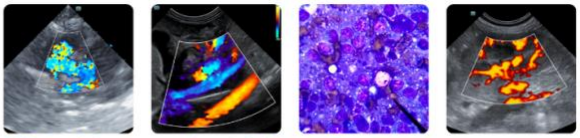

PATIENT

Derek Dmitriev

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

3 Years 3 Months

WEIGHT

13.7 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Leck Veterinary Hospital

REFERRING VET

Dr. Doyle

INVOICE

13267

DATE

01/20/26

PRESENTING CLINICAL SIGNS

- Weight loss & decreased appetite past month
- Concern for FIP
- 4# wt loss during 3 mos duration.
- Under condition on exam.
- No current meds.

Abnormal PE/Chem/CBC/UA Results: Hyperglobulinemia 9.0 Hypoalbuminemia 2.0 A/G raio 0.2 Hypercalcemia 12.1 Amylase. 1,471 HCT 20% lymphopenia 740 USG: 1.025

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 change were noted.

Mild enlargement with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.4 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were not definitively visualized owing to periadrenal lymphadenopathy and omental artifact.

Spleen

The spleen revealed generalized splenomegaly with mild asymmetrical splenic capsule contour and nonhomogenous hypoechoic splenic parenchyma. The spleen measured 1.4 cm width level of the mid spleen.

Liver & Gallbladder

The liver presented subjective mildly enlarged with mild nonhomogenous hypoechoic parenchyma and normal vascular volume without evidence of congestion. No evidence of hepatic masses or nodules.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 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 small intestine wall measured 0.23 cm wall width.

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

Pancreas

The left pancreas presented prominent in size with capsule asymmetry and mild nonhomogenous hypoechoic parenchyma.

Free Abdomen

A mild volume of peritoneal effusion was present with nonhomogenous indistinctly nodular appearing omentum. Multifocal mild to variably swollen hypoechoic mesenteric lymph nodes were visualized with an example measuring 2.5 cm x 1.8 cm.

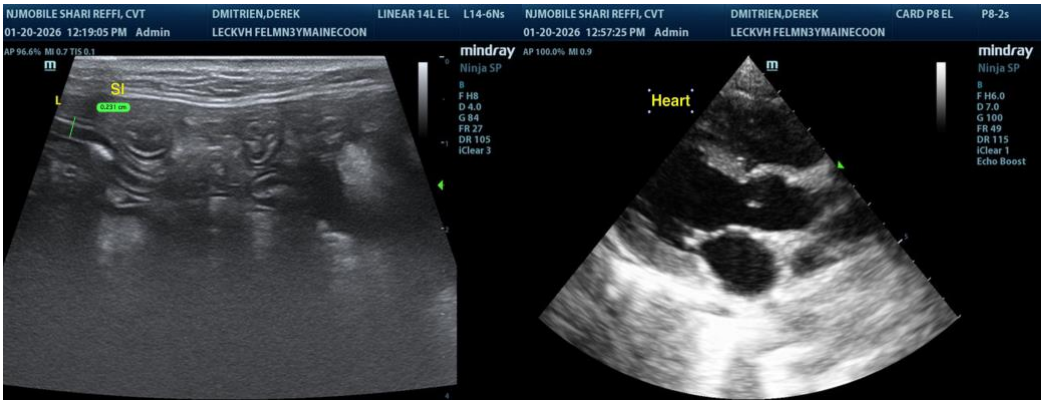
Brief thoracic assessment revealed concurrent pleural effusion with subjective normal cardiac structure and function without chamber enlargement. Suspect indistinct pericardial to cranial thoracic or sternal lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

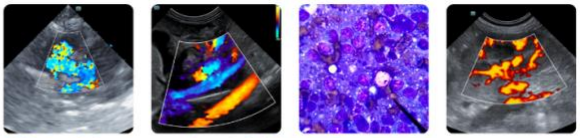
- Noncardiogenic bicavitary effusion.
- Hepatosplenomegaly exhibiting nonhomogenous hypoechoic hepatosplenic parenchyma.
- Bilateral renomegaly exhibiting indistinct corticomedullary demarcation.
- Multiple swollen mesenteric and potential cranial thoracic/sternal lymphadenopathy.
- Generalized nonhomogenous indistinctly nodular omentum.
- Sonographically normal gastrointestinal tract.
- Mildly enlarged nonhomogenous hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations include multicentric neoplasia or FIP. Correlation with effusion analysis cytology, FIP titers/PCR +/- culture/sensitivity if evidence of inflammatory component. Assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic and accessible lymphadenopathy cytology could be considered.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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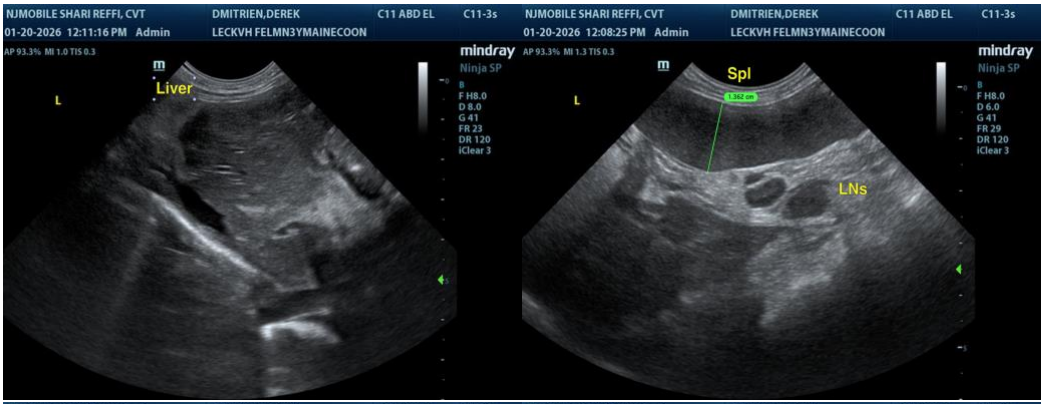

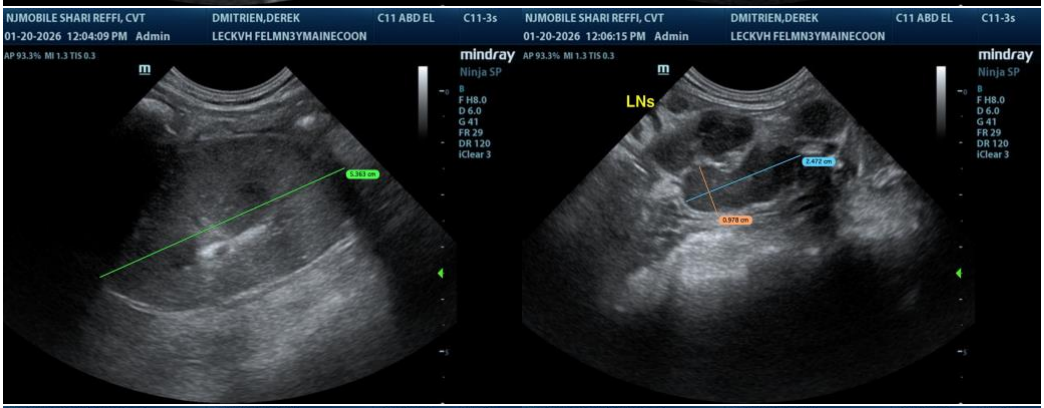

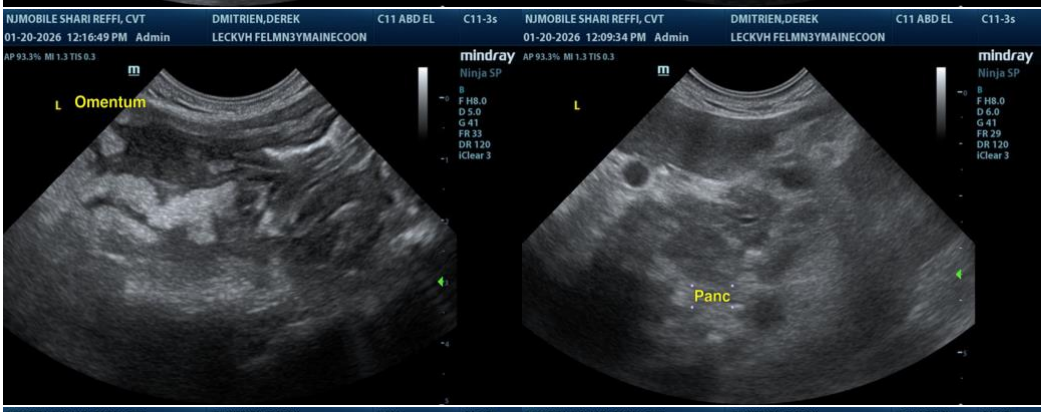

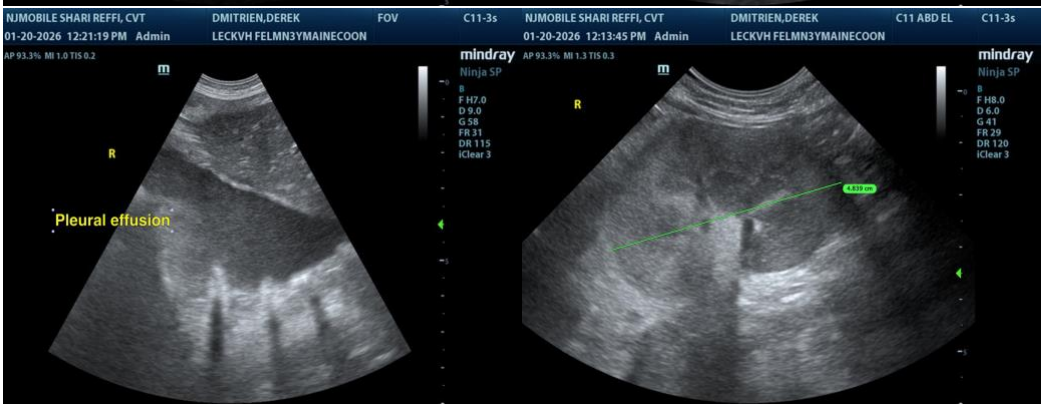

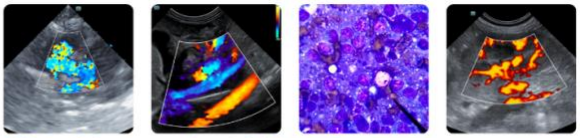

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com