



PATIENT

Poe Brabo

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

7.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Grau

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

70112

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: inappetence, weight loss

Abnormal PE/Chem/CBC/UA Results: muscle loss, doughy abdomen, probable free fluid, jaundice
Creat .7, BUN 4, Cystatin 760, albumin 1.9, globulin 6.6, ALT 36, ALP 51, Bilirubin 4.4 - both
unconjugated and conjugated are elevated, urine 3+ protein, 3+ blood, 2+ bilirubin crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** were bilaterally enlarged with diffuse, hyperechoic parenchymal changes. The left kidney measured 4.5 cm with loss of corticomedullary definition. The right kidney measured 5.2 cm.

Adrenal Glands

Both **adrenal glands** were 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.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** revealed multiple, isoechoic nodules. There was no evidence of passive congestion. The gallbladder wall was hypoechoic and edematous.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. Enlarged mesenteric lymph nodes were noted with a grouping of which measuring 2.5 cm.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

A large amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Diffuse liver disease with nodular changes.

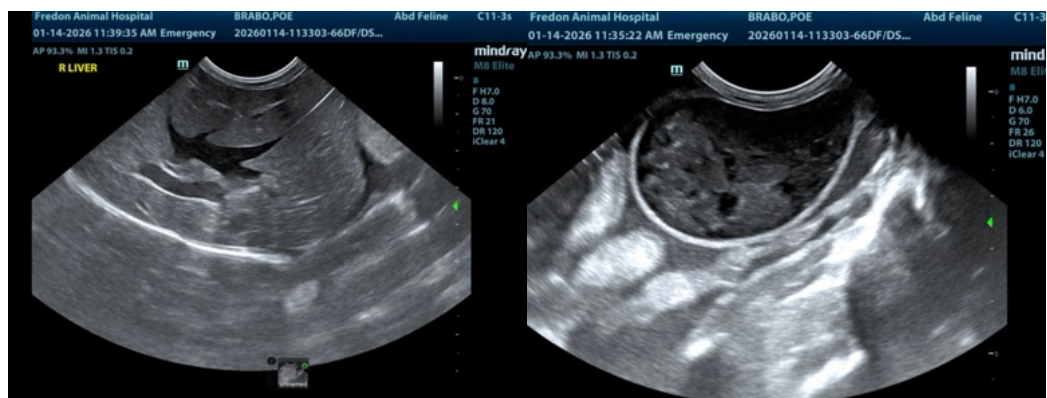
Secondary ascites.

Mesenteric lymphadenopathy.

Renomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for round cell neoplasia, FIP less likely. Abdominocentesis and cytospin as well as FNA of the mesenteric lymph nodes and liver are all indicated.





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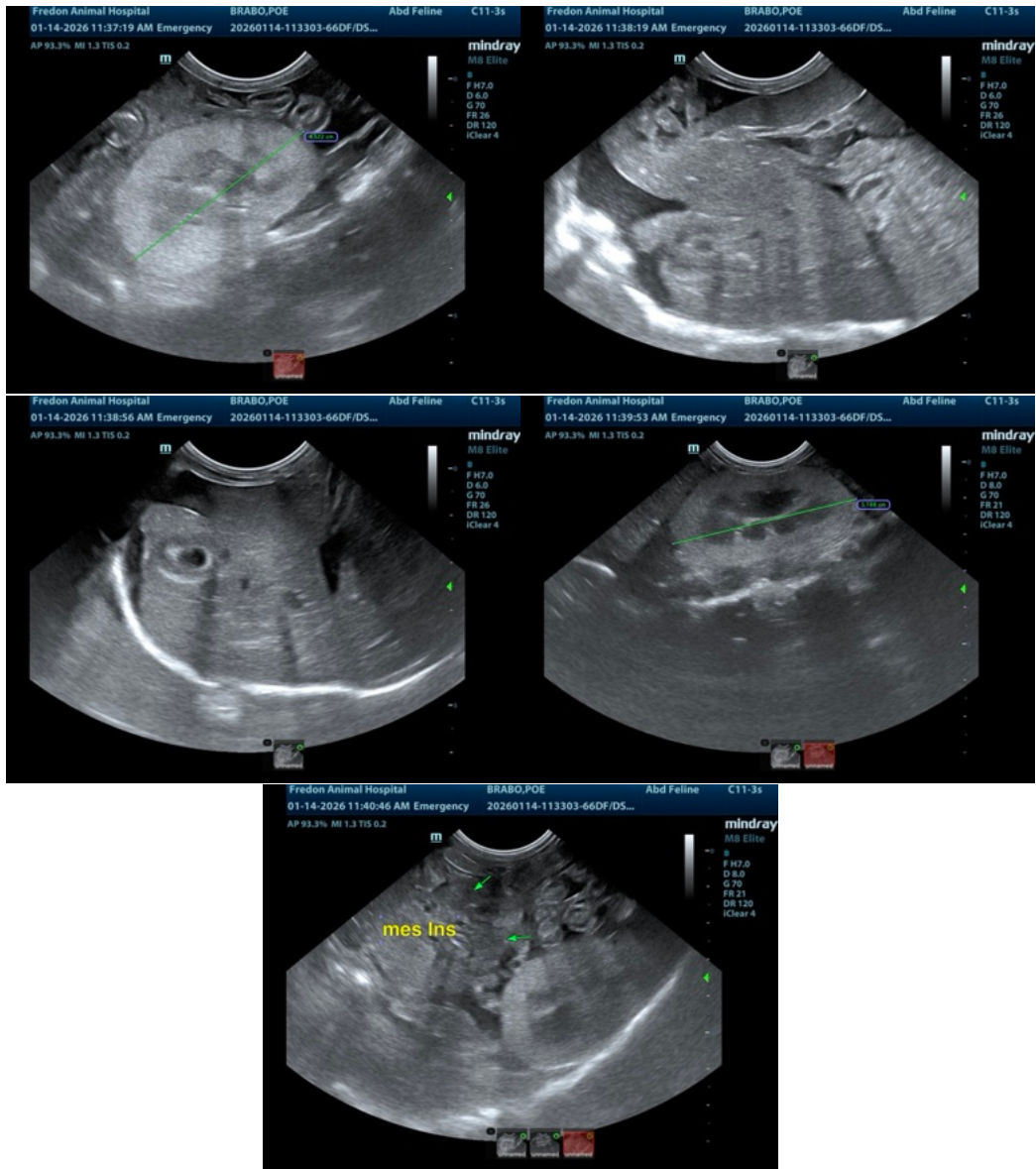
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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