

## PATIENT

Luna Obaid

## SPECIES

Feline

## BREED

Mix

## SEX

Female

## AGE

8 months

## WEIGHT

3.6 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Haseeb Ashraf

## HOSPITAL NAME

The Veterinary Surgery

## REFERRING VET

Dr. Carreira

## INVOICE

69522

## DATE

12/11/25

## PRESENTING CLINICAL SIGNS

**History:** An 8-month-old female cat with previous FIP, completed GS treatment in September. At the end of GS therapy her ALT was 210 U/L; she received 1 month of Samylin. She was scheduled for spaying today, but pre-operative bloodwork now shows ALT >400 U/L. No clinical signs at home; normal appetite and behavior. Ultrasound requested to evaluate liver size, shape, and echotexture, biliary system, and to rule out hepatopathy related to prior FIP/GS treatment, residual inflammation, or other causes of increased liver enzymes.

## 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** were normal in size with slightly swollen contour. Slight, hyperechoic medullary rim sign was noted. The left kidney measured 3.6 cm. The right kidney measured 3.6 cm.

### *Adrenal Glands*

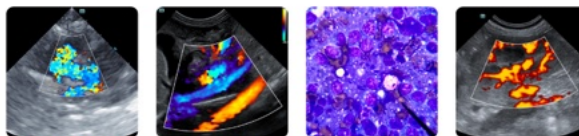
The **adrenal glands** were not visualized.

### *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. 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. A minor amount of fluid filled gastric lumen was present. 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

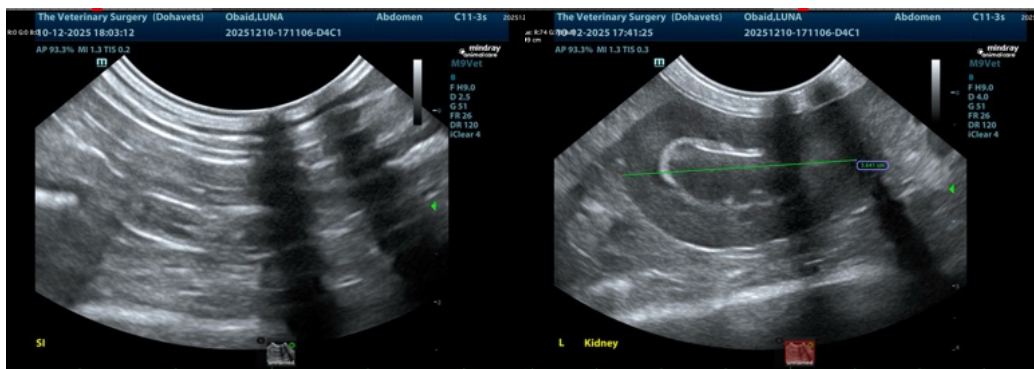
Idiopathic medullary rim sign, this may be related to occult FIP status.

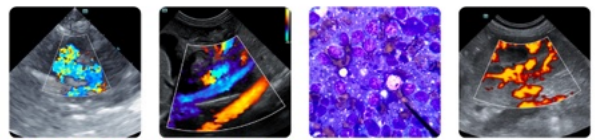
Non-specific inflammatory hepatopathy.

Otherwise, normal abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no other evidence of disease suggest for FIP. There was no free fluid or evident granulomatous lesions. FNA of the liver is indicated for further definition, yet structurally the liver appears normal.





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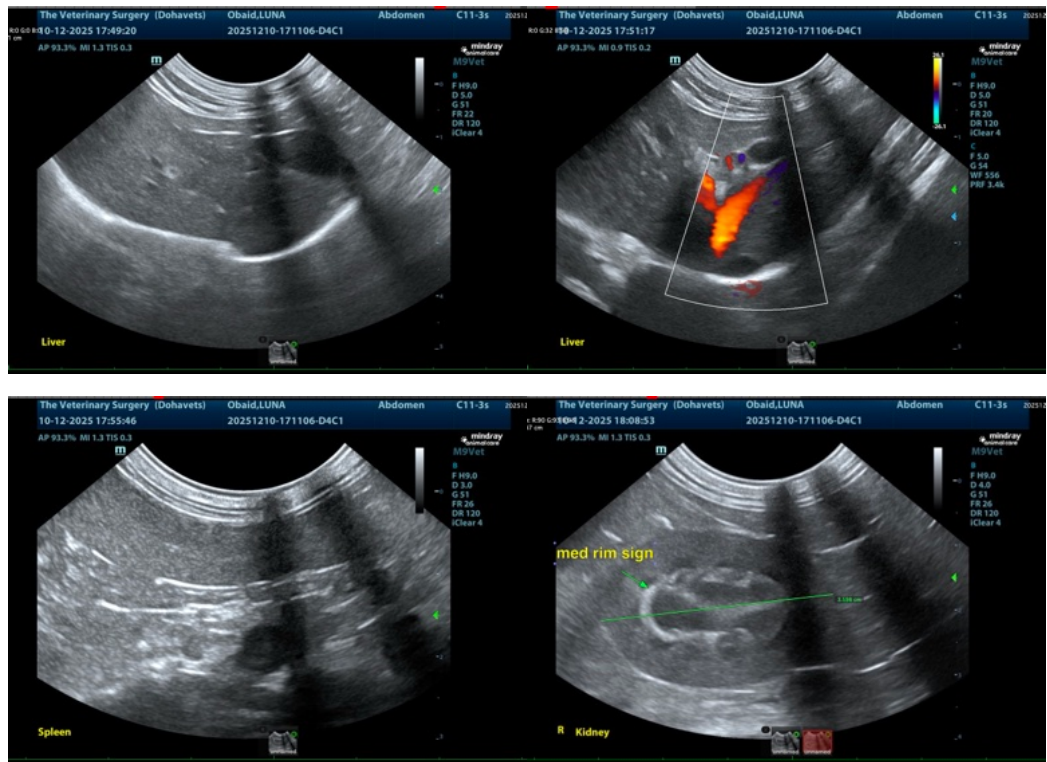
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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