



PATIENT

Taro Jiang

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year

WEIGHT

10 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Taylor McConnell

INVOICE

13345

DATE

1/10/22

PRESENTING CLINICAL SIGNS

History: Patient presents for distended abdomen, (+ fluid wave), anemia, pale MM. Current treatments: Convenia 0.4 mls, in-hospital treatment declined.

Abnormal PE/Chem/CBC/UA Results: FIV/FELV (-), U/A C&S and fluid analysis pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** were hypervascular on power doppler assessment. The left kidney measured 4.71 cm. The right kidney revealed swollen irregular contour. Hyperechoic medullary rim sign present. The right kidney measured 4.5 cm.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.31 cm.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed multifocal hypoechoic nodular changes with echogenic gallbladder wall. No evidence of passive congestion that would suggest thoracic disease causing the ascites.

Gastrointestinal

The **stomach** itself was unremarkable. Variable intestinal thickening noted with hypertrophied muscularis.

Pancreas

Heterogeneous **pancreatic** changes noted with dilated duct.

Free Abdomen

Mesenteric **lymph nodes** were enlarged, irregular and heterogeneous, measuring 2.37 cm x 1.91 cm. Echogenic free fluid noted throughout the mid abdomen.



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ULTRASONOGRAPHIC FINDINGS

- Ascites
- Diffuse intestinal thickening
- Mesenteric lymphadenopathy
- Medullary rim kidney
- Nodular hepatic changes
- Heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Changes strongly suggestive for FIP. Abdominocentesis and FIP titers warranted as well as cytospin to assess for granulomatous disease.

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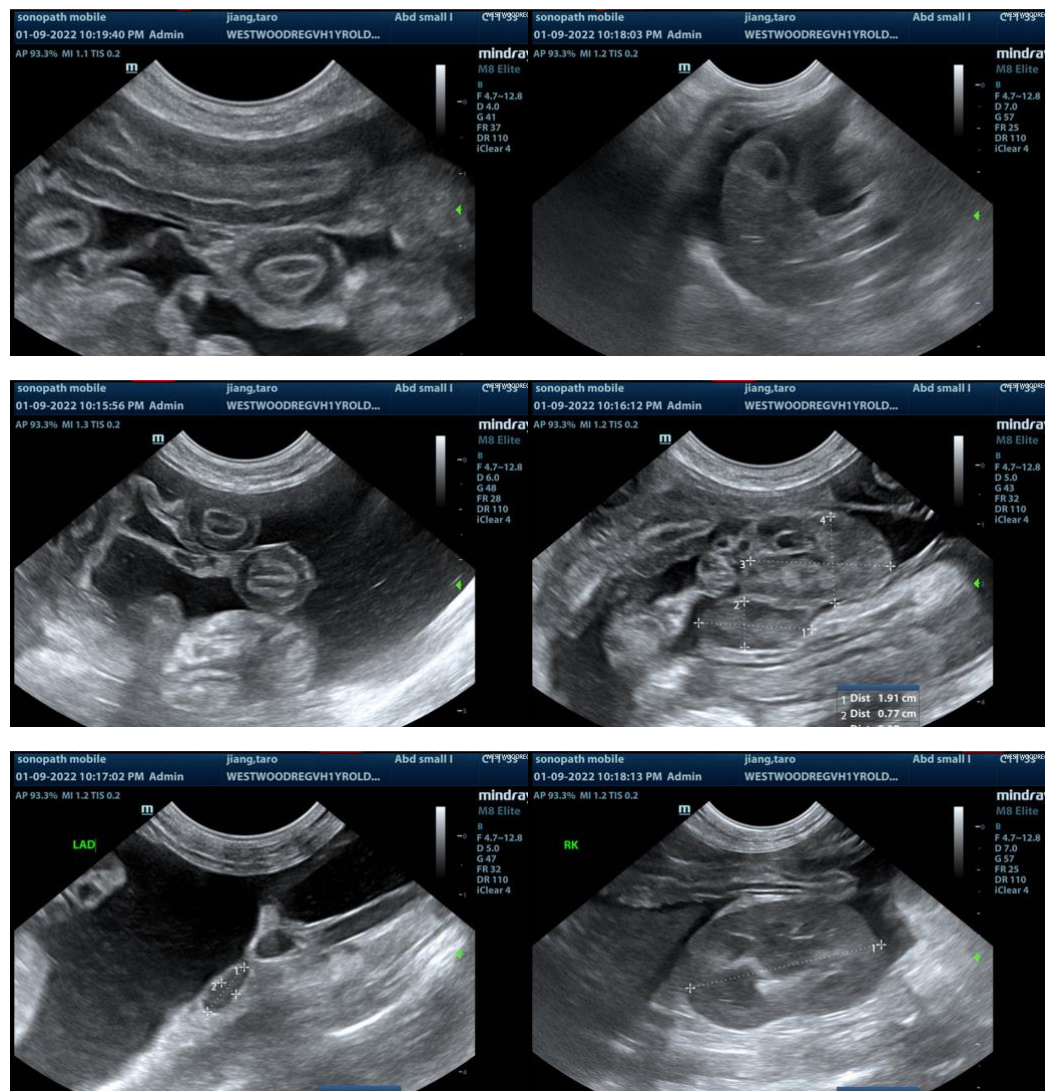
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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