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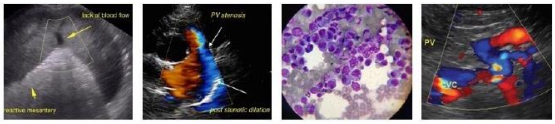


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Hopper Ferguson

SPECIES

Feline

BREED

DSH

SEX

M

AGE

5mo

WEIGHT

5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Halton Peel AH

REFERRING VET

Dr. Walters

INVOICE

12031ag

DATE

10/28/2022

PRESENTING CLINICAL SIGNS

lethargy, lack of growth/weight gain, fluid filled abde

meds: metronidazol

Abnormal PE/Chem/CBC/UA Results: fluid sample from abd was bright yellow in colour, transparent low RBC, HCT, Hb, Creat, alb, elevated Tbil.

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 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. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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. The spleen measured 1.0 cm in width at the level of the hilus.

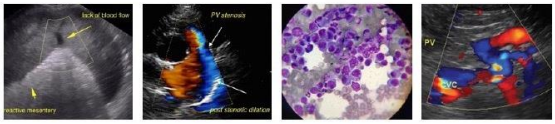
Liver

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. Normal hepatic vascular volume.

The gallbladder was subnormal in size likely owing to the presence of GI ingesta with thin walls and primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal. No evidence of post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme 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 segmental non-shadowing 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 not definitively visualized.

Free Abdomen

No overt lymphadenopathy was present.

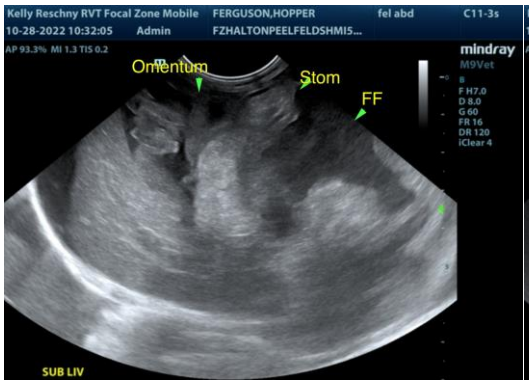
Moderate to significant peritoneal effusion exhibiting mild echogenic changes. Regional mild non-uniform omentum was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate to significant volume peritoneal effusion exhibiting mild echogenic changes
- Mild non-uniform omentum
- Structurally normal liver/gallbladder
- Gastrointestinal ingesta-suspect post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis, rapid cytospin and fluid analysis. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. Given the lack of hepatic, pancreatic or GI pathology which may result in effusion of this nature, FIP may be considered a primary differential diagnosis. FIP titer/PCR as well as assessment of ALB:GLOB recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology and evaluate cardiopulmonary status.



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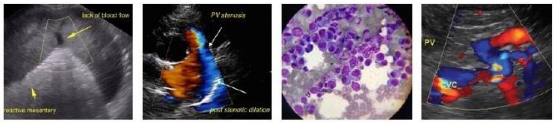

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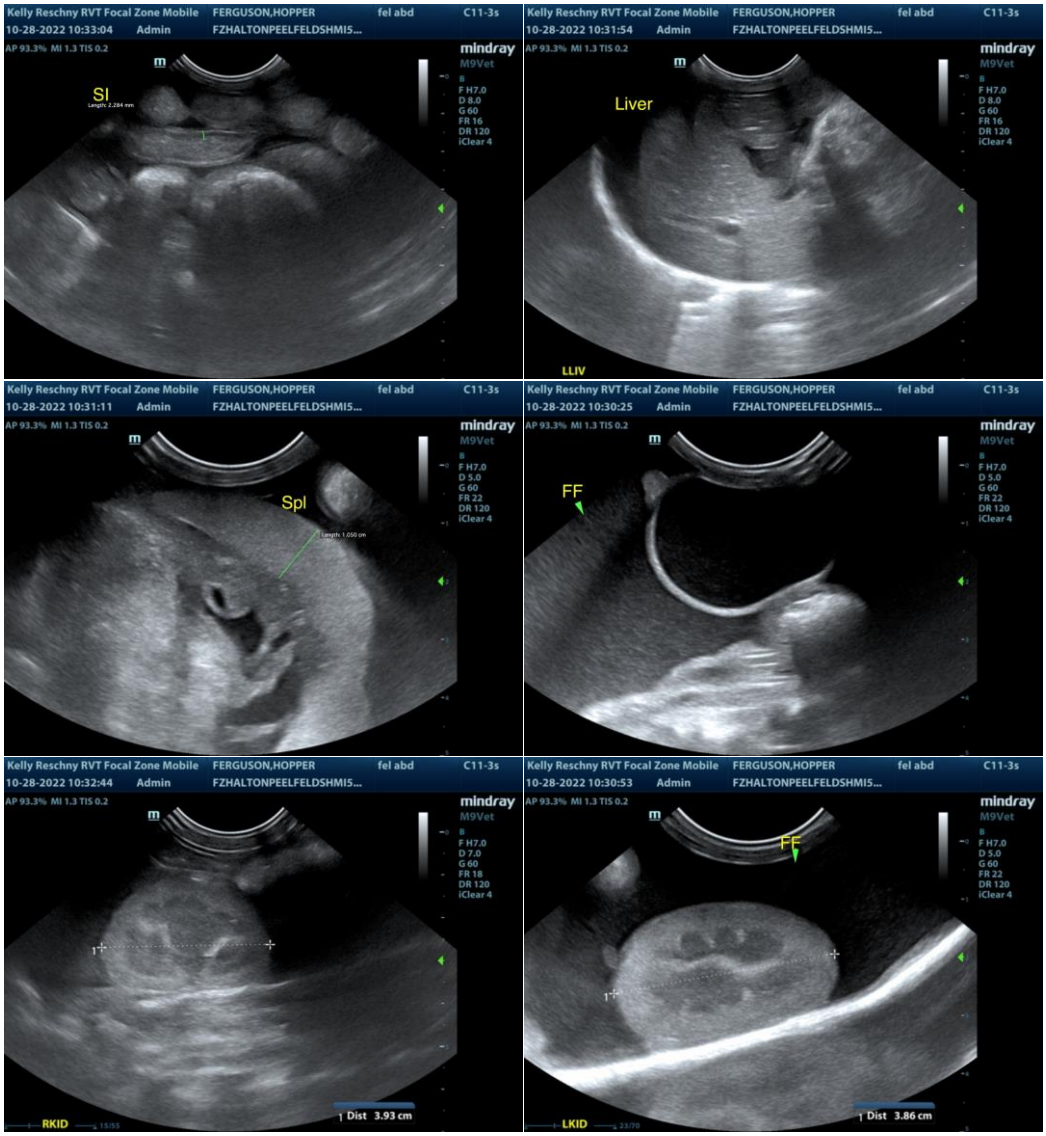

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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