



PATIENT

Mindy - 458T (HART)

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4 months

WEIGHT

4.2 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

13102

DATE

1/18/22

PRESENTING CLINICAL SIGNS

PE: Febrile, dull kitten with bilateral severe hypopyon. BCS 3-4/9 BW: Hct 25%, WBC 25.8k, Neut 16.5, Lymphs 6.3, Monos 2.5. Plt 258. BUN 14 L, TP 8.0, Glob 5.5, Alb 2.5. A:G 0.5. Toxo IgG Antibody by IFA NEG, Toxo IgM NEG. Feline Coronavirus (blood) Antibody by IFA: POS at 1:12,800

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Increased retroperitoneal echogenicity and suspect minor retroperitoneal effusion were present and associated with both kidneys. No evidence of pelvic dilation was noted. A subtle hyperechoic corticomedullary band, consistent with a subtle medullary rim sign, was present. No overt evidence of renomegaly was noted. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding.

Adrenal Glands

No overt pathology in the area of the left adrenal gland was noted. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.20 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with subtle hypoechoic parenchyma compare to the adjacent omentum.

Free Abdomen

Intermittent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.67 cm width.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral subtle renal medullary rim signs with evidence of retroperitoneal inflammation
- Small volume peritoneal to retroperitoneal effusion
- Intermittent nonspecific mesenteric lymphadenopathy - subjectively benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, given the renal sonographic abnormalities combined with the patient's clinical signs, abnormal albumin: globulin ratio, and positive feline coronavirus test, FIP is considered the primary differential diagnosis in this case until proven otherwise.

Effusion analysis, cytology, +/- FIP serology could be considered for further assessment. Empirical FIP treatment could be considered with an assessment of clinical response. However, unfortunately, an unfavorable long-term prognosis is likely indicated.



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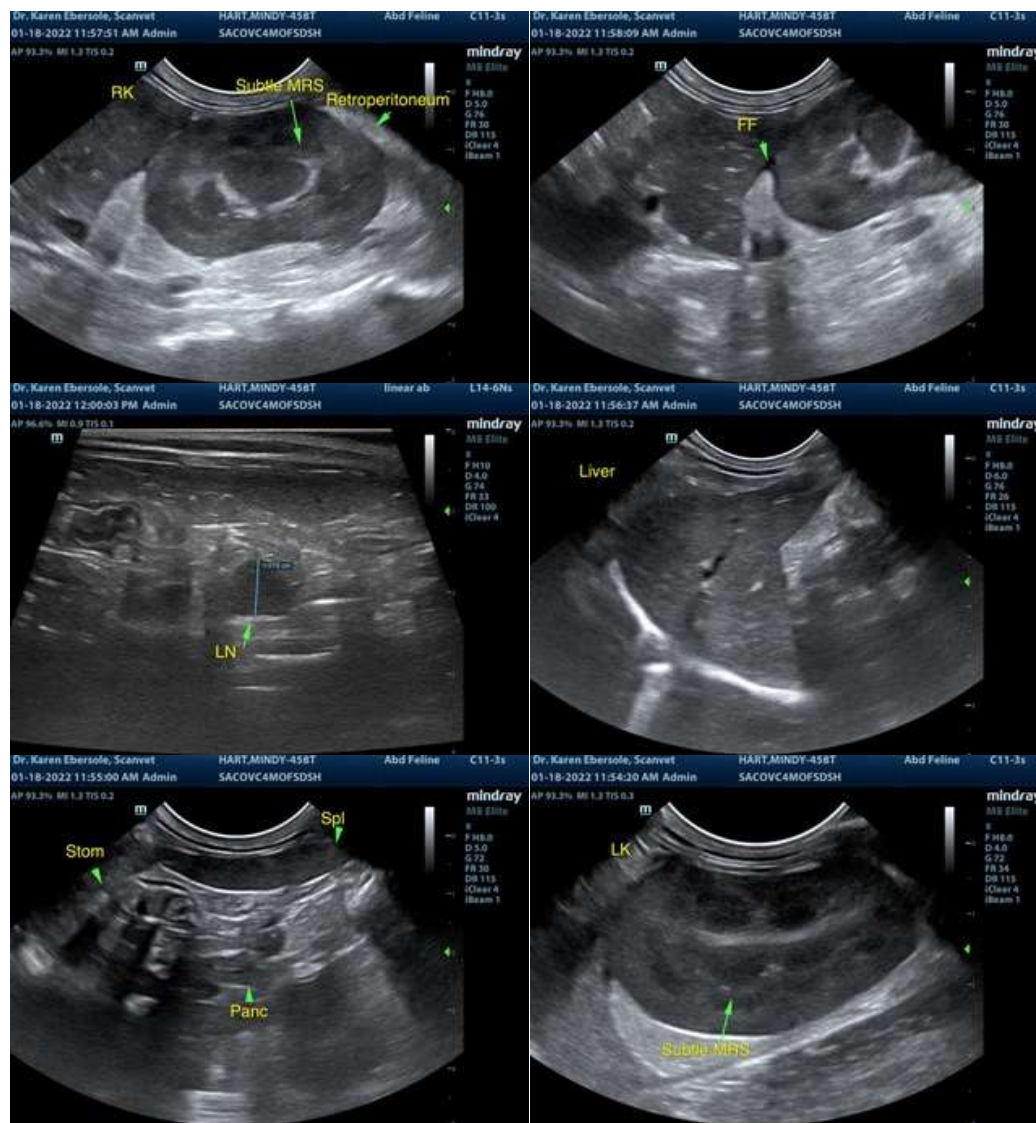
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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