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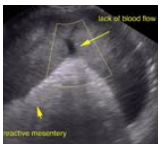
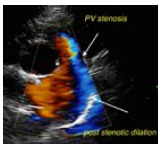
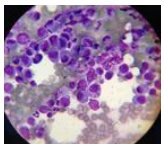
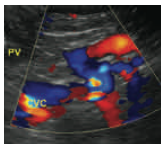
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Ranma Desieno

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

1 year

WEIGHT

11 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush VC

REFERRING VET

Dr. Taylor

INVOICE

96523

DATE

3/1/22

PRESENTING CLINICAL SIGNS

Came in for ADR, not eating well, lethargic, weak, fever upon exam, free fluid seen on fast scan, fever and inappetence has resolved with IVF and meds
Abnormal PE/Chem/CBC/UA Results: elevated WBC, anemic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.47 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.19 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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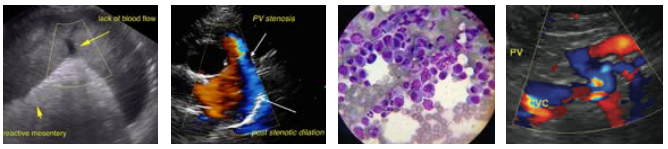

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is not clearly seen. There is free fluid and hyperechoic mesentery in the region where the pancreas is located.

Free Abdomen

There is a large amount of free abdominal fluid. No lymphadenomegaly is observed, but the omentum is generally hyperechoic and somewhat mottled/irregular/nodular particularly in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Large volume of free abdominal fluid with hyperechoic, irregular/nodular mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of free abdominal fluid in the abdomen. No focal mass lesions are observed. The omentum appears somewhat irregular, patchy and hyperechoic (almost nodular)particularly in the cranial abdomen. This gives the impression of inflammation and possible peritonitis, but additional diagnostics are recommended.

- Recommend fluid collection and fluid analysis with cytology to try to determine if this is a transudate, modified transudate or exudate and to get a cell count and cytologic evaluation
- Recommend thoracic radiographs.

Depending on the nature of the fluid collected you can narrow down your search somewhat to look for causes of increased/decreased hydrostatic pressure (heart disease, liver disease, hypoalbuminemia etc...) , inflammation (pancreatitis, steatitis, sterile peritonitis etc.), infection (FIP, bacterial etc...) or even neoplasia. The labwork submitted shows mild hypoalbuminemia but it is relatively mild and unlikely to be a source of the fluid.

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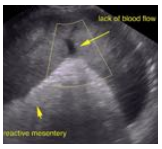
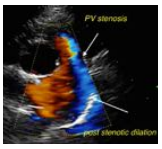
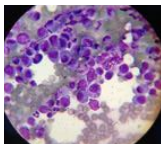
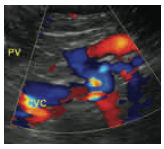

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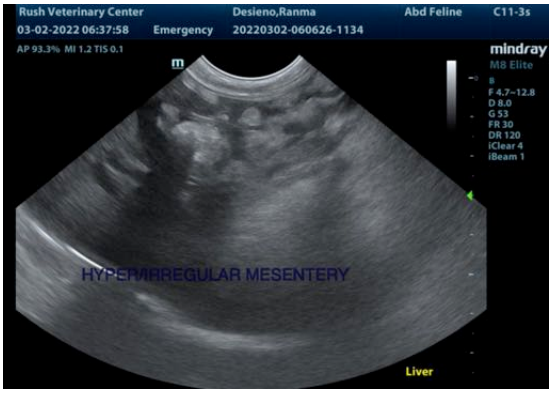

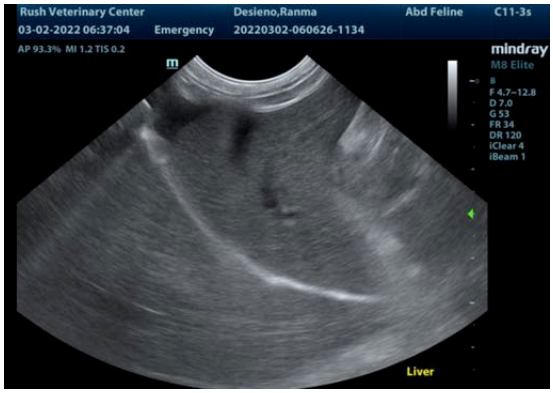

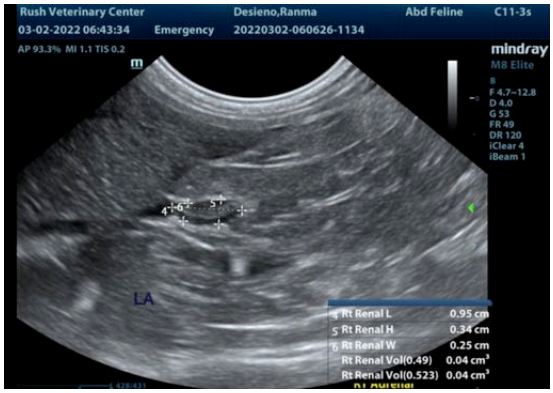

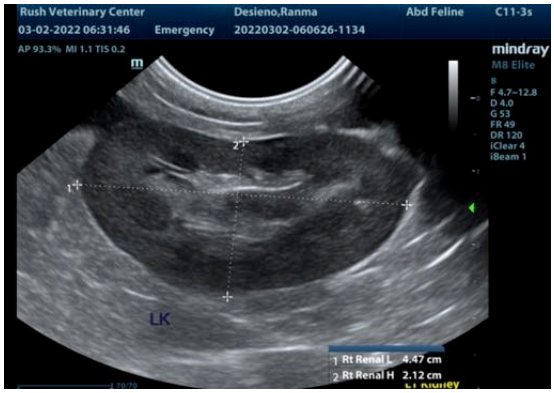

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com