



## PATIENT PRESENTING CLINICAL SIGNS

**PATIENT** Tux Sepulveda  
**PRESENTING CLINICAL SIGNS** Presenting Complaint: Abdominal distension x unspecified duration, vomiting x unspecified duration, hyporexia x unspecified duration • historic urinary issues Significant Physical Exam Findings: Marked abdominal distension, firm abdomen with a fluid-filled structure palpated, dehydration

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Neutrophilia 18k; WBCs 20k; k+ initial 7.4; Na 141; Cl 101

Feline

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

**BREED** Plain and post contrast studies are available for review.

## DLH COMPUTED TOMOGRAPHIC FINDINGS

**SEX** A large amount of diffuse peritoneal effusion filling the peritoneal cavity and causing organ displacement is seen. The peritoneum presents diffuse thickening with contrast enhancement. Cocooning and entrapment of mesenteric fat and abdominal viscera with clustering of small intestinal loops in the center of the abdominal cavity and fluid in the periphery is seen, suggesting fibrosing or sclerosing peritonitis. No discrete mass lesion abscess or free gas is identified.

MN

**AGE** The lobar margins of the liver are distinctively seen and rounded. Mild capsule irregularity is seen. Moderate extrahepatic biliary duct dilation without obstructive lesion at the papilla or proximal duodenum is seen. The gallbladder is distended but smooth walled and non-mineralized.

4yr

## INTERPRETED BY

Nele Eley (Ondreka),  
 DVM Dr. med. vet.,  
 DipECVDI

The pancreas is moderately enlarged and presents heterogeneous enhancement and slightly indistinct margins suggestive of pancreatitis or other inflammatory change. No focal mass or cystic lesion is seen.

The splenic parenchyma is uniform in attenuation and enhancement.

The intestines are bunched together in the center of the abdomen adjacent to the mesentery and surrounded by a large amount of uniform fluid.

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The mesenteric lymph nodes are mildly enlarged and homogeneously contrast enhancing.

Mild subcutaneous fat stranding is seen in the abdominal wall.

## REFERRING VET

Jackie Kalams DVM

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Massive peritoneal effusion with marked peritoneal thickening
- Enhancement and cocooning of abdominal viscera and mesenteric fat highly suggestive of sclerosing peritonitis
- Moderate extra hepatic biliary duct dilation possibly secondary to inflammatory changes or cholangiohepatitis.
- Pancreatic changes consistent with pancreatitis which may be a primary process or secondary to peritoneal inflammation.
- Mild reactive mesenteric lymphadenopathy.

## INVOICE

22835

## DATE

11/3/2025

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS



## PATIENT

Tux Sepulveda

Differential diagnosis includes sclerosing peritonitis which can be idiopathic, post-inflammatory or secondary to pancreatitis by leakage or prior peritonitis. Neoplastic peritonitis such as carcinomatosis or mesothelioma is considered less likely but cannot be ruled out entirely. FIP, feline infectious peritonitis is a possible differential diagnosis if compatible with clinical and laboratory findings. Ultrasound guided abdominocentesis for cytology and effusion analysis is recommended if not performed already. FPLI and bile acids testing to evaluate pancreatic and biliary involvement is recommended as well.

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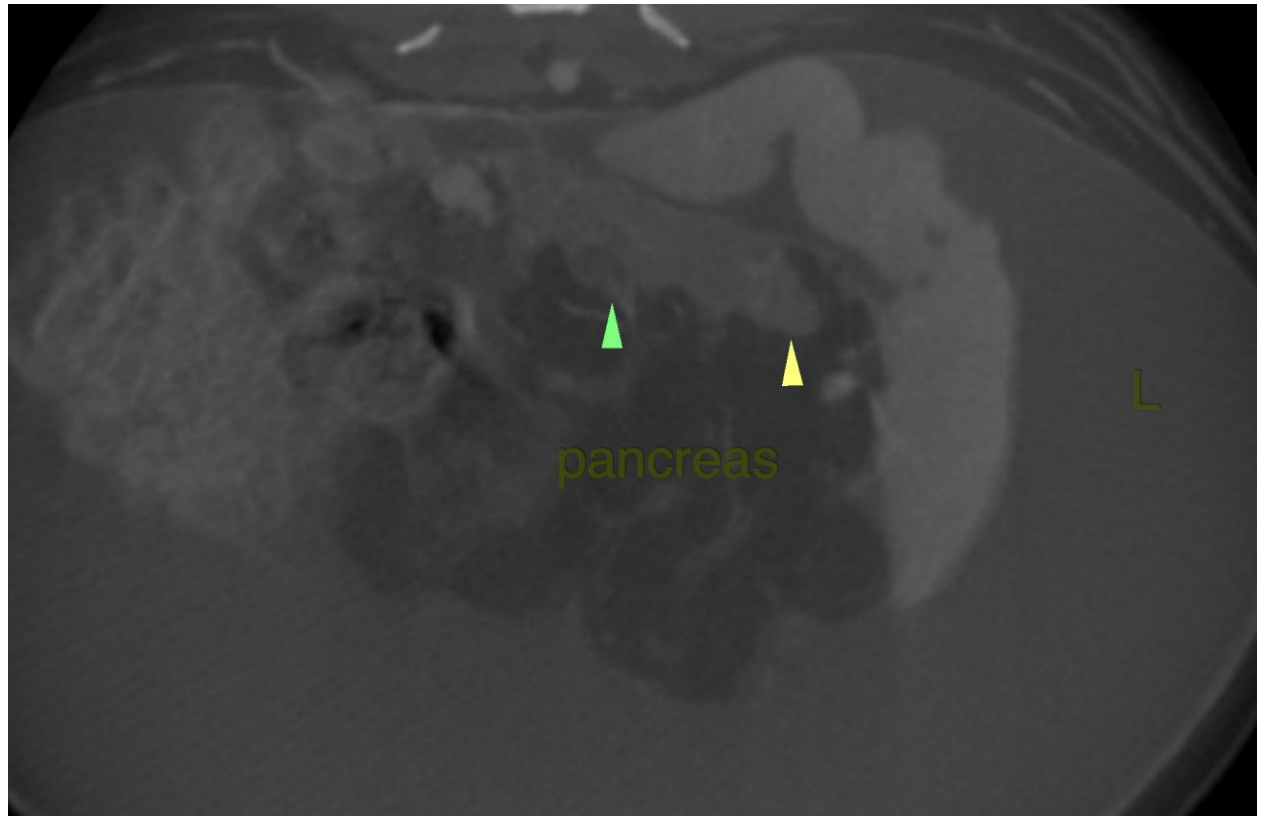
Jackie Kalams DVM

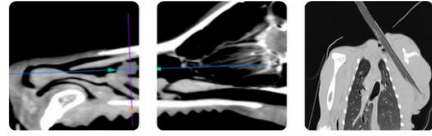
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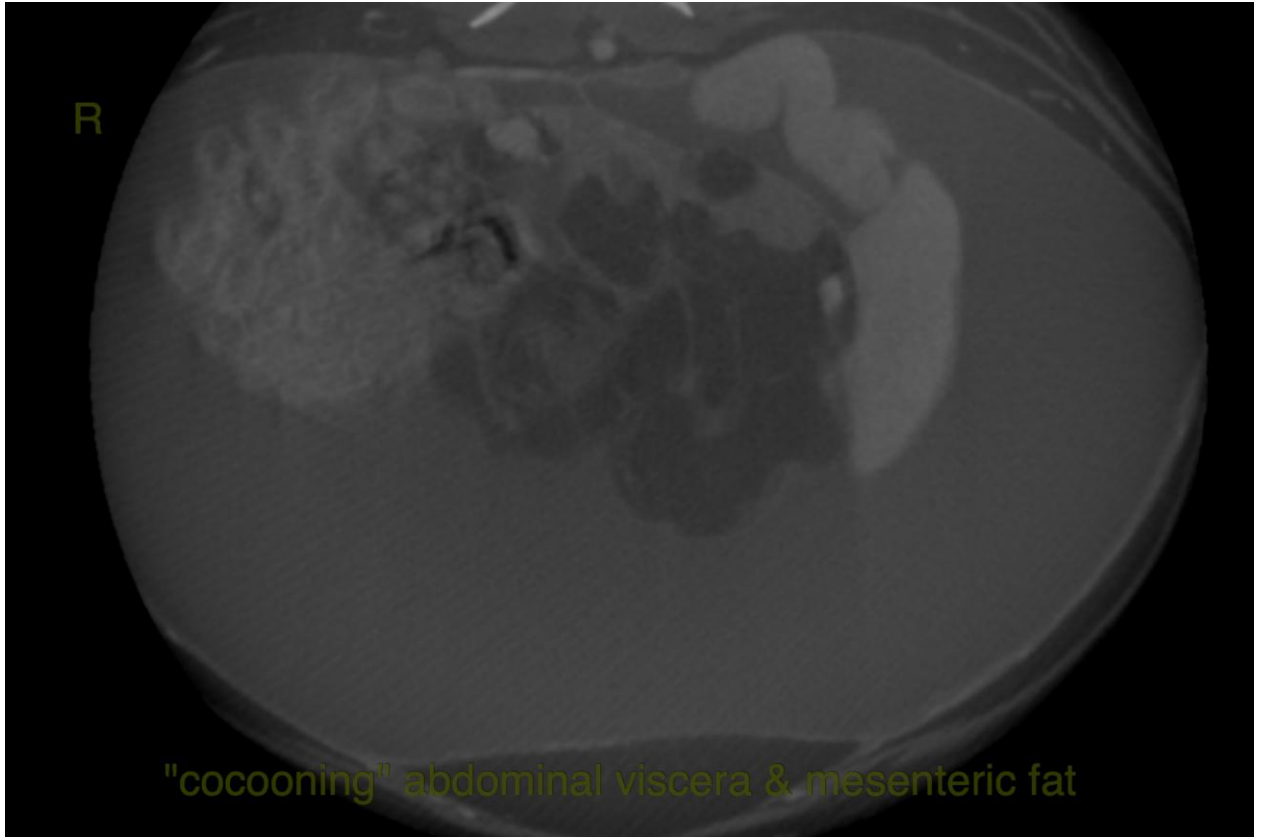
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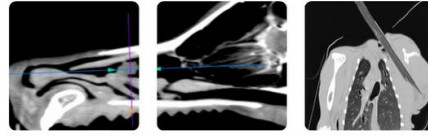
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

## BREED

DLH

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