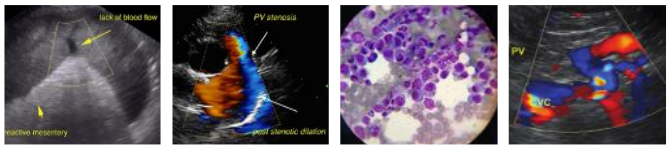

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1-800-838-4268 info@sonopath.com

PATIENT

Shadow Bode

SPECIES

Feline

BREED

DLH

SEX

F

AGE

4yr

WEIGHT

8.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Wayland

INVOICE

12754ag

DATE

01/23/2023

PRESENTING CLINICAL SIGNS

P presented 1/19/23 because P had disappeared the 9th-12th, past week hasn't been able to jump up on counters, hair loss on back end. Physical exam revealed potential abdominal mass, gallop rhythm, severe crusting along skin, Unknown spay status, unclear on age Concern for FIP, neoplasia, carcinomatosis. etc.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild non-obstructive medullary mineral to small nephroliths were present. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The uterine body was indistinctly visualized without overt evidence of pathology or obvious pyometra criteria. The left and right ovaries were not definitively visualized.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

Spleen

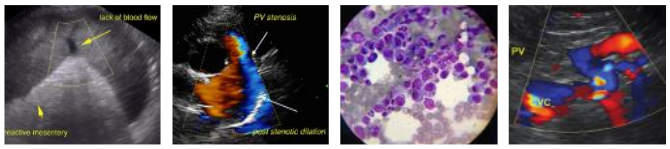
The spleen exhibited normal size, minor capsule asymmetry and generalized mild parenchyma heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 0.77 cm in width at the level of the hilus.

Liver/Gallbladder

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was mildly prominent in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The caudal vena cava exhibited potential for mild enlargement measuring 0.64 cm in diameter at the level of the liver. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained generalized ingesta/chyme with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes or mild pancreatic edema and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses present.

Mid abdominal homogenous mesenteric lymphadenopathy exhibiting subjective abnormal length: width ratio of <0.5 measuring 3.1 cm x 1.9 cm.

Mild volume peritoneal effusion was present.

Brief echocardiogram revealed potential for structural cardiomyopathy and chamber enlargement with potential for LV systolic dysfunction. Mild volume concurrent pericardial effusion was present.

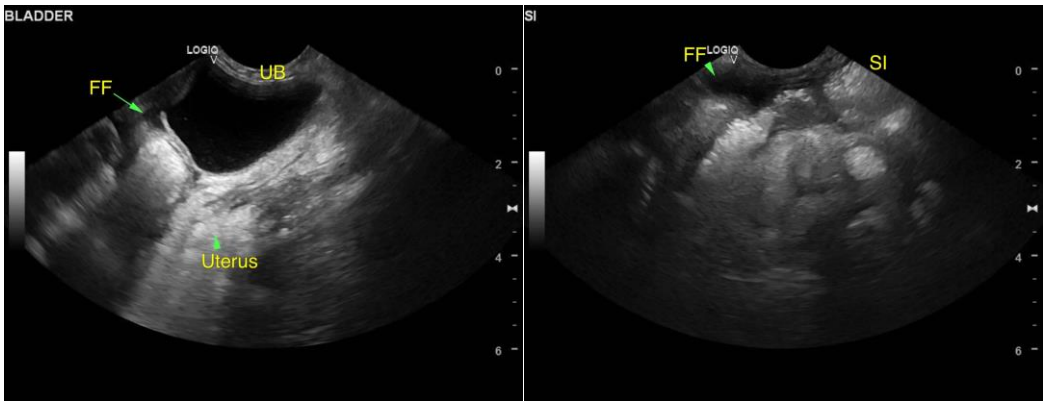
ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with non-obstructive nephrolithiasis
- Hepatomegaly exhibiting mildly prominent to congested hepatic veins-potential for congestive hepatomegaly
- Mild volume peritoneal effusion
- Mid abdominal non-specific mesenteric lymphadenopathy
- Concern for cardiomyopathy with concurrent mild volume pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Peritoneal effusion cytology +/- C/S to assess for evidence of inflammatory cells or neoplastic criteria is suggested. FIP titers may be considered if clinically indicated. A full echocardiographic workup is recommended for further assessment of the heart and for potential primary or concurrent cardiomyopathy as a contributing factor. Assuming normal clotting status, a mesenteric lymph node FNA +/- C/S for screening cytology could be considered for further assessment.

An extremely guarded prognosis is indicated.



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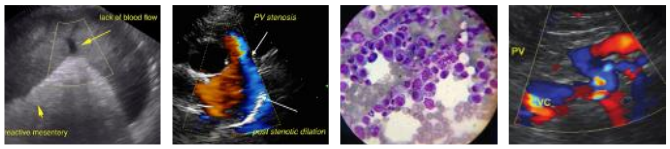

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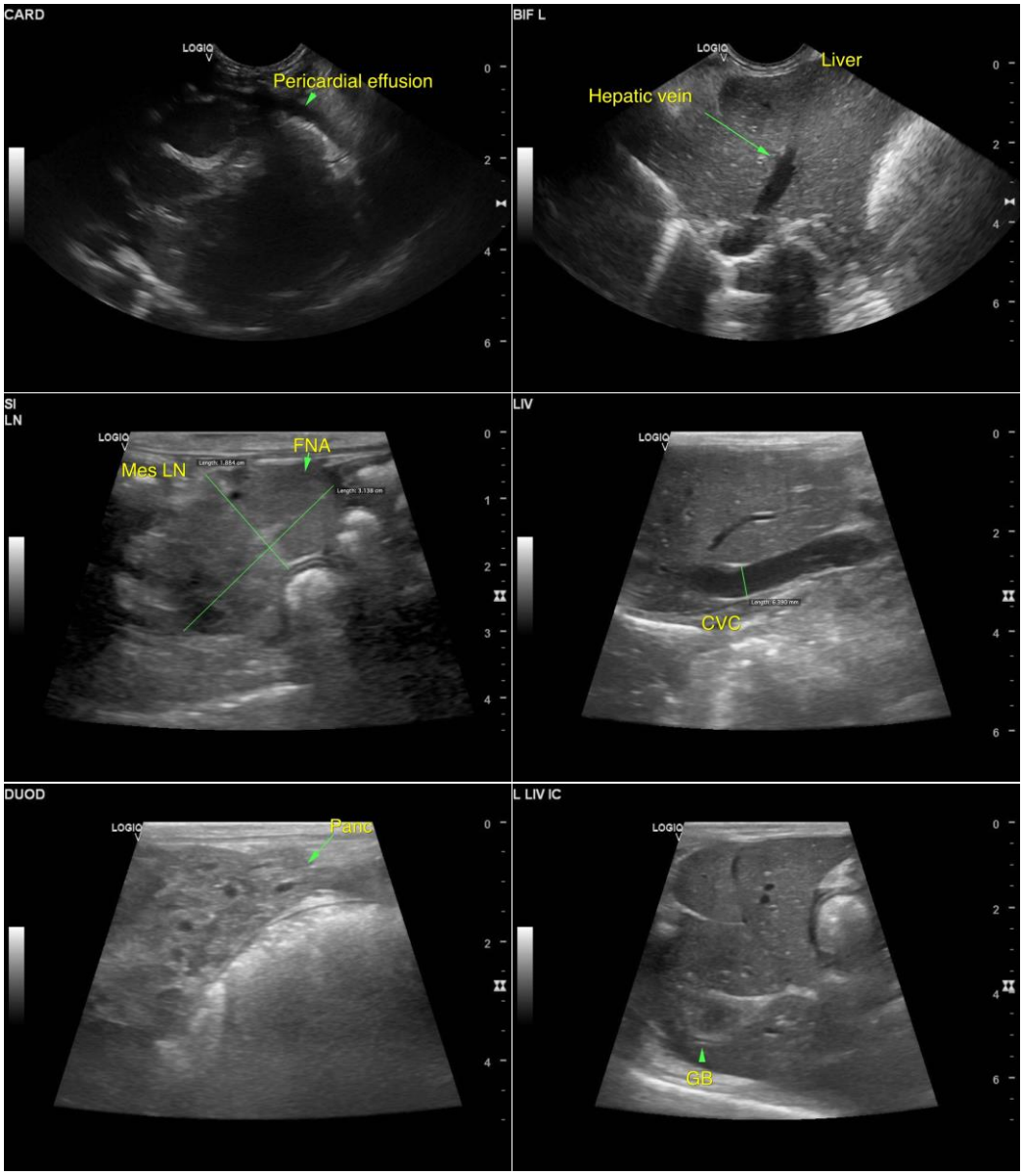

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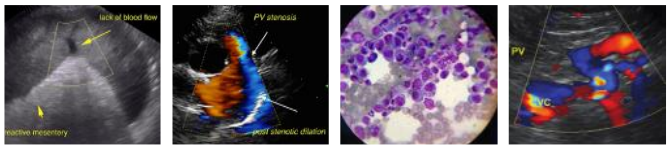

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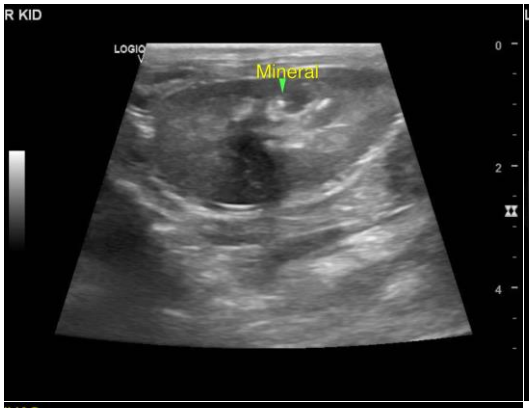

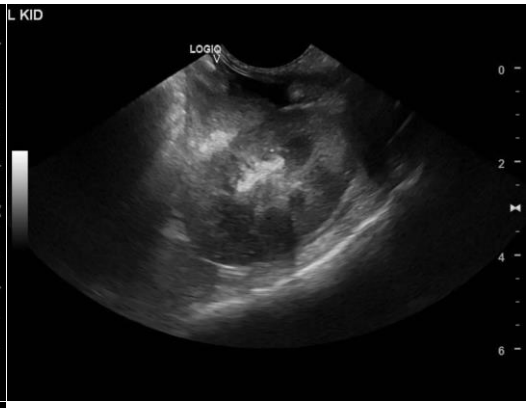

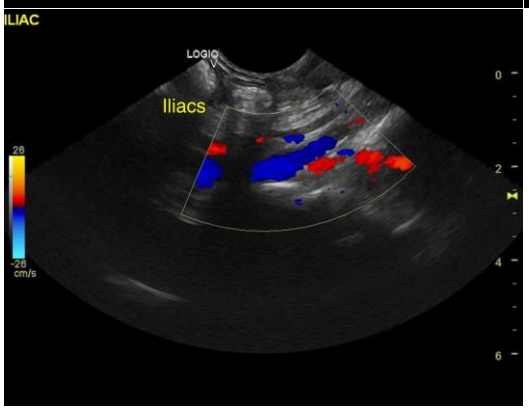

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com