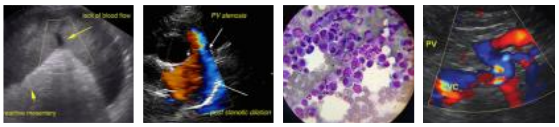


PATIENT

Aurora Oliver

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

5 months

WEIGHT

8.27 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Wlash, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Sundholm

INVOICE

16270

DATE

2/22/23

PRESENTING CLINICAL SIGNS

Aurora presented on 2/18/23 for suspected ascites. The owner noted a severely distended abdomen compared to her littermate. Aurora has been lethargic and has a decreased appetite. Her BCS is 4/9. She was slightly icteric on presentation. She had a fever of 103.6 F. The abdomen was somewhat painful on palpation. Did not palpate any organomegaly or masses. Primary Question/Differential to Be Answered in This Exam R/o causes of abdominal distention, top concern is FIP

Abnormal PE/Chem/CBC/UA Results: TBIL (1.2); Amylase (1577); ALB low-normal (2.3); GLOB high-normal (5.3); A:G ratio 0.4 mild lymphopenia, low PLT (88K). low-normal HCT (35%); smear - WBCs appear normal, no bands or degenerative changes noted. Few small micro-clots.

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 changes was noted.

The area of the aortic trifurcation was free of pathology.

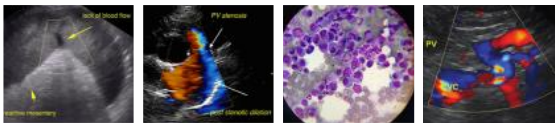
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A 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. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm width.

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 0.9 cm width at the level of the hilus.



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Liver/ Gallbladder

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 congestive criteria. Normal hepatic vascular volume was noted. 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 echogenic, nonshadowing ingesta without signs of obstruction or foreign material. Suspect recent meal ingestion.

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 left pancreas was normal in size and contour exhibiting mildly homogeneous hypoechoic parenchyma compared to adjacent hyperechoic omentum.

Free Abdomen

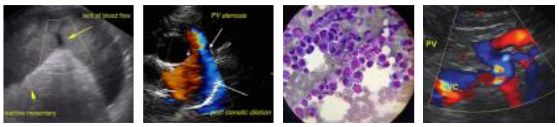
Significant volume peritoneal effusion exhibiting mild echogenic changes (suggestive of mild fluid cellularity) was present. Generalized nonuniform to indistinctly nodular hyperechoic omentum was noted. No omental masses were visualized.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal medullary rim sign
- Significant peritoneal effusion exhibiting mild echogenic changes, concurrent nonuniformly hyperechoic to nodular omentum
- Normal liver / spleen
- Gastric ingesta, sonographically unremarkable small bowel
- Subjective mild hypoechoic left pancreas - nonspecific, potential normal pancreas compared to adjacent hyperechoic omentum, reactive pancreatic changes, low-grade inflammation, all potentials

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, given the sonographic findings in conjunction with patient clinical signs, as well as subnormal albumin: globulin ratio, FIP is considered highly probable until proven otherwise. FIP testing on the peritoneal effusion could be considered.



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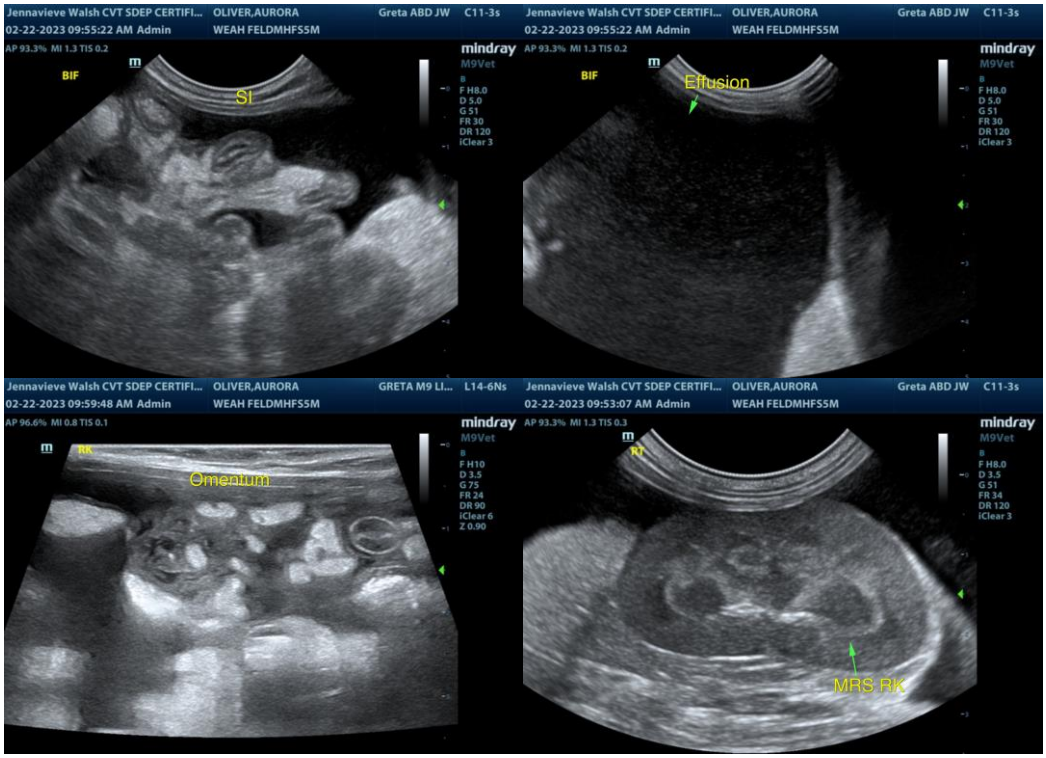
No evidence of hepatic, splenic, or gastrointestinal disease as contributing factors. Empirical therapy for FIP, given difficult premortem definitive diagnosis, is recommended.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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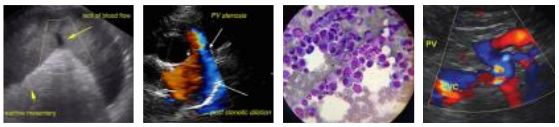

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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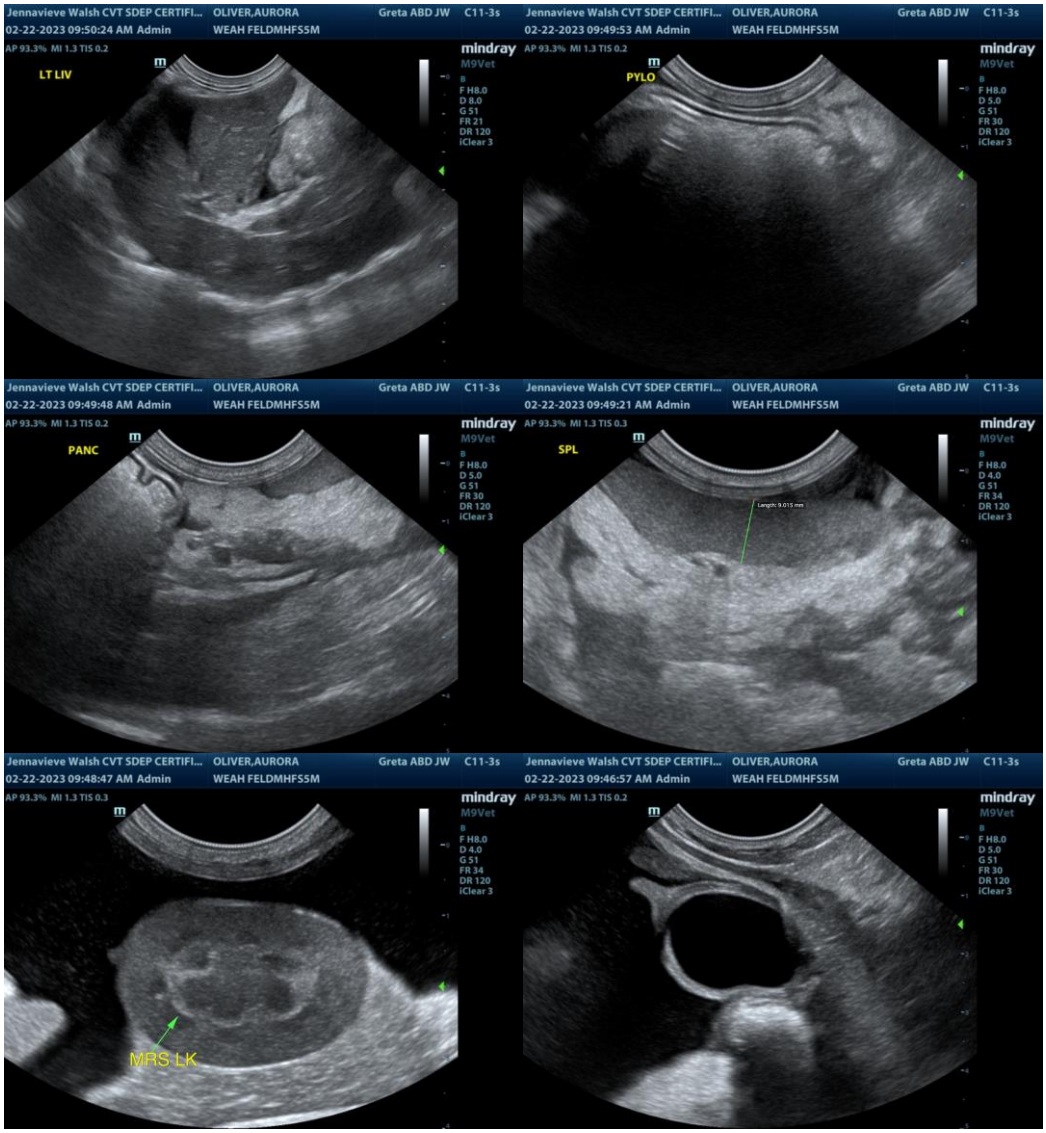

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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