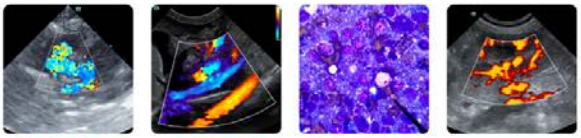

PATIENT

Buster Stewart

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years 5 Months

WEIGHT

9.8

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Verona Animal Hospital

REFERRING VET

Dr. Brazer

INVOICE

72651

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Suspect FIP. Abdominal Mass vs LNs. Hyporexia. Weight loss.

Abnormal PE/Chem/CBC/UA Results: Increased TP and Glob Decreased A/G ratio Polyclonal gammopathy Non-Reg Anemia

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The iliac trifurcation was unremarkable.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Left kidney measured 4.3 cm. Right kidney measured 4.23 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. Left measured 0.30 cm. Right measured 0.40 cm.

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** presented slight increased portal markings with slight coarse architecture. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. The mid abdomen revealed variable intestinal thickening with reactive mesentery. Mesenteric lymphadenopathy noted with distorted, enlarged lymph nodes up to 1.9 cm x 2.7 cm. The lymph nodes were somewhat obscured by reactive hyperechoic surrounding fat. Pockets of free fluid noted. Lymph nodes encompassed a congested mesenteric artery.

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Pancreas

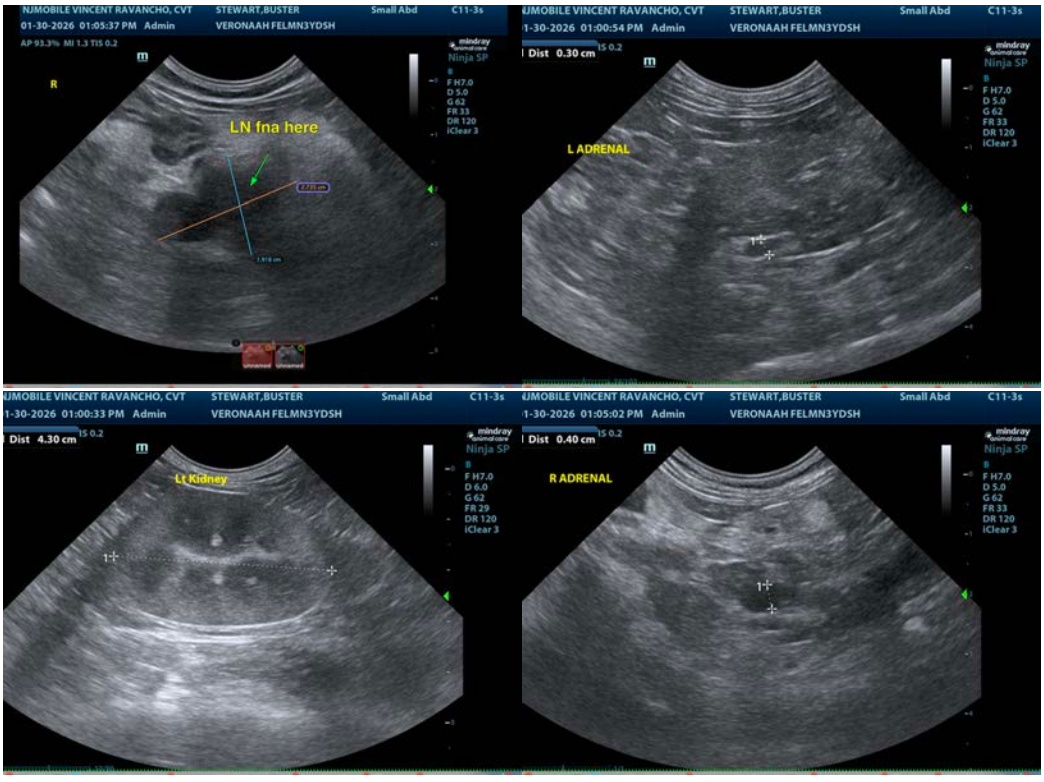
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

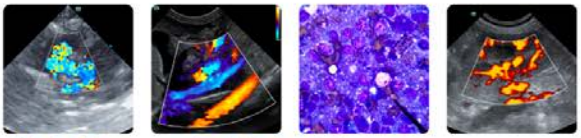
- Variable distal small intestinal thickening with regional mild yet significantly distorted mesenteric lymphadenopathy and reactive mesentery and pockets of free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, granulomatous disease such as FIP or round cell neoplasia are primary concerns. Other infectious agents are possible. Either full thickness intestinal or lymph node biopsies from a surgical perspective could be considered, or ultrasound guided FNA of the accessible lymph nodes and guided abdominocentesis to the small pockets of fluid with cytology, culture and FIP titers. Note that the mesenteric lymph nodes encompass the mesenteric artery. Therefore, full sedation would be necessary, and sampling does carry a minor risk of hemorrhage, though not suspected to be an issue. The remainder of the abdomen is unremarkable. The pathology appears to be manifesting in the mesenteric root and distal small intestine primarily.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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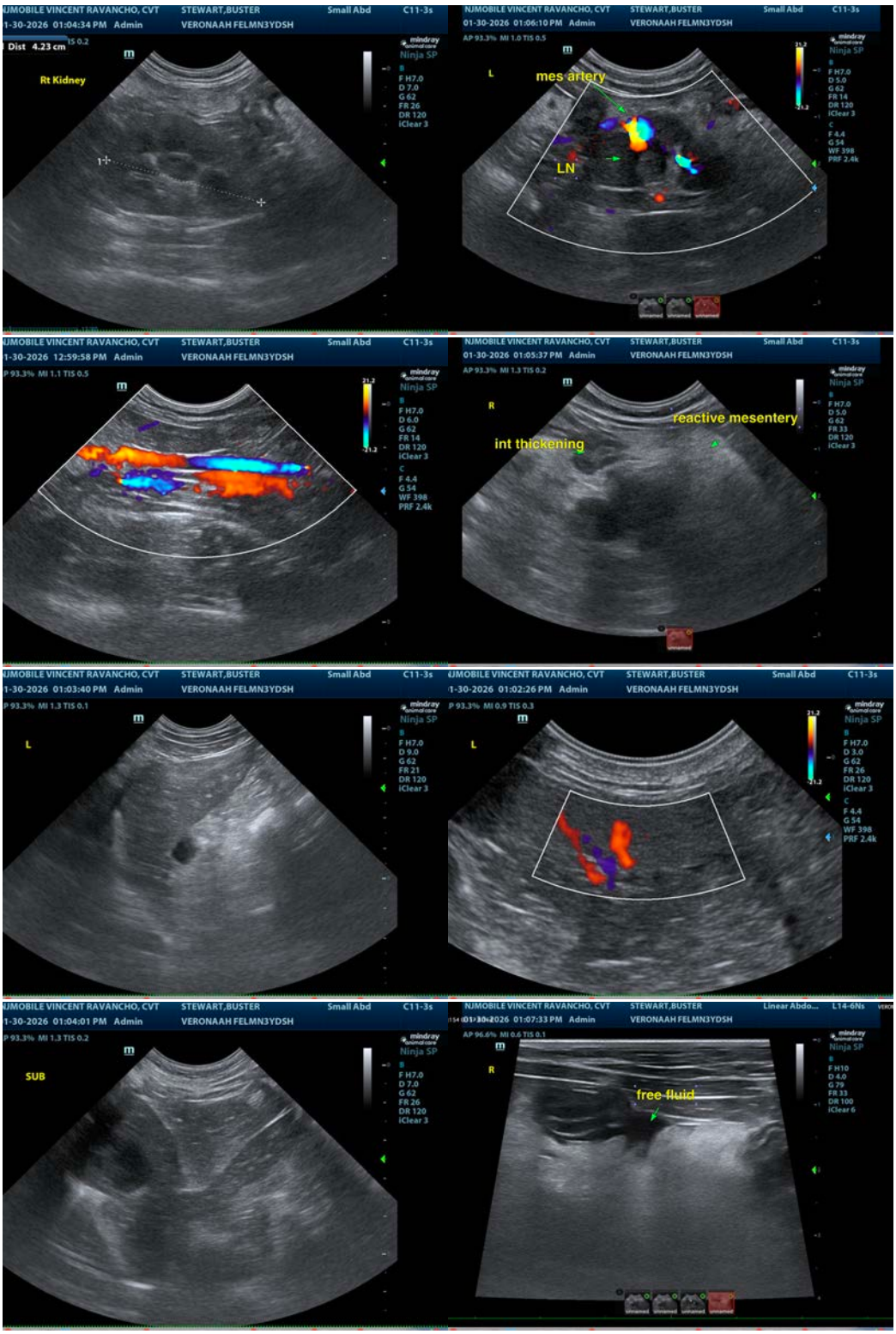

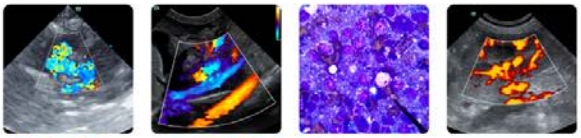

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com