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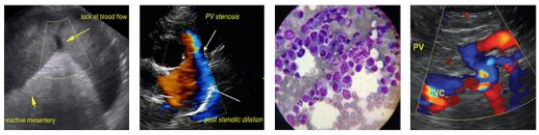

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Natasha Weiskircher

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 M

WEIGHT

9.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

Dr. Dengler

INVOICE

13907

DATE

5/18/22

PRESENTING CLINICAL SIGNS

2nd opinion, suspect FIP - off label treatment began 3.19 (Capella), due to lack of response, question of correct diagnosis, 5.14 220mls fluid tapped from abdomen, slightly lethargic, EXTREMELY distended abdomen, muscle wasting

Leukocytosis with neutrophilia and eosinophilia, T4 3.0, ALT 114, FIP PCR pending

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. No evidence of left or right renomegaly or medullary rim sign was noted. The left kidney measured 3.4 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized.

Spleen

The spleen exhibited maintained finely textured homogeneous parenchyma with minor areas of capsule asymmetry and overall normal size, measuring 0.83 cm width at the level of the hilus. No overt evidence of splenic neoplastic criteria was noted.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement and maintained a symmetrical to mildly rounded hepatic contour with normal hepatic parenchyma echogenicity exhibiting uniform echotexture. Subtle evidence of hepatic vascular congestion, most notable at the level of the hepatic vein caudal vena cava, was present. No hepatic masses or nodules were 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 was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 cm.

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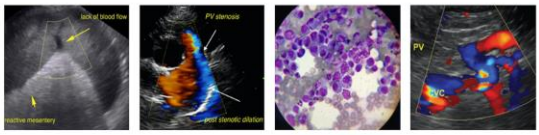

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The visualized segments of small intestine exhibited intact wall layering and maintained a 1:3 muscularis/mucosa ratio. No overt evidence of intestinal mural pathology was noted.

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

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 were evident.

Free Abdomen

Moderate to severe volume anechoic peritoneal free fluid was present. Subtle, primarily uniform reactive mesentery was also present. No overt evidence of omental masses or significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Normal bilateral kidneys - no evidence of renomegaly
- Severe volume anechoic peritoneal free fluid
- Mild subjective congestive hepatopathy pattern
- Overtly normal gastrointestinal tract
- Sonographically unremarkable spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending FIP PCR, a definitive cause of the anechoic peritoneal free fluid, which did not appear to exhibit typical echogenic changes or cellular component often seen with FIP, was not overtly obvious. Clinical concern for potential cardiogenic peritoneal free fluid may be indicated, pending echocardiographic assessment and in light of subjective mild hepatic congestion. Further assessment may include effusion cytospin cytology pathology analysis +/- culture and sensitivity if evidence of Inflammatory cells.

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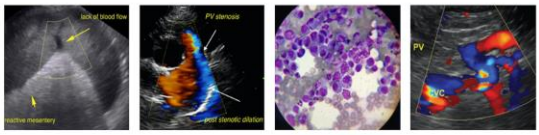

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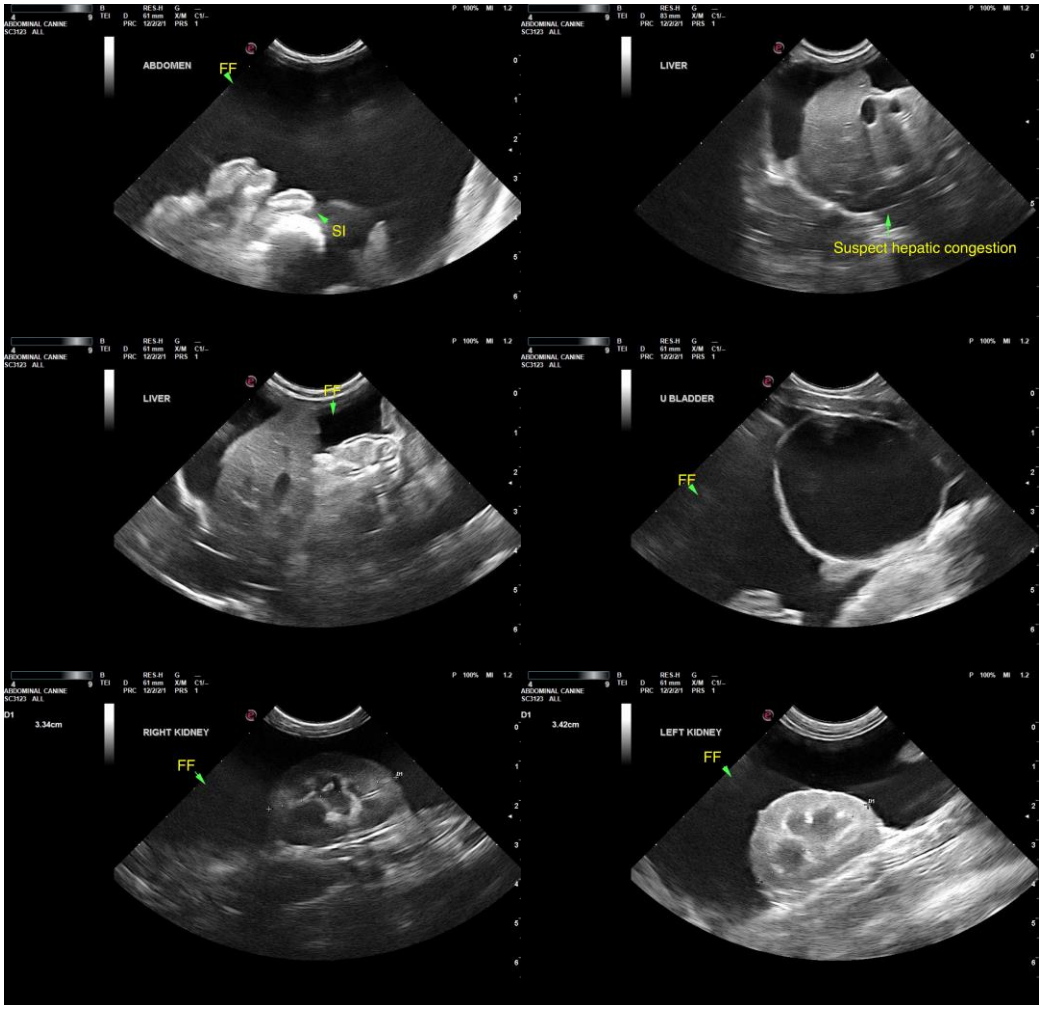

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com