

**PATIENT PRESENTING CLINICAL SIGNS**

Koi Amore 2 week history of ADR, decreased appetite, possibly ate small hair tie

**SPECIES** CBC – Hct 29.0, WBC 12.4 w/normal diff. Chem – Total Protein 9.0, Glob 6.9, Alb 2.1, Alb/Glob ratio 0.3. Felv/FIV neg.

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Siamese 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 were noted.

**SEX**

Male Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A subtle hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. 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. The left kidney measured 3.2 cm. The right kidney measured 3.4 cm.

**AGE**

6 Months

**WEIGHT**

4.7 Pounds

*Adrenal Glands*

No overt pathology in the area of the left adrenal gland.

**INTERPRETED BY**

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm.

*Spleen*

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.75 cm in width at the level of the hilus. 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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

*Liver*

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 mildly subnormal to contracted in appearance, likely given the presence of gastric ingesta. The common bile duct was normal.

**HOSPITAL NAME**

Orefield VC

**REFERRING VET**

Dr. Schlofer

*Gastrointestinal*

The stomach presented intact and sonographically unremarkable wall layering with a normal wall layer ratio. Gastric body wall measured 0.24 cm. The stomach contained a mild to moderate amount of retained anechoic to echogenic fluid along with solitary or intermittent non-specific shadowing luminal echoes. Example measured 0.60-1.0 cm diameter. No overt evidence of mechanical pyloric outflow obstruction.

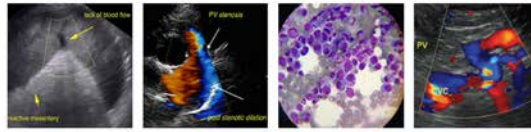
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The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Generalized mild duodenal corrugation and mild duodenal ileus without overt evidence of duodenal



**PATIENT** obstructive or linear foreign body. Mild segmental jejunal ingesta/chyme present without evidence of overt generalized small intestinal mechanical obstructive pattern or obvious foreign material.

Koi Amore

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

**SPECIES** *Pancreas*

Feline

The left limb of the pancreas was normal in size and contour with mild non-homogeneous to subtly hypoechoic parenchyma compared to adjacent hyperechoic omentum.

**BREED** *Free Abdomen*

Siamese

Generalized hyperechoic mesentery noted along with mild to moderate volume peritoneal effusion exhibiting mild echogenic changes, which may suggest mild effusion cellularity. No obvious lymphadenopathy or omental masses.

**SEX**

Male

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral subtle renal medullary rim sign
- Hypomotile stomach containing retained fluid and intermittent non-specific mildly shadowing ingesta/possible echoes
- Duodenitis pattern exhibiting duodenal corrugation – no obvious small intestinal mechanical obstructive pattern, overt focal or linear foreign body.
- Generalized peritonitis pattern exhibiting mildly echogenic peritoneal effusion – non-septic effusion (increased vascular permeability, less likely decreased hydrostatic pressure normal albumin levels), septic effusion, FIP, less likely neoplastic effusion all potentials.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Abdominocentesis for effusion analysis and cytology +/- culture and sensitivity (if clinically indicated) is recommended for further assessment. FIP titers/PCR could also be considered, as FIP may be a primary concern in this patient.

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ARDMS/RVT

The small non-specific shadowing gastric echoes, given the patient history, may suggest small amounts of gastric foreign material, which do not overtly appear to be obstructive. If no evidence of FIP, and/or clinical concern for septic abdomen and/or gastric foreign body, exploratory laparotomy may be indicated.

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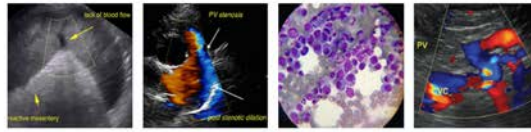
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**PATIENT**

Koi Amore

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Male

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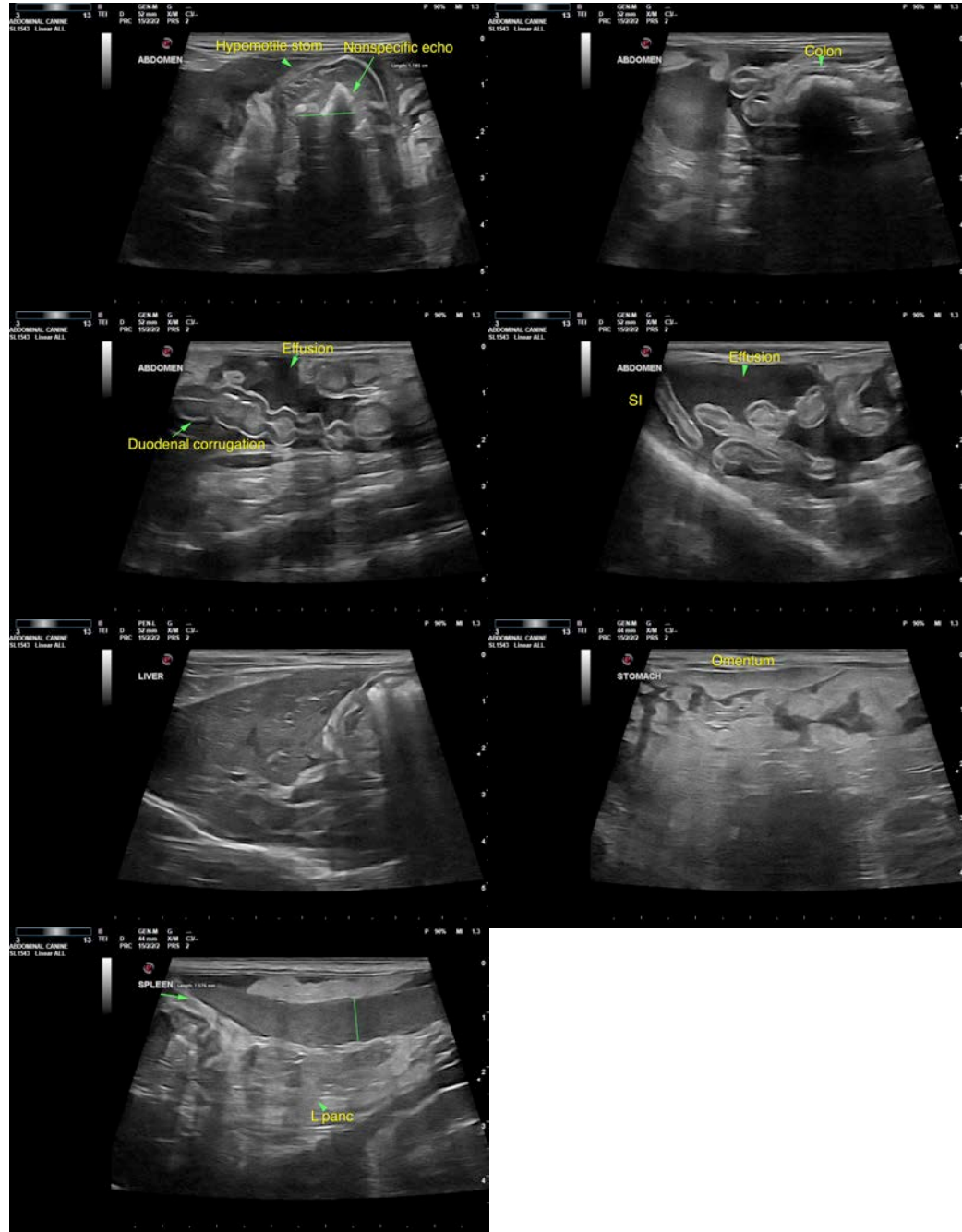
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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