



PATIENT

Pepper Purissimo

SPECIES

Feline

BREED

Feline

SEX

Domestic Shorthair

AGE

18 months

WEIGHT

4.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carreirao

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Carreirao

INVOICE

68398

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: An 18-month-old female cat presented for a general check-up due to progressive weight loss (approximately 600 g over the past 3 months). The owner reports the cat is spending more time sleeping and that her coat quality has deteriorated compared to before. Appetite is slightly reduced and water intake increased. **Blood work:** CBC and biochemistry within normal limits except for borderline low potassium (3.6 mmol/L; VetScan reference ≥ 3.7). SDMA normal. Tested positive for FIV. Ultrasound requested to evaluate abdominal organs for possible early systemic or gastrointestinal causes of weight loss (renal, hepatic, pancreatic, intestinal).

Abnormal PE/Chem/CBC/UA Results: Blood work: CBC and biochemistry within normal limits except for borderline low potassium (3.6 mmol/L; VetScan reference ≥ 3.7). SDMA normal. Tested positive for FIV.

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 3.5 cm. The right kidney measured 2.8 cm.

Adrenal Glands

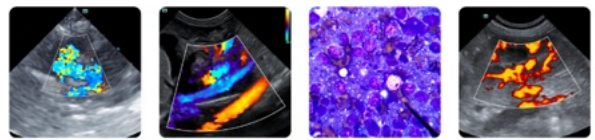
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** was mildly enlarged and measured 1.3 cm. This is mildly excessive even for sedation.

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.



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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. Transit of chyme is normal. 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

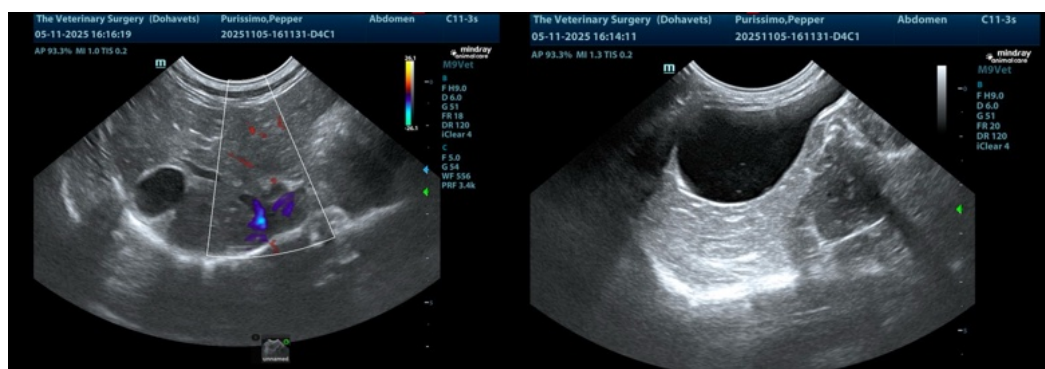
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly.
- Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history 25-gauge FNA of the spleen is indicated. Splenitis, reactive spleen and round cell neoplasia are all potentials with a mild potential for FIP.





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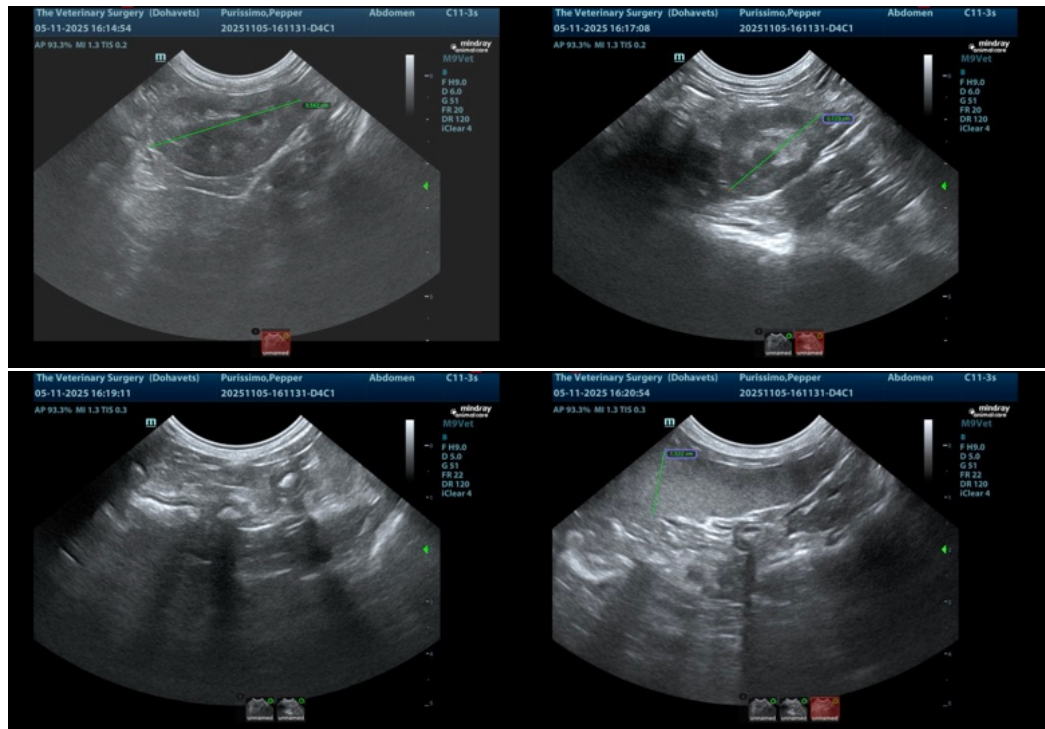
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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