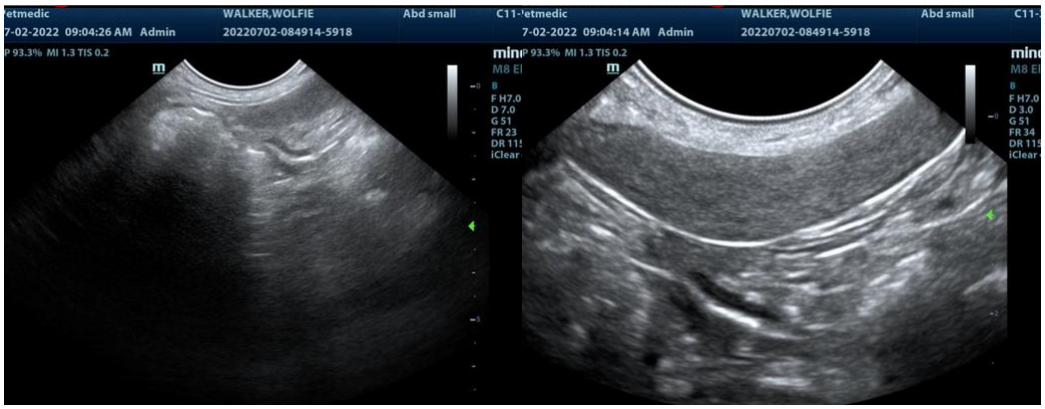

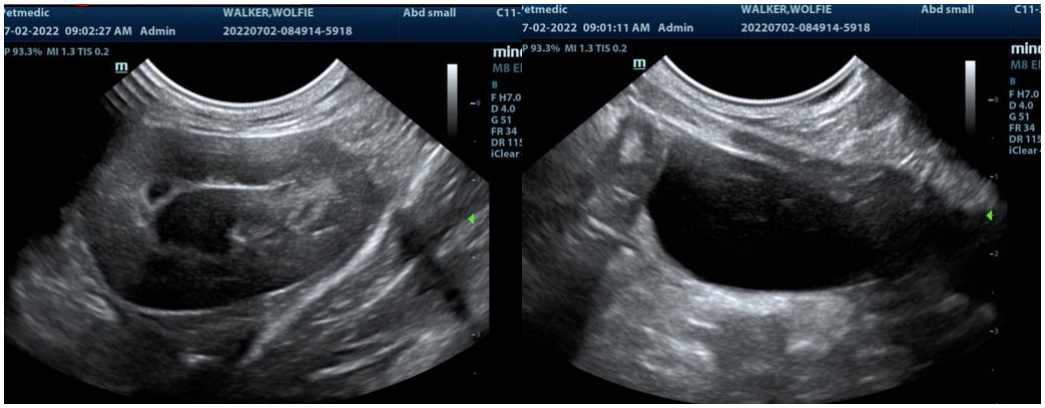

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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