



PATIENT

Doorstop Larsen

SPECIES

Feline

BREED

Siamese Mix

SEX

Intact female

AGE

4 months

WEIGHT

1.36 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Hayes

INVOICE

68356

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: Seizures 11/3, none since. PE: Thin. Unable to sit or stand. Rear legs weak and spastic, toes curled under. BAR, normal use of front legs. Good appetite. Bladder needs to be expressed. Horner's syndrome O.D. Current Medications: none
Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): mild elevations in BUN and glucose. Moderate hypochloremia. Normal bile acids pre- and post-prandial. Rads attached from August, nothing recent

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 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. The left kidney measured 2.4 cm. The right kidney measured 2.6 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. The left and right adrenal gland measured 0.3 cm each.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The liver presented normal intrahepatic vascular volume. The portal vein normal branching. The portal vein to vena cava to aortic ratio was 1:1:1. Each measured 0.4 cm. There was no evidence of intrahepatic or extrahepatic shunting.



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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

Examination of the **gastrointestinal tract** revealed minor areas of muscularis hypertrophy, yet there was no evidence of a foreign body. The mesenteric lymph nodes are slightly enlarged and reactive measuring 1.0 x 0.6 cm.

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 mild to moderate amount of ascites was noted causing lack of contrast on radiographs.

ULTRASONOGRAPHIC FINDINGS

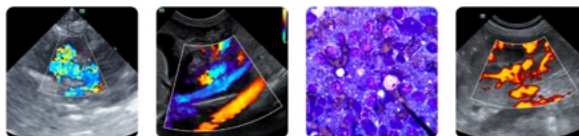
- Ascites
- Muscularis hypertrophy
- Enlarged mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ascites may be physiological, yet appears to be slightly excessive for this age patient. Fecal test is warranted to assess for any underlying parasitic disease.

The enlarged mesenteric lymph nodes may be juvenile; however, given the seizure activity at this age I would be concerned about a potential underlying FIP even though structural changes are largely unremarkable other than minor intestinal thickening.

Skull CT or MRI would be ideal +/- CSF tap if clinical signs persist. Recheck sonogram is recommended in a month if the clinical signs progress. The azotemia is likely pre-renal in this patient even though structurally the kidneys appear normal.



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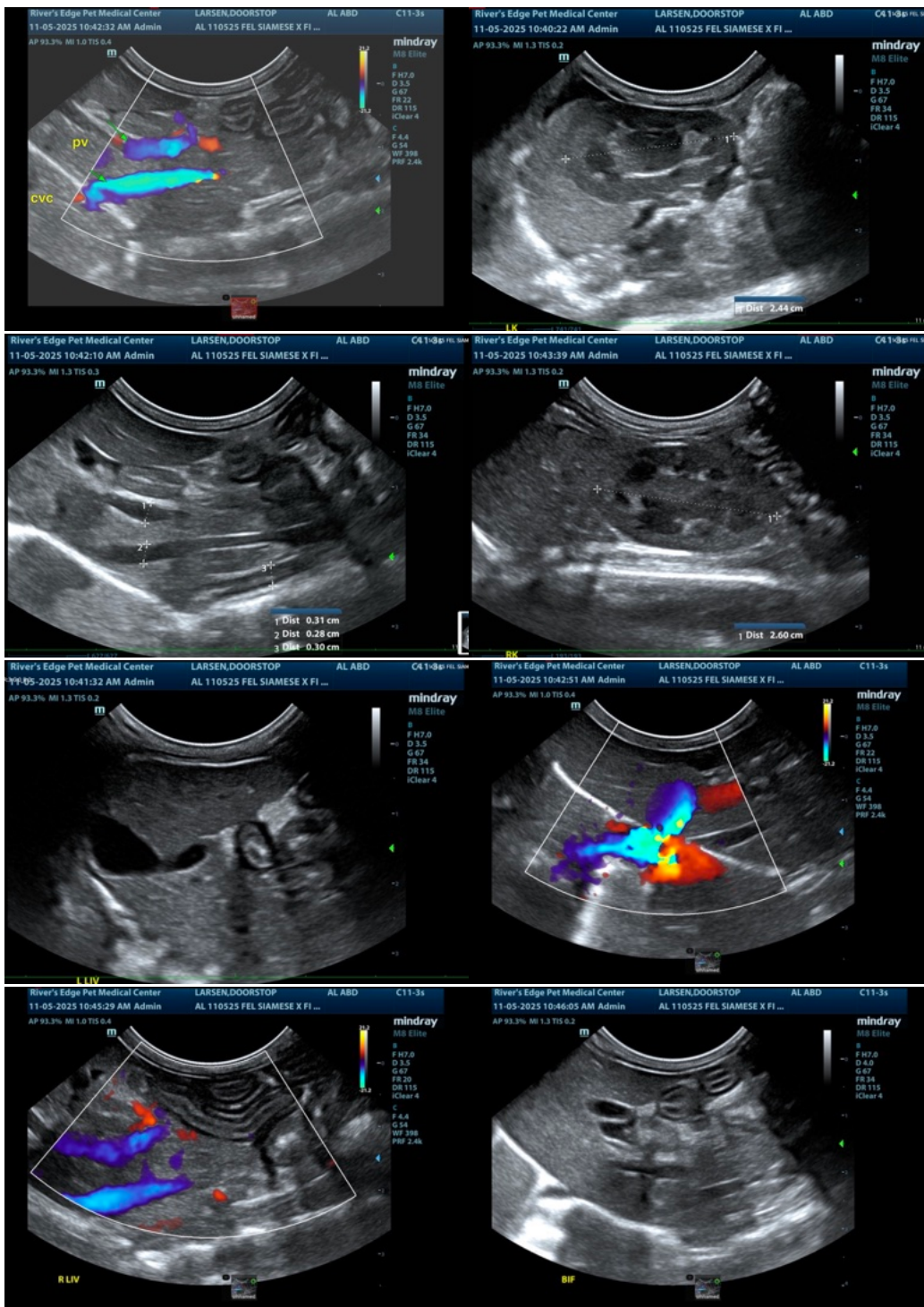
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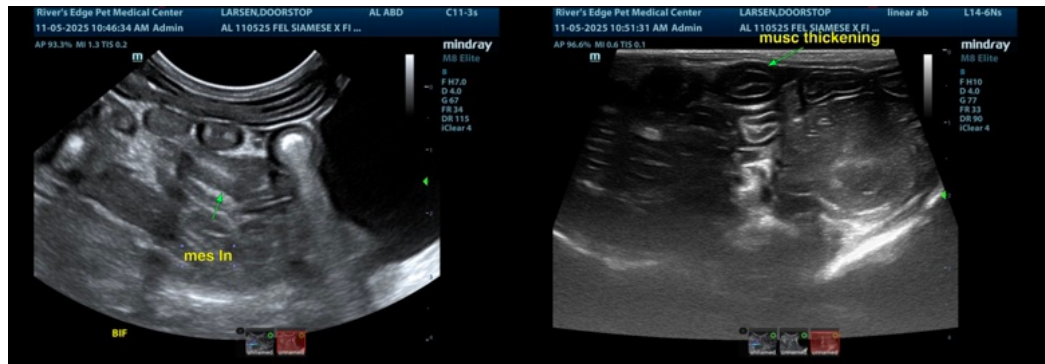
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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