



PATIENT

Prince Midcoast
Humane

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

8.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Cote

INVOICE

15220

DATE

5/16/22

PRESENTING CLINICAL SIGNS

History: Chronic herpes virus infection and has been on famciclovir and idoxuridine. Ocular signs have greatly improved but abdominal distension noted in the past 1-2 weeks. Cat originally from Oklahoma, transported to Maine.

Abnormal PE/Chem/CBC/UA Results: RADS: complete loss of serosal detail. BW: mild hypoalbuminemia, mild increase SDMA. UA: hematuria, C&S pending. Abd Tap: mildly cloudy with fibrin strands, light tan colored fluid. Sending in fluid for FIP PCR test, and cytology.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Very minor nondependent particulate sediment, which may indicate cellular debris/protein, crystalline debris or mucus, was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic urinary bladder criteria. Aortic trifurcation was normal.

Both kidneys were normal in overall size and margination. 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 mild medullary rim sign, was present in both kidneys. 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 4.2 cm. The right kidney measured 4.4 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm.

Spleen

The spleen was borderline enlarged, exhibiting subtle nonhomogeneous to potential micronodular parenchyma. Maintained symmetrical capsule contour noted. The spleen measured 1.1 cm in width.

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 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. Minor retained anechoic fluid was present. The gastric body wall measured 0.25 cm.



PATIENT	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. The small intestinal wall measured 0.26 cm.
Prince Midcoast Humane	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	
BREED	Pancreas The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
DSH	
SEX	Free Abdomen Moderate volume peritoneal free fluid was noted, exhibiting echogenic changes consistent with moderate cellularity.
Neutered Male	
AGE	Focal to intermittent mid abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum, maintaining a normal width: length ratio (<0.5). An example measured 2.7 cm x 0.84 cm. The lymph nodes were not overtly consistent with inflammatory or neoplastic criteria. Generalized hyperechoic mesentery noted.
2 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
8.3 Pounds	<ul style="list-style-type: none"> • Moderate volume peritoneal free fluid, exhibiting echogenic changes/cellularity • Bilateral nonspecific renal medullary rim sign • Overtly normal liver/gastrointestinal tract • Borderline to mild splenomegaly, exhibiting subtle micronodular parenchyma • Generalized hyperechoic mesentery with intermittent nonspecific yet subjectively benign/reactive mesenteric lymph nodes
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Given that no subnormal albumin level that would diminish oncotic pressure to the point of causing free fluid, as well as no evidence of significant hepatic or gastrointestinal pathology, including no evidence of hepatic vascular congestion or infiltrative enteropathy, a definitive cause of the peritoneal free fluid was not definitively evident. However, primary concern for FIP or potential lymphatic obstruction, owing to neoplastic process, such as lymphomatosis, carcinomatosis or similar with less likely potential for septic peritoneal effusion is warranted. Correlation with effusion analysis, cytology +/- culture and sensitivity, if evidence of inflammatory cells, as well as FIP testing is recommended.
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HOSPITAL NAME	The borderline to mild splenomegaly with subtle micronodular parenchyma, likewise, is nonspecific with considerations, including areas of benign nodular hyperplasia, hematopoiesis, etc. The possibility of early splenic neoplasia, however, cannot be definitively excluded. Pending effusion testing, ultrasound guided FNA of the spleen, assuming normal clotting status and using a 25-gauge needle could be considered for further assessment. Very guarded prognosis.
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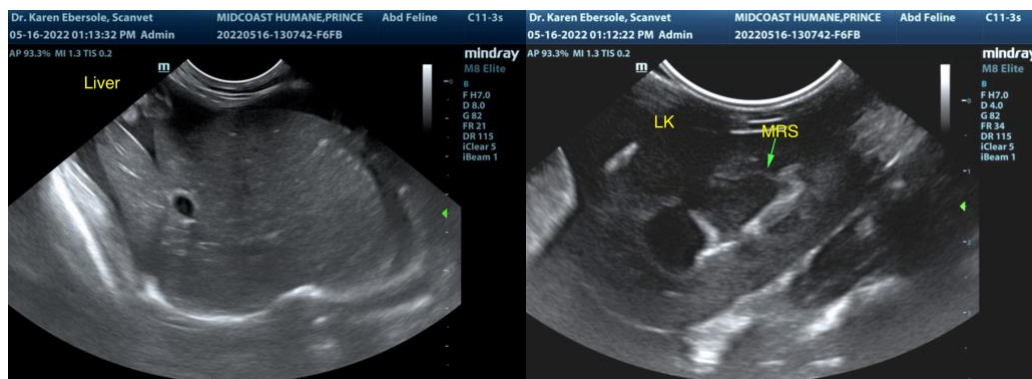
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Humane

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

SPECIES

Feline

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.

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info@SonoPath.com

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