



PATIENT

Jasper Spiven

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

13.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (Canine &
 Feline), Cert. IVUSS

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Newburgh VH

REFERRING VET

Dr. Steinbeiser

INVOICE

35545

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Free fluid of unk origin found around L kidney on in house ultrasound. Lethargic, decreased appetite, decreased urine and fecal production, dehydrated, new neuro symptoms- R/O FIP? Current meds: Gabapentin, Marboquin.

Abnormal PE/Chem/CBC/UA Results: Chem: Amylase 1392, Glu 173 CBC: PLT 62K, Neuts 10K, Lymphocytes 984 U/A: 2+ protein, 3+ blood, USg 1.045

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented dependent debris. The bladder wall itself was unremarkable. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **right kidney** was normal in size and contour. No evidence of inflammatory event was noted. The right kidney measured 4.17 cm. No evidence of parenchymal cysts.

The **left kidney** in this patient presented slight irregular thickening with pericapsular inflammatory pattern. The left kidney measured 3.5 cm. The inflammatory pattern noted was associated with the dorsal and dorsocaudal cortex. Trace subcapsular fluid was noted in this patient at the caudal pole of the left kidney. Blood flow to both kidneys was subnormal on power doppler assessment.

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. The right adrenal gland measured 0.35 cm. The left adrenal gland measured 0.38 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal



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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. No associated abnormal lymphatic activity was noted.

Pancreas

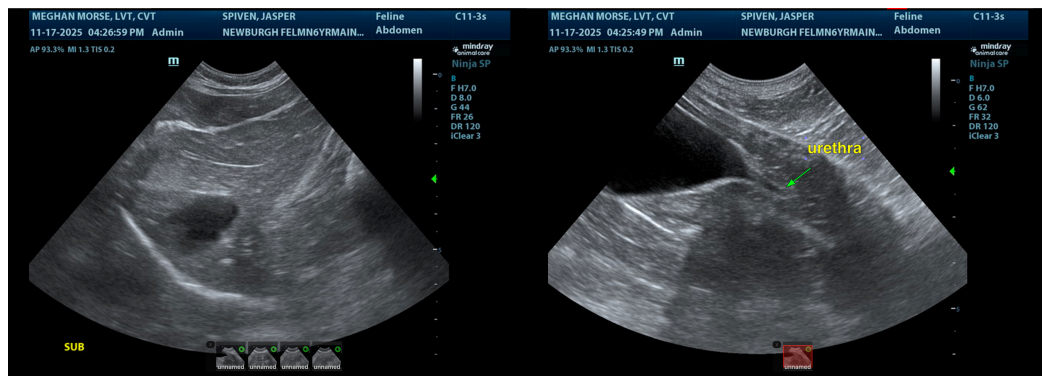
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild nonspecific left renal nephritis pattern with trace subcapsular fluid. This is a nonspecific presentation. Subacute on chronic nephritis or infarcts should be considered. No evidence or suspicion of neoplasia is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Palpation of the left kidney is warranted to assess for discomfort. 25-gauge ultrasound guided FNA of the left renal cortex could be considered. There is no overt evidence of FIP in this patient, however, cannot be ruled out. If left renal cortex reveals granulomatous disease, then FIP should be considered, yet the abdomen is unremarkable otherwise. Urine culture and sensitivity are indicated. Underlying infectious agents, such as bartonella, toxoplasmosis, and similar should be ruled out, as potential causes of inflammatory events. If the patient has cardiac disease, then renal infarcts secondary to cardiac disease could also present in this fashion. Coagulation panel is warranted prior to sampling of the left kidney. If the patient recently passed a calculus, this could also present as a sequelae to that event, yet no evidence of nephrolithiasis or urolithiasis is present at the time of the sonogram.





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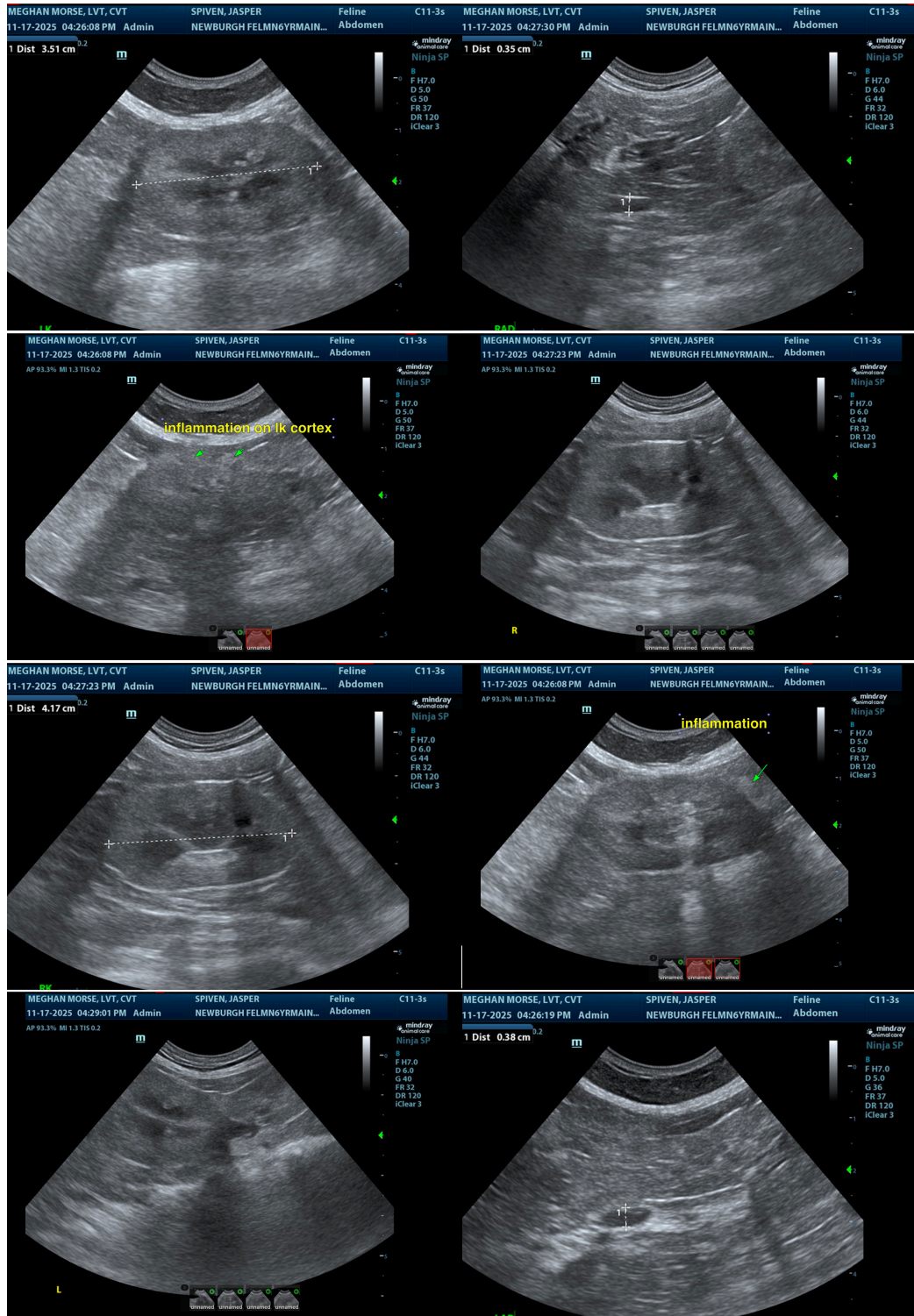
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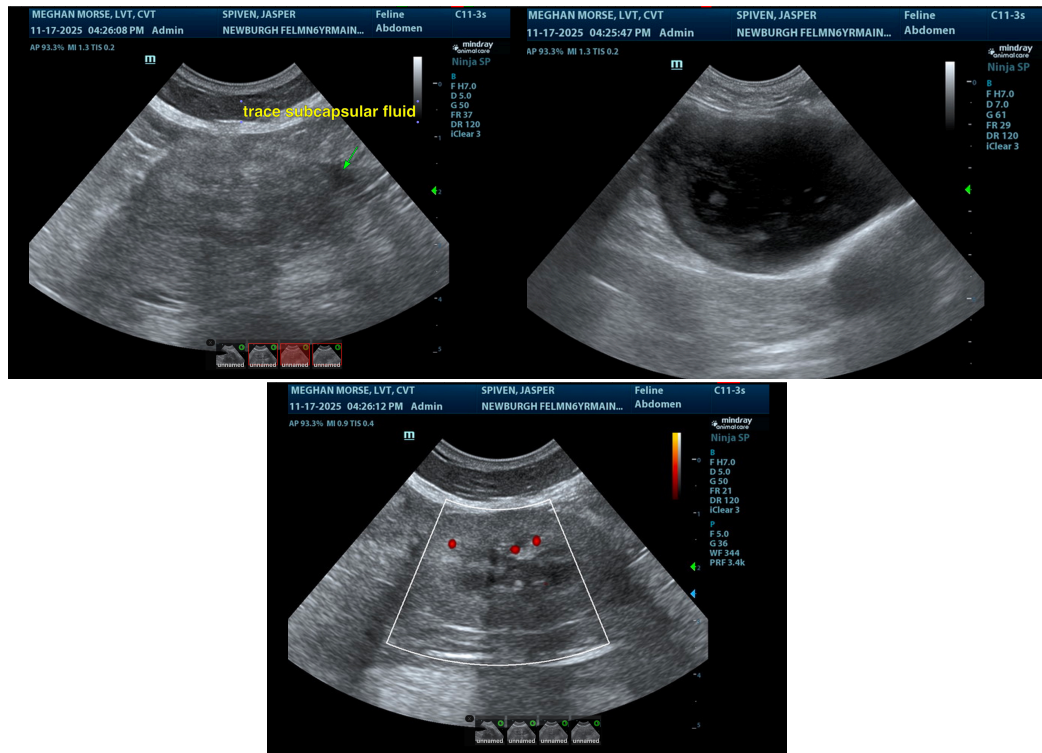
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
 CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com