



PATIENT

Burrito Barks Thole

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

9.2 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

**IMAGING
PERFORMED BY**

Dr. Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

98053

DATE

4/5/22

PRESENTING CLINICAL SIGNS

History: dormant leukemia, inappetence, bloodwork unremarkable, had dental work done, now has ascites and poor appetite
Abnormal PE/Chem/CBC/UA Results: dental disease, extraction sites look good, albumin was 2.5, now 2.1 but not low enough to cause ascites, fluid on tap is clear yellow with high protein, cytology pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The left kidney measures 4.00 cm (within normal limits). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia.

The right kidney measures 4.26 cm (within normal limits). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia.

Adrenal Glands

The left adrenal gland measures 0.45 cm at the cranial pole and 0.43 cm at the caudal pole and 0.95 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The right adrenal gland measures 0.39 cm in diameter and a length of 0.80 cm. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in architecture, echotexture, and echogenicity, and the capsule is smooth. However, it appears smaller than normal, i.e., hypovolemia is suspected.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver is homogeneous and it is within normal limits in echogenicity. No severe abnormalities are observed with the hepatic vessels, other than hyperechogenicity of the walls of the portal veins, which may be due to inflammation. Overt signs of an infiltrative process are not evident.

The gall bladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB. The cystic and common bile ducts are not visualized, however, there are no obvious signs of an obstruction.



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Gastrointestinal

The gastric wall is within normal limits in thickness. Although there is no loss of definition of the normal architecture of the wall layers, fogging of the mucosa and muscularis are present. A large amount of fluid and gas are present within the lumen, as well as an ileus.

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved.

The colonic wall is not thickened and mural detail is considered normal.

Pancreas

The left and right limbs of the pancreas are not visualized due to the changes of the mesentery and the large amount of fluid in the abdomen.

Other:

Two “plump”, very mildly enlarged, hypoechoic lymph nodes are visualized. One measures 0.55 cm x 1.4 cm, the other measures 0.59 cm x 0.95 cm.

A marked amount of abdominal effusion that is high in protein is present, based on the free floating echogenic material.

The mesentery is diffusely hyperechoic throughout the abdomen. Multiple, well circumscribed, hypoechoic nodules of variable size are observed throughout the mesentery.

ULTRASONOGRAPHIC FINDINGS

- The mesentery is diffusely hyperechoic, which may be due to the stark contrast caused by the abdominal effusion; however, a component of the hyperechogenicity may also be due to diffuse inflammation.
- The multiple, hypoechoic nodules observed throughout the mesentery may be due to carcinomatosis or lymphomatosis. However, benign nodular hyperplasia cannot be excluded.
- The two “plump”, very mildly enlarged, lymph nodes are most likely a result of reactive hyperplasia; however, lymphoma cannot be excluded.
- Hypovolemia appears to be present based on the size of the spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Interpretation of the abdominal ultrasound may be easier following abdominocentesis, providing Burrito is stable for the procedure.

Abdominocentesis will also make her feel better.



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Although the albumin is within the normal reference range, it may be falsely elevated if Burrito is dehydrated. As mentioned in the history and presenting clinical signs, it is still unlikely to be the cause of the ascites.

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Differential diagnoses for the effusion include carcinomatosis or lymphomatosis. Feline infectious peritonitis due to a mutation of Burrito's cell mediated immunity must also be considered, particularly if she was previously diagnosed with FeLV.

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A urinalysis, evaluation of a protein: creatinine ratio, fundic exam and arterial blood pressure are suggested.

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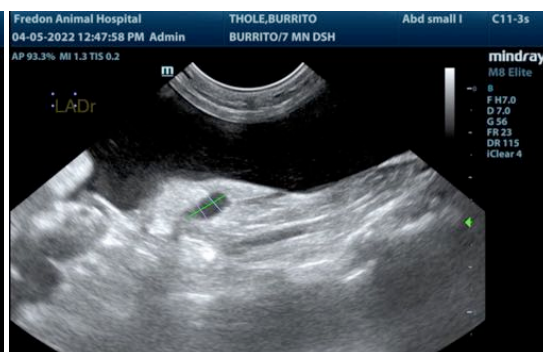
Additional suggestions and recommendations may be offered once you have received the cytology results.

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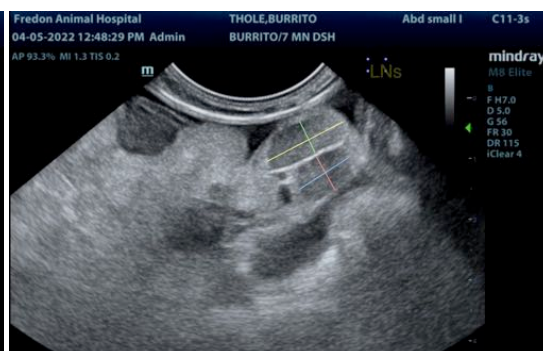
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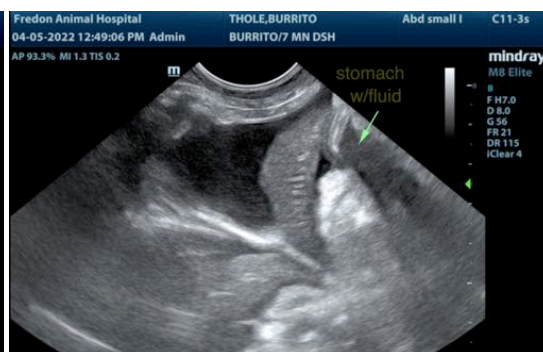


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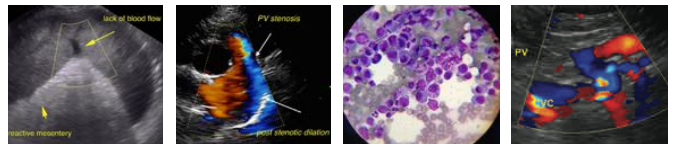
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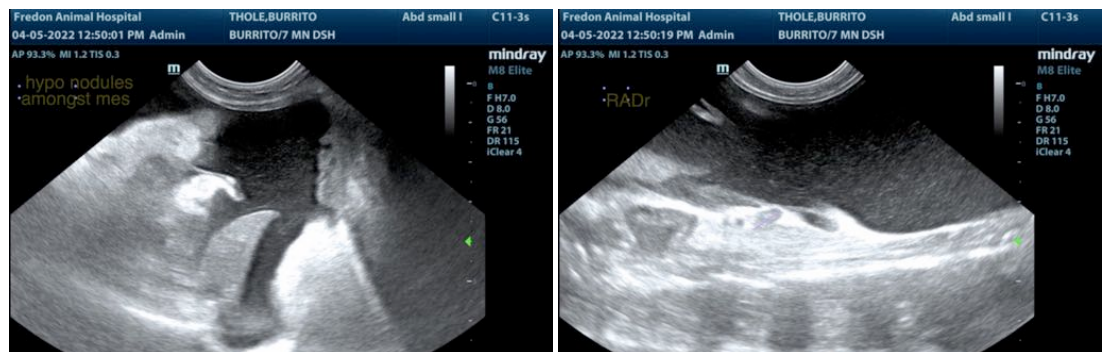
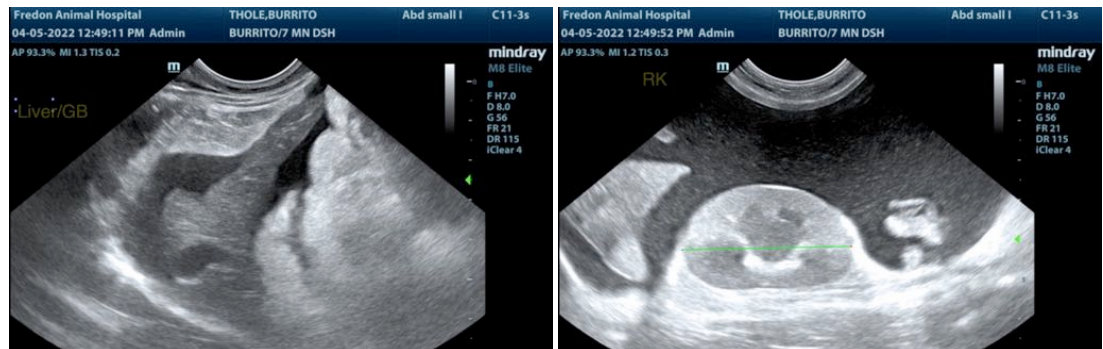
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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