



PATIENT

Link Smith

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

6 months

WEIGHT

4.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nicole Hession

HOSPITAL NAME

Veterinary Emergency
Clinic Oakland

REFERRING VET

Dr. Benbassat

INVOICE

68986

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Pet is vomiting and has painful abdomen. Unknown when P ate last.
Abnormal PE/Chem/CBC/UA Results: BW 11/25/25- RBC 5.72 (6.54-12.2), HCT 27.5 (30.3-52.3), HGB 8.0 (9.8-16.2), EOS 0.08 (0.17-1.57), CREA 0.7 (0.8-2.4), PHOS 7.9 (3.1-7.5), K 3.4 (3.5-5.8), Cl 106 (112-129), TP 11.9 (5.7-8.9), GLOB 9.3 (2.8-5.1), ALB:GLOB ratio 0.3. FNA taken of mesenteric LN-pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

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. Distinct, hyperechoic, medullary rim sign was noted. The kidneys measured 3.3 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** 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 was noted.

Liver

The **liver** was swollen, hypoechoic and irregular in contour with adjacent free fluid. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

Upper **gastrointestinal tract** thickening was noted. Retention of ingesta noted throughout the stomach. Spastic bowel was noted throughout the small intestine and adhesions. The mesenteric lymph nodes were reactive and the cluster measured 2.4 cm.

Pancreas

The **pancreas** was enlarged, hypoechoic and irregular with undulating contour measuring up to 1.4 cm in width.

Free Abdomen

Slight areas of echogenic free fluid noted.

ULTRASONOGRAPHIC FINDINGS

Medullary rim kidneys.

Hepatomegaly.

Upper GI thickening, may be causing delayed outflow.

Variable intestinal thickening.

Mesenteric lymphadenopathy.

Slight areas of free fluid, strong concern for FIP in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Round cell neoplasia is also possible. Abdominal fluid sampling with cytospin and FIP titers, FNA of the mesenteric lymph nodes and liver would be appropriate. The prognosis is guarded to poor. Lymphomatosis, carcinomatosis, and mastocytosis are all potentials. Ultrasound-guided FNA of the mesenteric lymph nodes were performed without complication. Contrast resolution was marginal owing to the echogenic fluid. Prognosis is guarded to poor depending upon sampling results.



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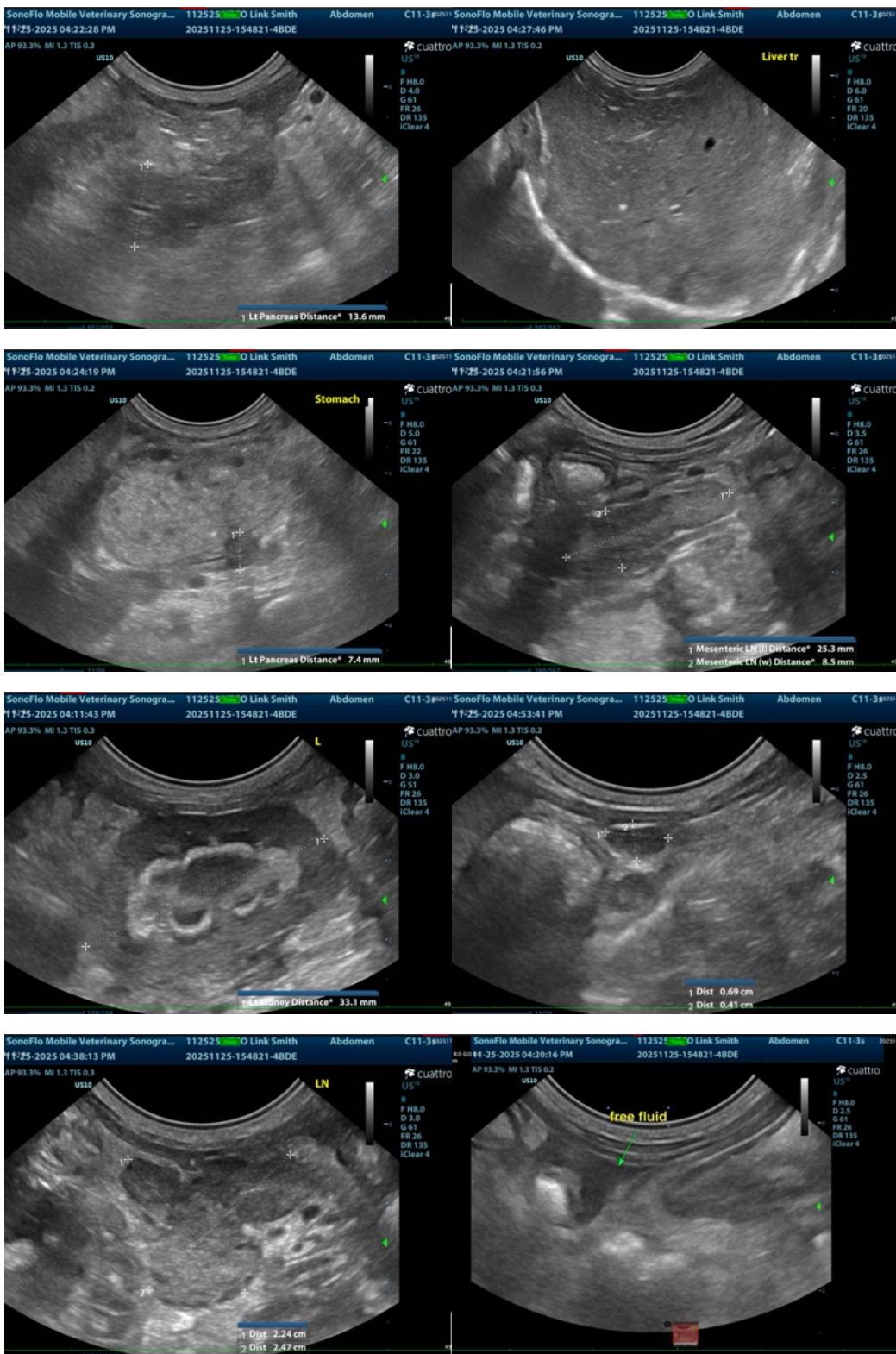
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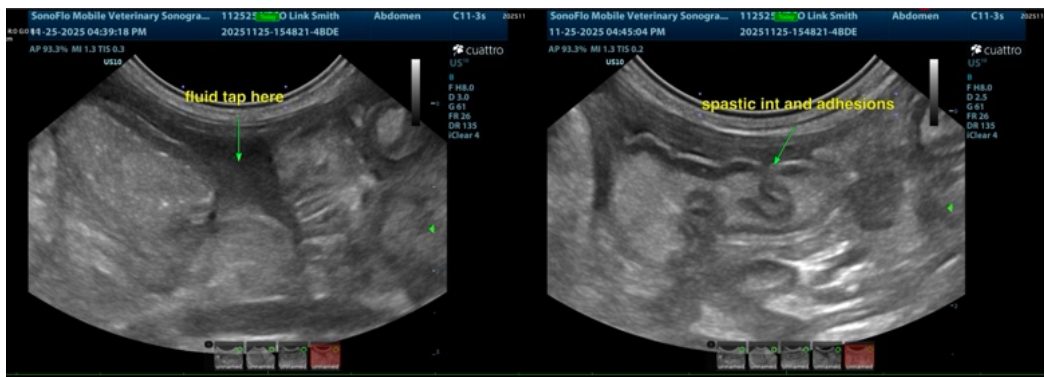
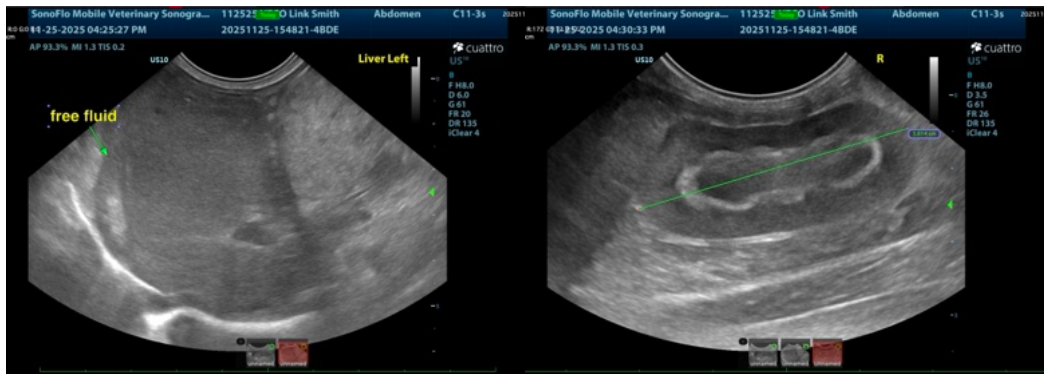
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com