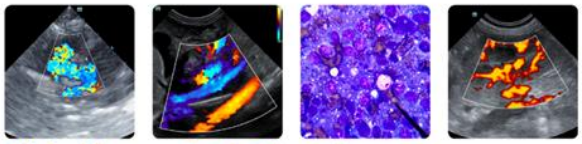

PATIENT

YE FOX

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17yr

WEIGHT

6.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Rivera

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr Courtney

INVOICE
24196

DATE
03/13/2026

PRESENTING CLINICAL SIGNS

- 17 y/o FS dsh presented for distended abdomen. Owner's daughter feels as of recently that P's abdomen is more distended than usual, describing her as typically skinny. Owner feels the cat is lethargic but attributes this to age. Ye is otheriwse eating and drinking normally. No heavy breathing, panting, shortness of breath, or coughing noticed.
- Abnormal PE/Chem/CBC/UA Results: Abd/GI: Palpates soft and with a fluid wave present Chem 18/Lytes/CBC: HCT 28.4%, HGB 9.3 (9.8-16.2), WBC 18.18 (2.87-17.02), Neuts 15.11 (2.30-10.29), Mono 1.12 (0.05-0.67), PLT 698 (151-600), PCT 1.05% (0.17-0.86), Glu 211, SDMA 28, Crea 3.2, BUN 63 (16-36), Ca 12.6 (7.8-11.3), ALP <10. Urinalysis Cysto for UA: USG 1.018, pH 6.0, Prot 30mg/dL, Glu 50mg/dL, BLD 250 Ery/uL or 8 RBC/HPF, suspect cocci (confirmation negative). Fluid analysis of abd fluid: RBC 0.11M/uL, TNCC 4.20 K/uL, %Grans 70.0%, %AGRANS 30.0%, Grans 2.94, AGRANS 1.26. TS: 4.8. Slide had dark and numerous granulated cells present (Mast cells vs Basophils?), and other abnormal structures that I could not define. Few activated macrophages noted.

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and asymmetrical 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. Suspect bilateral cortical infarcts. The left kidney measured 3.1 cm in length. The right kidney measured 3.1 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.38 cm width.

Spleen

The spleen exhibited normal size and mild capsule asymmetry with mild heterogeneous parenchyma.

Liver/Gallbladder

The liver was subjectively mildly enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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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 mechanical/metabolic 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. No signs of active inflammation or neoplasia.

Free Abdomen

Moderate volume echogenic peritoneal effusion.

Non-homogenous hyperechoic omentum.

Ill-defined irregular non-homogenous abdominal mass / masses were present, an example measured 5 cm in diameter adjacent to the caudomedial spleen.

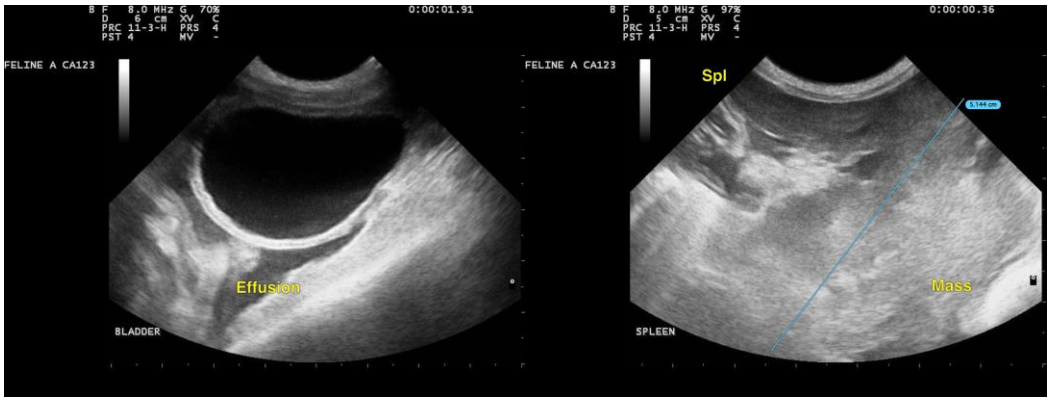
ULTRASONOGRAPHIC FINDINGS

Primary

- Peritoneal effusion and ill-defined abdominal mass / masses
- Non-congested liver
- Mild gallbladder debris
- Sonographically unremarkable gastrointestinal tract
- Chronic renal changes exhibiting cortical infarcts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The peritoneal effusion and ill-defined abdominal mass / masses is consistent with multicentric neoplastic criteria such as carcinomatosis, lymphomatosis, mastocytosis or similar. Technically FIP is a potential yet considered unlikely given patient age. Surgical options are precluded. An unfavorable long-term prognosis is indicated.



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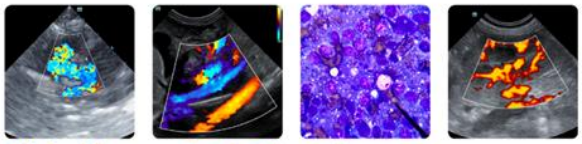

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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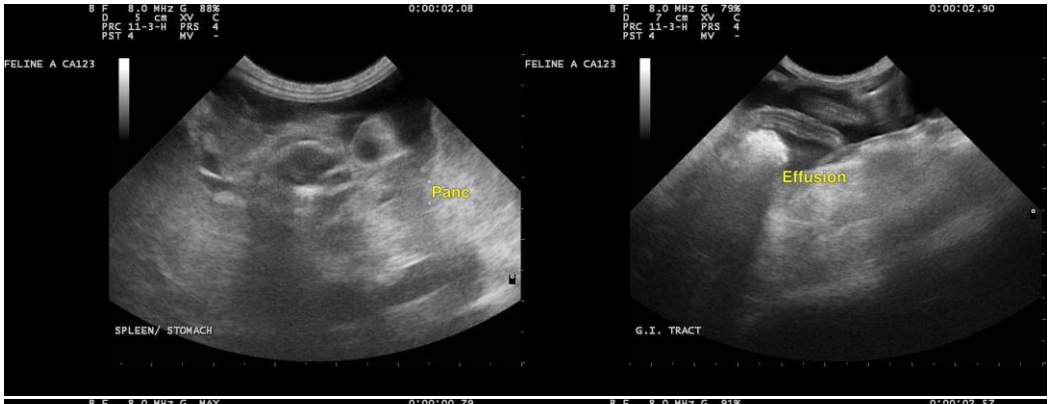

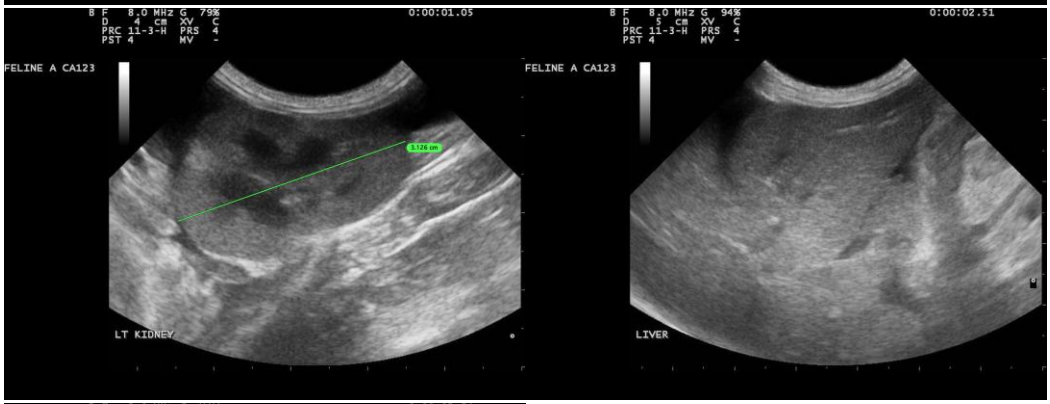

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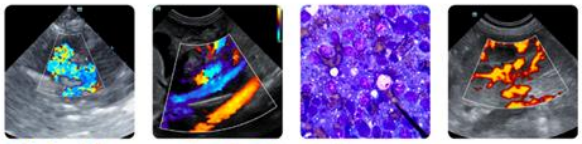

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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