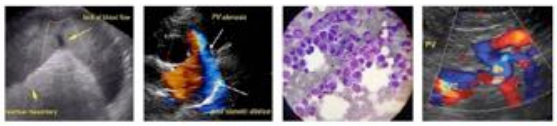

PATIENT

Nyal Oxford County Animal Rescue

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Intact male

AGE

5 months

WEIGHT

2.5 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Halfon

INVOICE

96947

DATE

3/17/22

PRESENTING CLINICAL SIGNS

History: *Not a staff member but is from a local rescue organization Patient presented acutely with abdominal effusion/distended abdomen - at the time that patient presented for neuter (vs sick pet) patient is still bright, active, eating/drinking having normal urination and defecation, no vomiting Abnormal PE/Chem/CBC/UA Results: Please see attached lab work results Culture of abdominal fluid - 3+ staph aureus PCR Panel all negative including coronavirus, mycoplasma etc Bloodwork demonstrates a high WBC with bands and anemia but not an elevated globulin count, low Crea Fluid cytology: transudate modified by protein - high protein transudate with FIP being the top differential. Liver? Bladder in tact?

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 3.59 cm. The left kidney measured 3.7 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.

Spleen

An undifferentiated, hypoechoic mass presumed to be spleen was noted in the left cranial abdomen. Micronodular changes were noted.

Liver

The **liver** was mildly enlarged, yet uniform. There was no evidence of passive congestion. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** was empty and enveloped by the omental adhesions.

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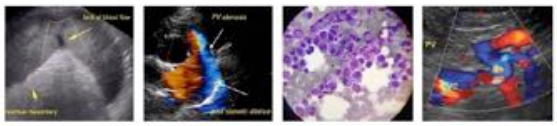

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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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

Echogenic free fluid was noted throughout the midabdomen. Enhanced, irregular mesentery was noted with nodular changes. Hypoechoic, proliferative nodular omental changes were noted.

ULTRASONOGRAPHIC FINDINGS

Proliferative abdominal tissue with adhesions and ascites.

Thickened, irregular spleen.

Omental nodular changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation is strongly consistent with FIP. FIP titers are recommended on the free fluid. Cytospin of the free fluid is indicated with cytology. Immediate cytospin of the free fluid is recommended for a fresh cytology for interpretation. Otherwise, exploratory surgery is necessary with appropriate biopsies. However, the prognosis is poor. FIP, infiltrative disease such as lymphoma or mast cell disease is all possible. Granulomatous disease is less likely. Non-FIP granulomatous disease is less likely.

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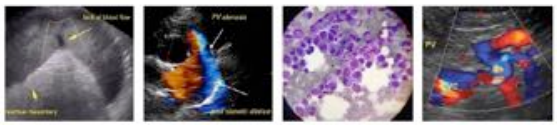

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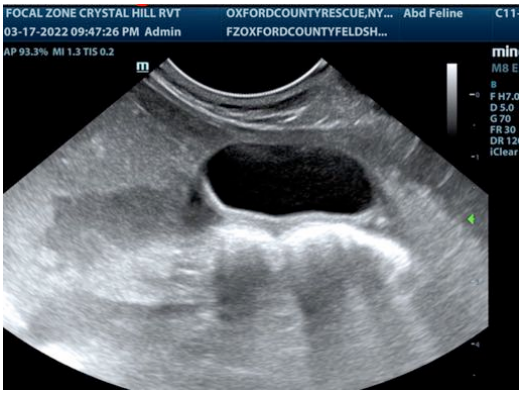

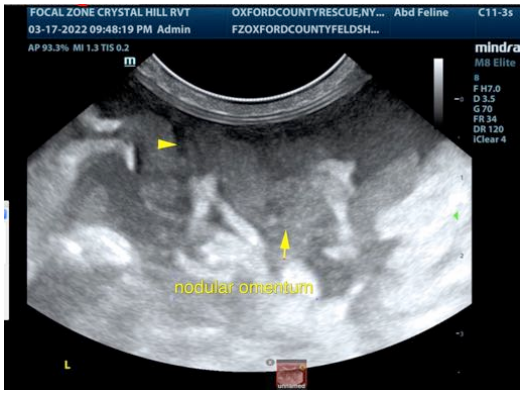

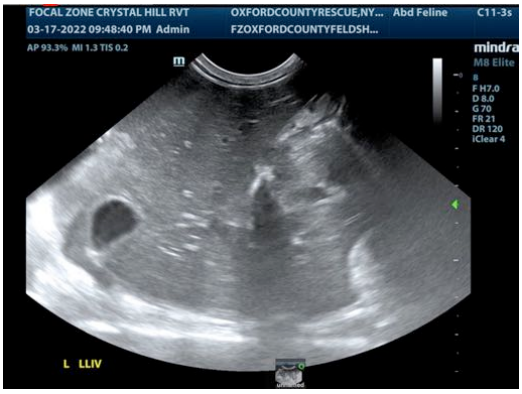

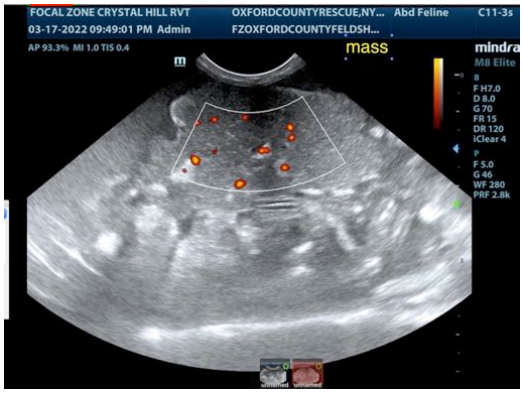

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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