



## PATIENT

Falcon CRAN

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Intact male

## AGE

3 months

## WEIGHT

2.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

VCA Westmoreland  
AH

## REFERRING VET

Dr. Bugarovich

## DATE

6/15/22

Invoice  
31030

## PRESENTING CLINICAL SIGNS

Seen on June 11, 2022 for bloated belly and lethargy/low energy. Ascites- distended - Non-painful, confirmed with AFAST. Based on labs, DVM concerned with liver.  
Abnormal PE/Chem/CBC/UA Results: ALT- 437 BUN/CREA Ratio-37

## 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 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 3.22 cm. The left kidney measured 3.34 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 0.37 cm. The right adrenal gland measured 0.24 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** revealed slight coarse architecture and heterogenous parenchymal changes. The portal markings were increased with irregular contour. The portal vein was mildly tortuous and congested, which is suggestive for portal hypertension. The vena cava to aortic ratio was 1:1 with no evidence of significant passive congestion. The portal vein to vena cava ratio was 1:1 with no evidence of portosystemic shunting. The portal vein measured 0.5 cm and the vena cava measured 0.5 cm. Normal branching of the portal vein was present. The gallbladder and common bile duct were unremarkable.



**PATIENT** *Gastrointestinal*

Falcon CRAN 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.

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**Pancreas**

**Pancreatic edema** was noted with tortuous congested vessels. This is suggestive for portal hypertension.

**SEX**

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**Free Abdomen**

A large amount of anechoic ascites was noted. This is significantly excessive for physiologic ascites.

**AGE**

3 months

**ULTRASONOGRAPHIC FINDINGS**

Diffuse liver disease with remodeling, suspect portal hypertension, pancreatic edema and ascites.

**WEIGHT**

2.8 lbs

Unremarkable visceral abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of portosystemic shunting; however, diffuse hepatic disease is present. Underlying microvascular dysplasia/portal vein hypoplasia with concurrent chronic inflammatory component is likely causing the primary issue in this patient. Surgical biopsies would be necessary for a definitive diagnosis as core liver biopsies from a sonographic perspective are somewhat problematic given the amount of ascites. Complicated hemorrhage cannot be adequately controlled or ascertained. Core liver biopsies would be necessary for a definitive diagnosis. No macroscopic shunting was present. The prognosis is guarded to poor. There is a minor potential for underlying FIP in this case.

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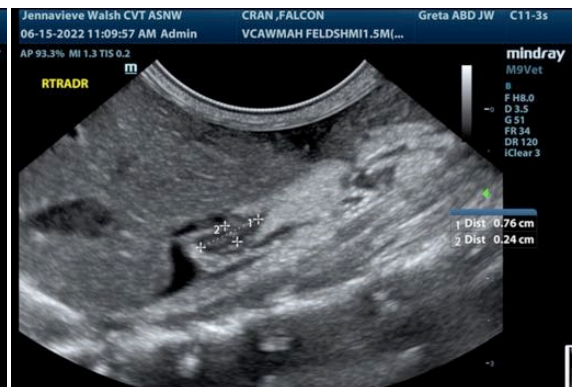
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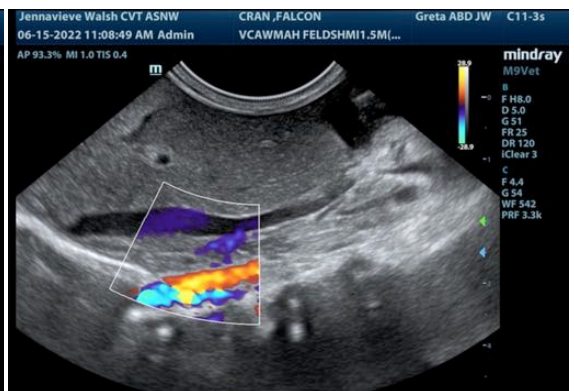
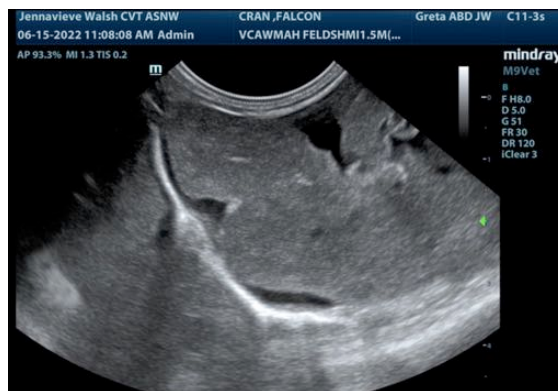
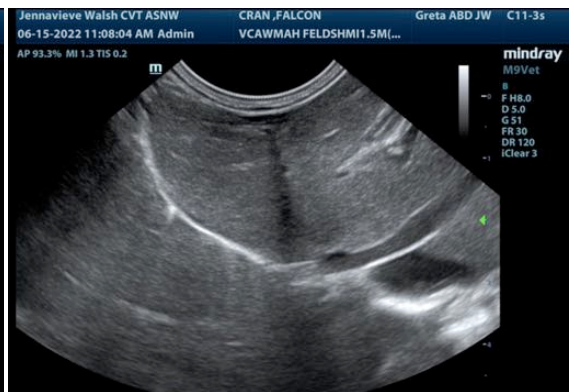
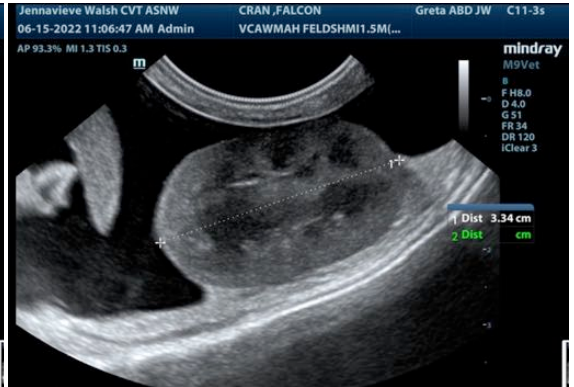
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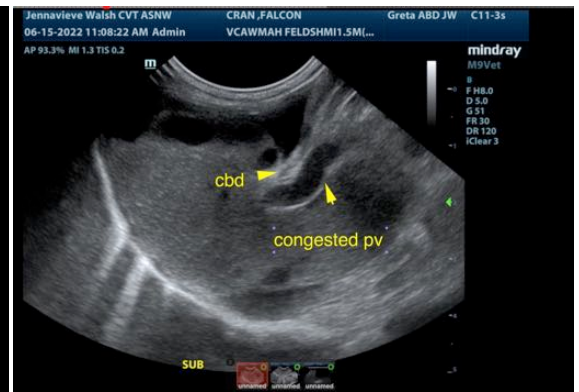
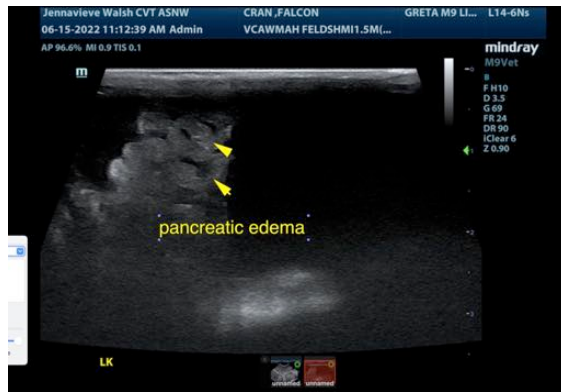
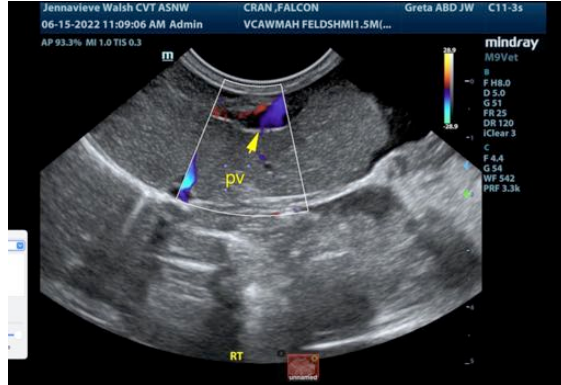
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**INTERPRETED BY**  
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