SonoPath
Clinical Sonography & Telecytology
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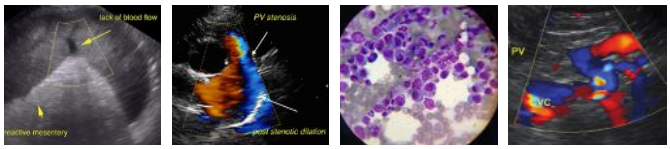


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Minnie Fisher

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
6yr

WEIGHT
9.4

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

IMAGING PERFORMED BY
Alex Emerson

HOSPITAL NAME
Animal Clinic of Casselberry

REFERRING VET
Alex Emerson DVM

INVOICE
11425ag

DATE
08/19/2022

PRESENTING CLINICAL SIGNS

History: Inappetant and losing weight for a couple of weeks. BW a week ago- mild hyperglobulinemia 6.6, very mild neutrophilia. AXR normal. UA- normal USG but Significant UTI- rods. Tx with ABx but O has great deal of trouble giving oral meds. Straw coloured fluid aspirated at time of ultrasound exam

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Possible mild reduced corticomedullary echogenicity was noted. The left kidney measured 4.5 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

No overt pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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 0.83 cm in width at the level of the hilus.

Liver

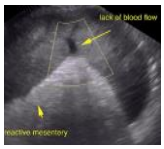
The liver was subjectively enlarged in size with normal structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

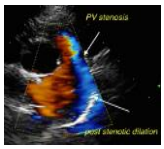
The gallbladder was mildly subnormal in size with thin walls and primarily anechoic luminal content with minor echogenic luminal debris. The cystic and common bile ducts were normal.

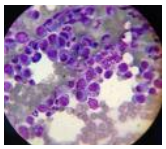
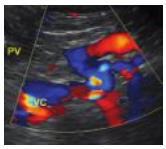
Gastrointestinal

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 measured 0.25 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Propensity for mildly prominent muscularis and submucosa layers was noted. The lumen of the small intestine was empty with





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no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.28 cm in width. The jejunum wall measured 0.28 cm in width.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No visualized omental masses were present.

Generalized hyperechoic mesentery was present.

Focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.1 cm x 0.6 cm.

Moderate volume peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Moderate volume peritoneal free fluid and hyperechoic mesentery
- Non-specific mild hepatomegaly
- Prominent to mildly hypoechoic pancreas
- Intact yet subjective mildly prominent small bowel walls
- Non-specific benign mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal albumin levels a definitive cause of the peritoneal free fluid was not obvious. Considerations for the free fluid may include non-septic vs septic effusion, potential for carcinomatosis or similar could be possible and technically FIP is a differential diagnosis in this case. Abdominocentesis for cytology +/- C/S if evidence of inflammatory cells is recommended.

The pancreas may indicate edematous change with potential for inflammation. The possibility of underlying intestinal disease could be possible given the patient's weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Three view chest radiographs suggested if not done to assess for thoracic pathology.

A very guarded prognosis is indicated pending effusion analysis.

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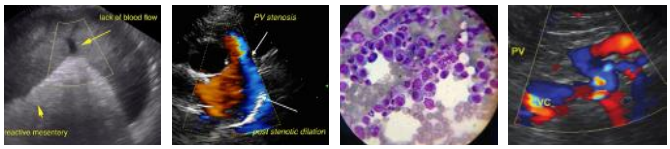

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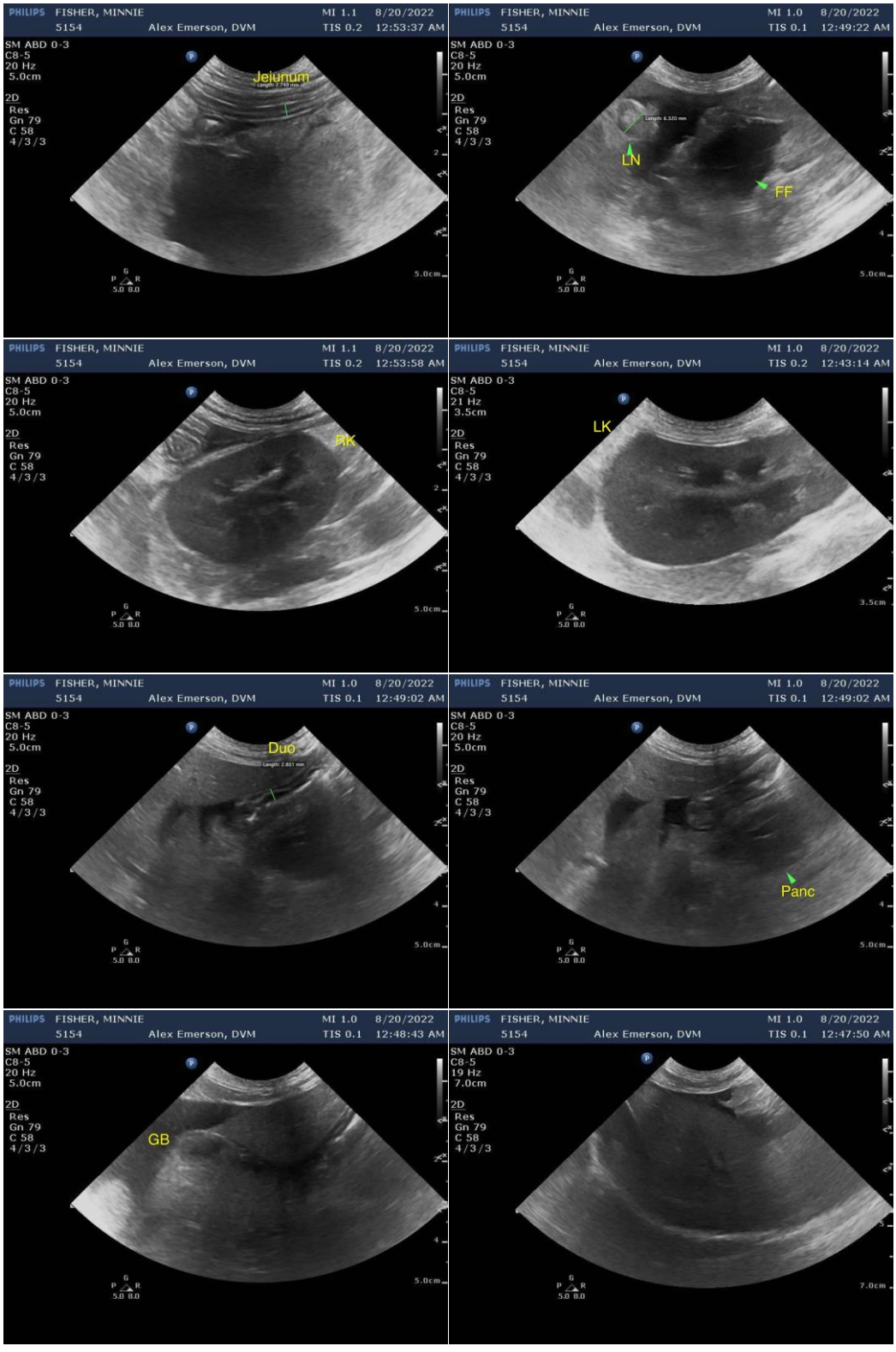

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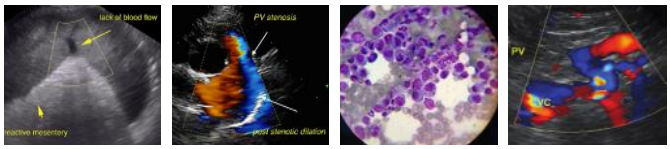

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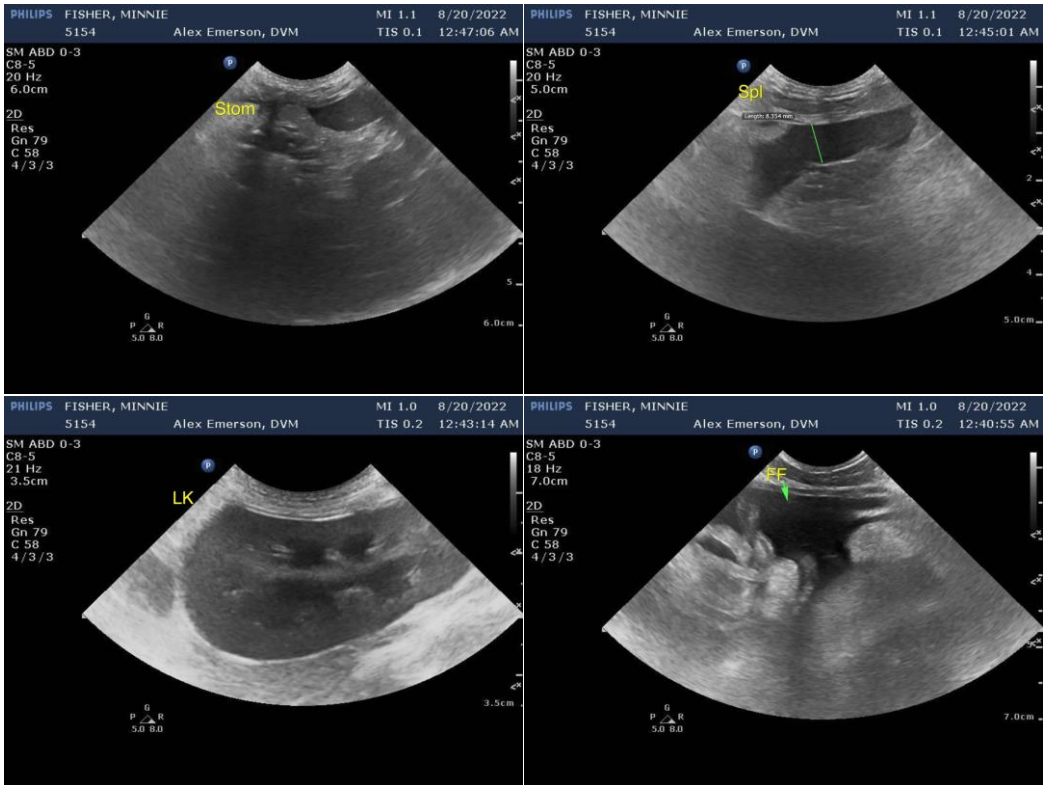

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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