



PATIENT

Yuri Soler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

10 years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alma Vargas

HOSPITAL NAME

Consultorio
Veterinario las Brisas

REFERRING VET

Dr. Trautmann

INVOICE

69516

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: The patient presented approximately two weeks ago with symptoms of loss of appetite, dehydration, and weakness. Her abdominal cavity is filled with fluid, and her hemoglobin continues to drop. Currently, her hemoglobin is at 4.6, and she has been given medication for this, but it continues to decrease. She has been receiving IV fluids, medication, and food throughout this time, but she continues to show signs of decline.

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. The left kidney measured 3.2 cm. The right kidney measured 5.3 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** was mildly enlarged and measured 1.3 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. There was no evidence of passive congestion. 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. 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.

Free Abdomen

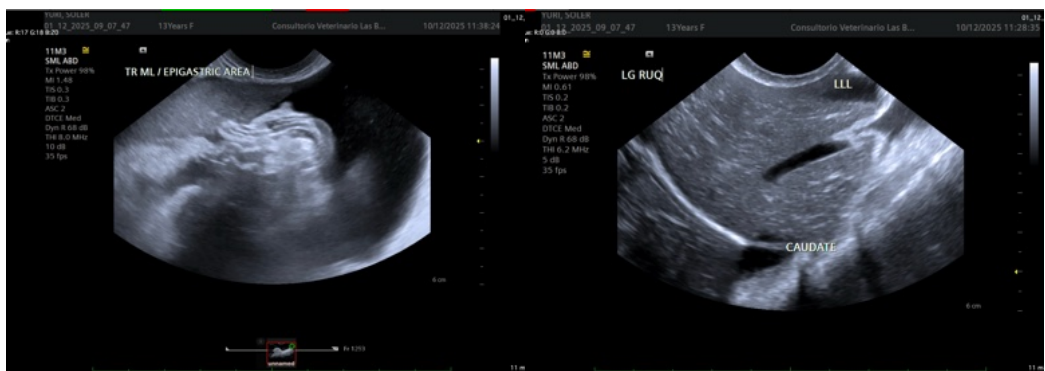
A moderate amount of free fluid was noted in the abdomen.
Mild, enhanced, heterogenous omental changes were noted.

ULTRASONOGRAPHIC FINDINGS

Ascites of unknown origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for lymphomatosis, carcinomatosis or similar. FIP is less likely. Cytospin of the abdominal fluid, immediate slide preparation as well as screening FNA of the spleen is indicated for further definition. The prognosis is guarded to poor depending upon further diagnostics.





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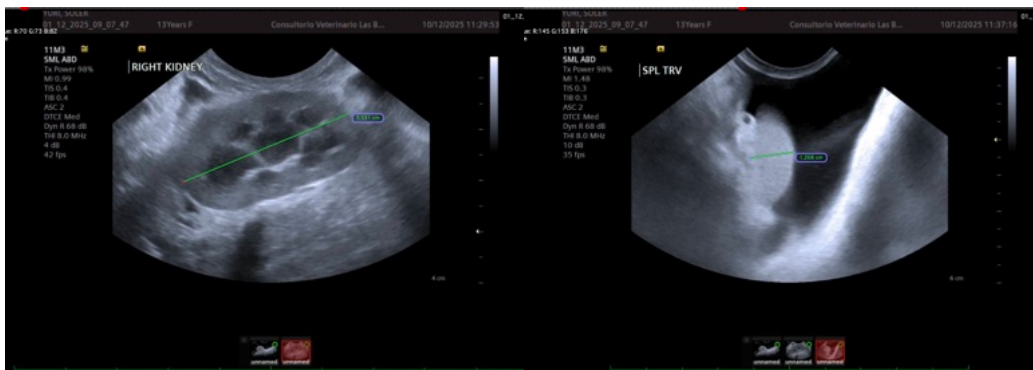
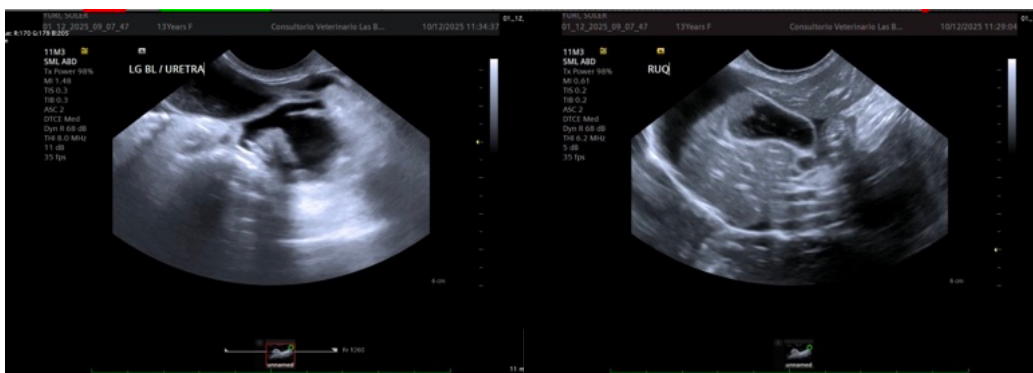
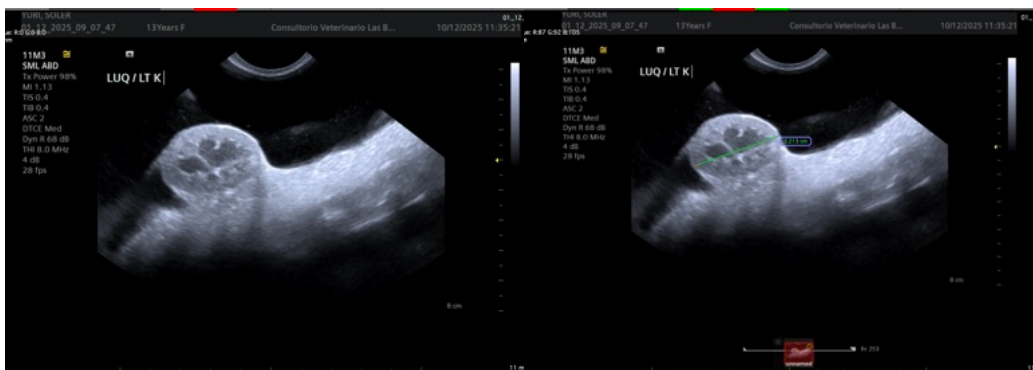
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The information and recommendations provided are based on the images presented by the



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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