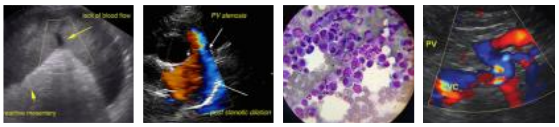


PATIENT

Seska Hoffman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Whole Pet Vet Care

REFERRING VET

Dr. DeMarco

INVOICE

16134

DATE

2/10/23

PRESENTING CLINICAL SIGNS

Patient presented today for an exam to get established and owner is concerned about weight gain. Pet is eating fairly normal per owner. Pet has not been to a vet in over 3 years. This is the first exam on patient. The only abnormal finding is a distended abdomen, taut but not particularly painful.

Abnormal PE/Chem/CBC/UA Results: All normal Current Medications None Radiographic Findings There is marked loss of detail in the abdomen due to fluid or large spleen or liver mass.

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 very minor hyperechoic urinary bladder sediment, which may indicate cellular debris / protein, or crystalline debris. 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. 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 prominent to 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 3.6 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

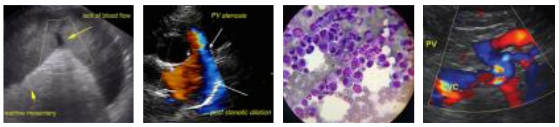
The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was not visualized potentially owing to volume contraction or displacement secondary to significant peritoneal effusion.

Liver/ Gallbladder

The liver was asymmetrically enlarged exhibiting mild generalized heterogeneous parenchyma with multifocal variably hyperechoic intraparenchymal nodules. Potential for mild increased hepatic vascular volume or mild congestive pattern is possible. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No gallbladder wall edema was present. 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 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.

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

Pancreas

The pancreas was not definitively visualized owing to periadrenal omental artifact and possible displacement secondary to effusion.

Free Abdomen

Significant volume peritoneal effusion exhibiting mild effusion echogenic changes was present. Generalized nonuniform hyperechoic omentum was noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral prominent nonspecific renal medullary rim sign
- Significant volume peritoneal effusion exhibiting mild effusion echogenic changes
- Generalized nonuniform omentum
- Asymmetrical hepatomegaly exhibiting nonhomogeneous hyperechoic nodular parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. FIP is technically a potential; therefore, FIP titers on the fluid are essential; however, given the age of the patient FIP is less likely. Carcinomatosis, lymphomatosis are the primary differentials.

The free fluid has mild echogenic changes to it. Given no reported subnormal albumin that would diminish oncotic pressures to the point of causing free fluid, as well as no evidence of intestinal perforation or other intestinal pathology that would be responsible for an effusion of this nature, lymphatic obstruction owing to carcinomatosis and lymphomatosis or similar is of primary concern. Potential for underlying hepatic disease, given the short half-life of hepatic enzymes in cats, cannot be definitively excluded. Three-view chest radiographs to rule out occult thoracic pathology or cardiomegaly as a contributing is recommended. An extremely guarded to unfavorable prognosis is likely indicated.

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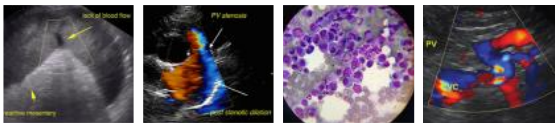

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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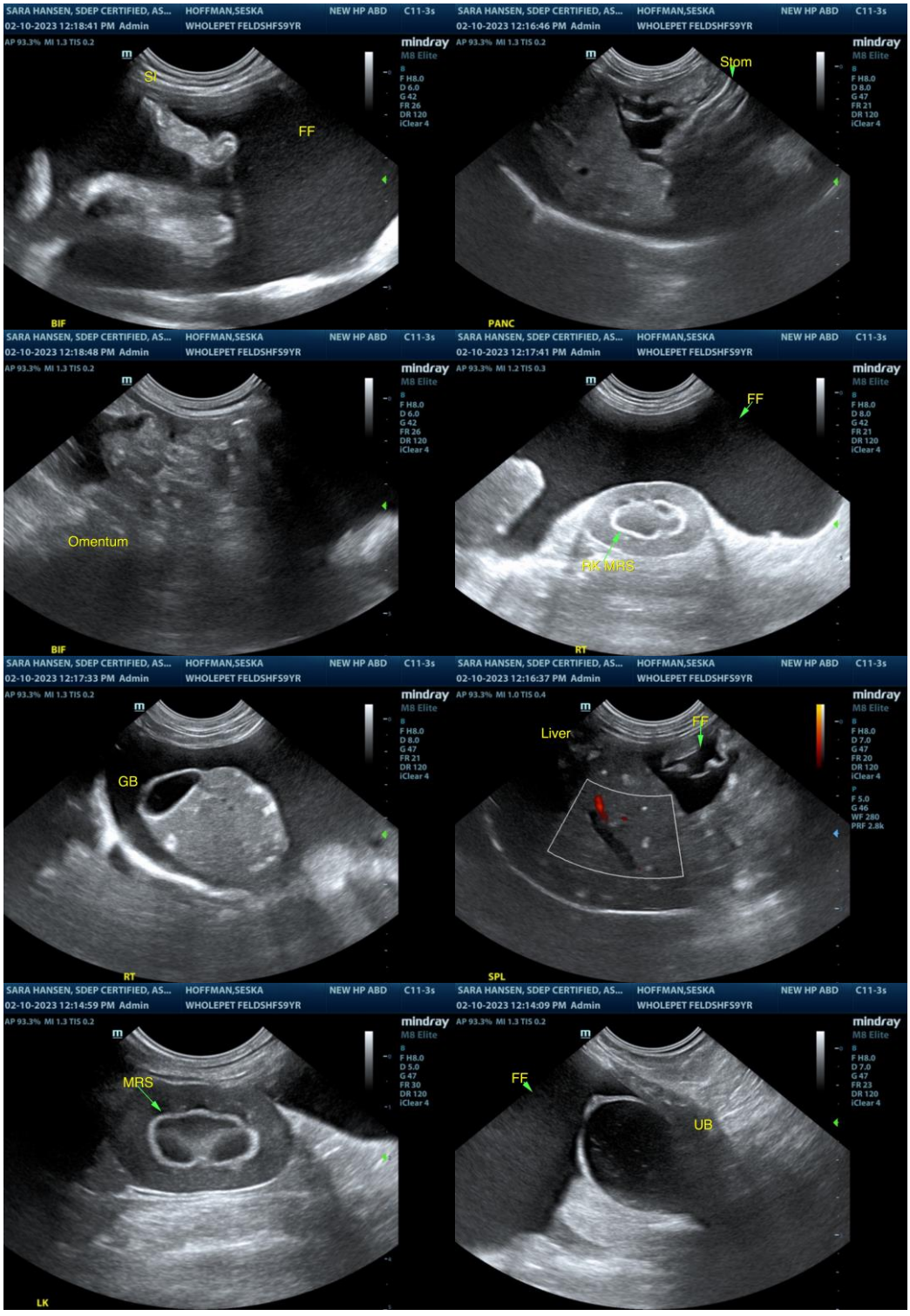

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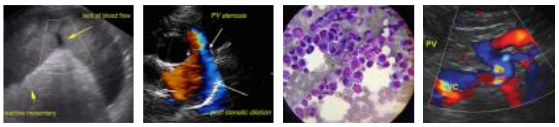

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com