



PATIENT

Salem Vegas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Intact Male

AGE

7 months

WEIGHT

7.75 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Weekes

INVOICE

69344

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Lethargy, abdominal inflammation, increased aggression, decreased appetite
Abnormal PE/Chem/CBC/UA Results: Gastrointestinal / Abdominal: Abdominal distension +/- fluid wave; some discomfort
CYTOPATHOLOGIC DESCRIPTION: Both direct and cytospin concentrated slides are examined. The background contains a small amount of blood, rare erythrophagocytosis and a thick basophilic proteinaceous fluid. No neoplastic cells or infectious agents are seen. Differential: 75% nondegenerate neutrophils 4% small lymphoid cells 21% large mononuclear/mesothelial cells

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 right kidney measured 4.3 cm. The left kidney measured 4.3 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 enlarged and measured 2.0 cm with uniform parenchyma. Swollen, irregular contour was noted.

Liver

The **liver** revealed coarse architecture with mild, heterogenous parenchymal changes. Slightly increased portal markings were noted. The gallbladder and common bile duct were unremarkable.

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



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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 large amount of mildly echogenic ascites was noted.

Nodular omental changes were noted along with adhesions enveloping portions of the intestinal tract. Coalescing nodular omental mass was noted in the midabdomen.

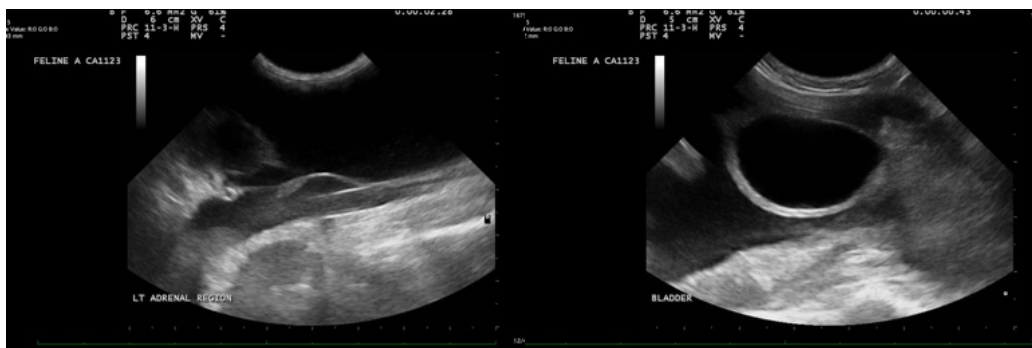
ULTRASONOGRAPHIC FINDINGS

Splenomegaly with omental masses and nodules with free fluid.

Hepatic remodeling. Strong concern for round cell neoplasia or FIP.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen +/- omental mass as well as liver and abdominocentesis and cytospin is indicated. Prognosis is poor.





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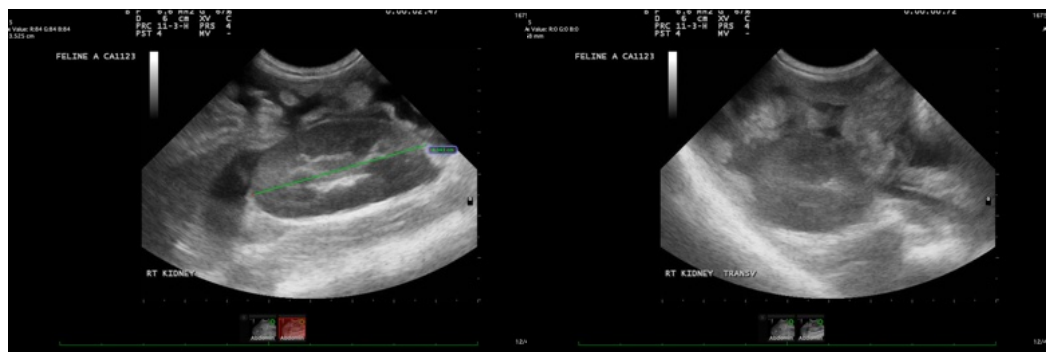
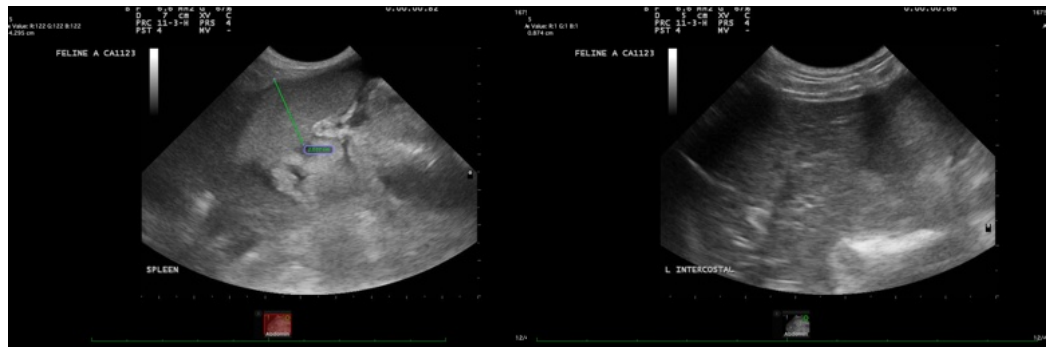
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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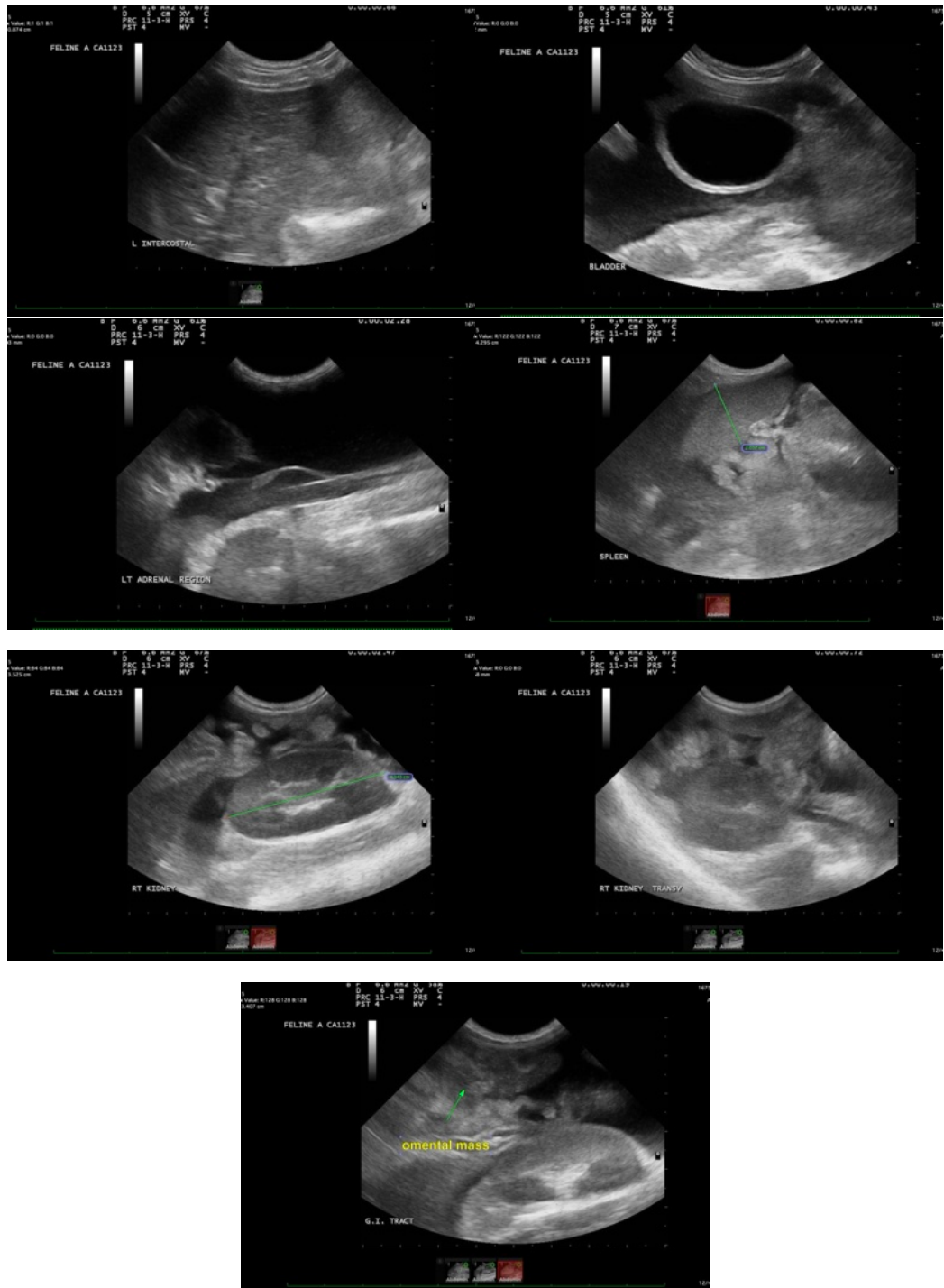
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