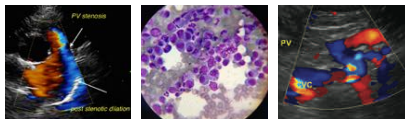
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
8/11/21

PATIENT
Tink Day

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
4/1/20

WEIGHT
12.3 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Stevenson Village VH

REFERRING VET
Dr. Feinberg

INVOICE
91150

PRESENTING CLINICAL SIGNS

Recurrent fever, lethargy, sneezing and coughing.
Current Medications: Clavamox drops 1ml bid
Lab Results: hyperglobulinemia, mild anemia
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

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.

The **kidneys** revealed hyperechoic medullary rim sign. The left kidney measured 3.84 cm with slight, irregular contour with mildly increased cortical echogenicity. The right kidney revealed similar changes to the left kidney and measured 4.03 cm.

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 left adrenal gland measured 0.55 cm. The right adrenal gland measured 0.5 cm.

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 was noted.

Liver

The **liver** was mildly swollen with slight, coarse echotexture. 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

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. The colic lymph node was mildly enlarged and measured 0.96 x 0.25 cm. The epigastric lymph node was slightly enlarged, hypoechoic and mildly irregular measuring 0.77 cm.

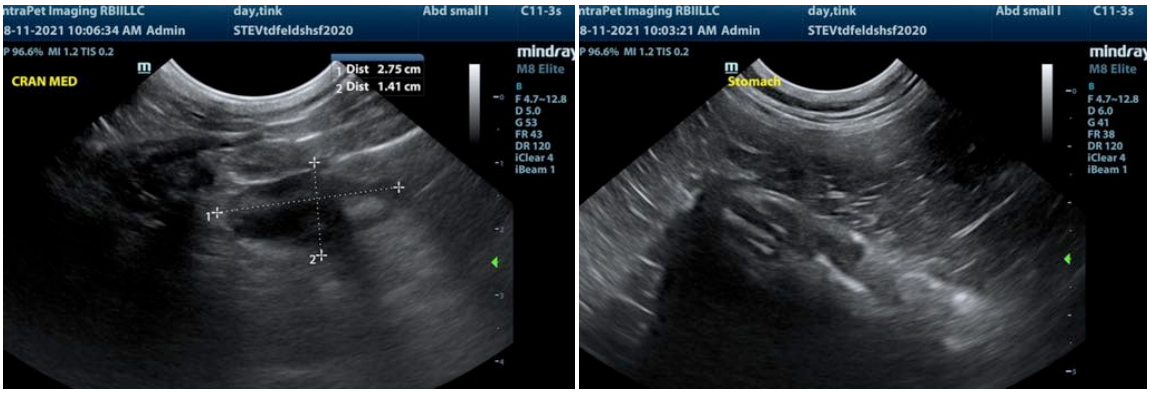
Pancreas
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

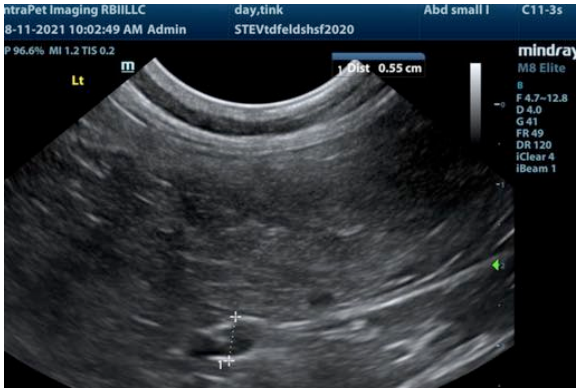
Free Abdomen
A hypoechoic, cranial mediastinal lymph node enlargement was noted and measured 2.75 x 1.4 cm. The tissue was hypoechoic and undifferentiated.

Heart
Rapid view of the heart (SDEP 3 position) revealed subjectively normal function without pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS
Bilateral medullary rim sign with colic lymphadenopathy.
Cranial mediastinal lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
There is a strong concern for underlying FIP. Tissue samples with FNA of the kidneys, lymph nodes and cranial mediastinal lymph node if accessible, however, it is excessively small. This may be difficult to access. I recommend starting with FNA of the largest, accessible abdominal lymph node and either kidney in this patient to assess for granulomatous changes that would be consistent with FIP. Idiopathic medullary rim kidney and reactive lymph nodes is possible.

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day,tink
Abd small I
C11-3s
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mindray
M8 Elite
Lt
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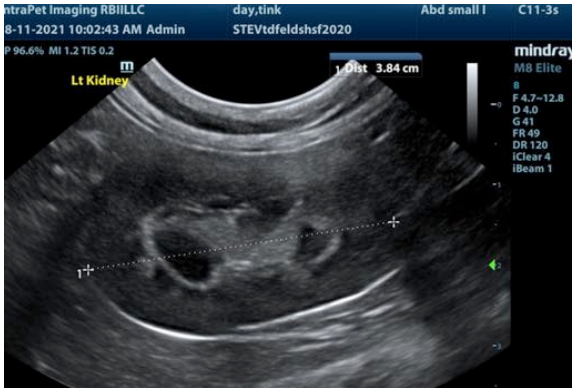
F 4.7~12.8
D 4.0
G 41
FR 49
DR 120
iClear 4
iBeam 1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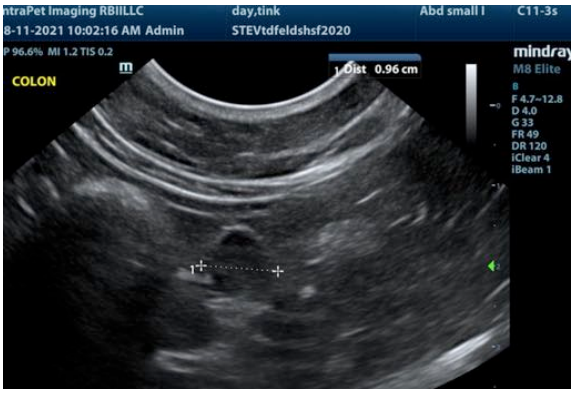
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COLON
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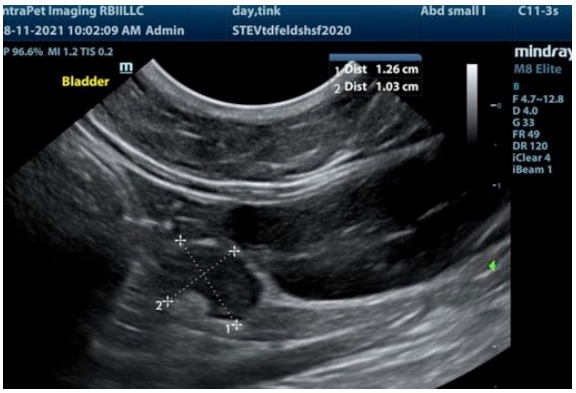
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M8 Elite
Bladder
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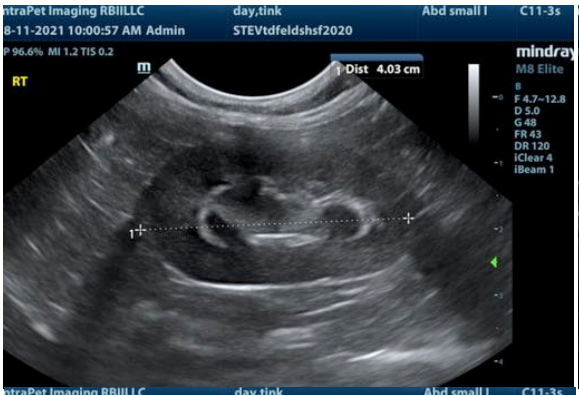
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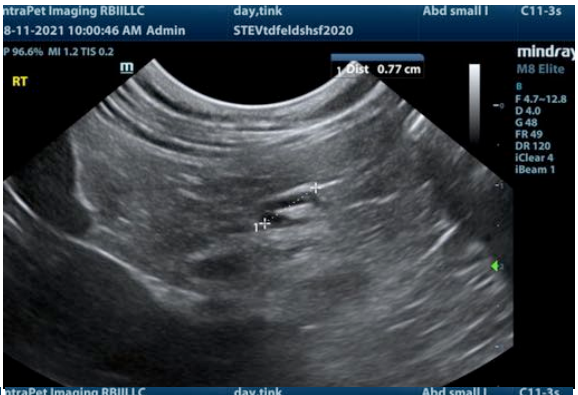
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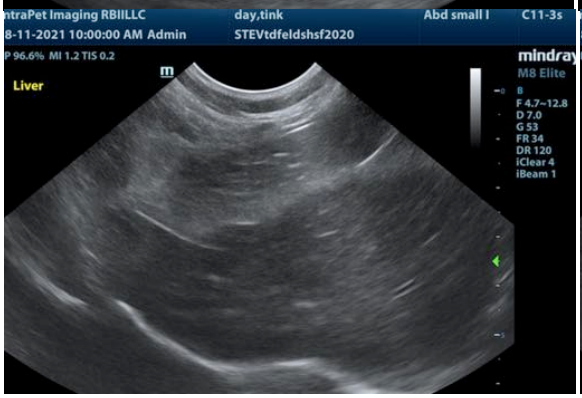
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Liver
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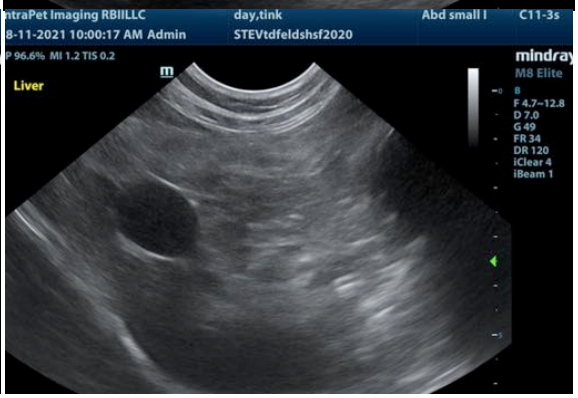
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mindray
M8 Elite
Liver
F 4.7~12.8
D 7.0
G 49
FR 34
DR 120
iClear 4
iBeam 1

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
Eric.Lindquist@SonoPath.com