



PATIENT

Eskra Van Antwerpen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Intact male

AGE

9 months

WEIGHT

4.11 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Johnson

INVOICE

42963

DATE

2/24/23

PRESENTING CLINICAL SIGNS

History: Presented yesterday for 4 day history vomiting, hyporexia and lethargy and diarrhea (very mucousy).

Abnormal PE/Chem/CBC/UA Results: Initial labs showed leukocytosis, mild hyperglycaemia, hyperkalemia. Labs have normalized since IVF in hospital.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was mildly thickened with slight polypoid changes. Otherwise, anechoic urine was noted.

The **kidneys** appeared subjectively swollen, yet maintained infrastructure. The left kidney measured 4.14 cm. The right kidney measured 4.02 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 adrenal gland measured 0.4 cm. The right adrenal gland measured 0.27 cm.

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. The spleen measured 0.82 cm.

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 duct is slightly tortuous. 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 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. The colon was thickened



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measuring up to 0.6 cm with loss of mural detail. The colic lymph node was also enlarged. The mesenteric lymph nodes were reactive and measured up to 0.4 cm.

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Pancreas

The **pancreas** was enlarged with undulating contour. Minor pancreatic duct dilation was noted.

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Free Abdomen

A moderate amount of ascites was noted.

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ULTRASONOGRAPHIC FINDINGS

Swollen kidneys and colonic thickening with irregular pancreas and ascites.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for FIP in this patient. Abdominocentesis and cytospin of the free fluid is recommended. The cystic duct dilation is likely idiopathic owing to anorexia. Colonic scraping or colonoscopy with mucosal biopsies would be ideal. Fecal exam is recommended as well. The cause of the free fluid is the biggest concern in this patient. Supportive care is warranted until cytology, fluid analysis and FIP titers can be assessed.

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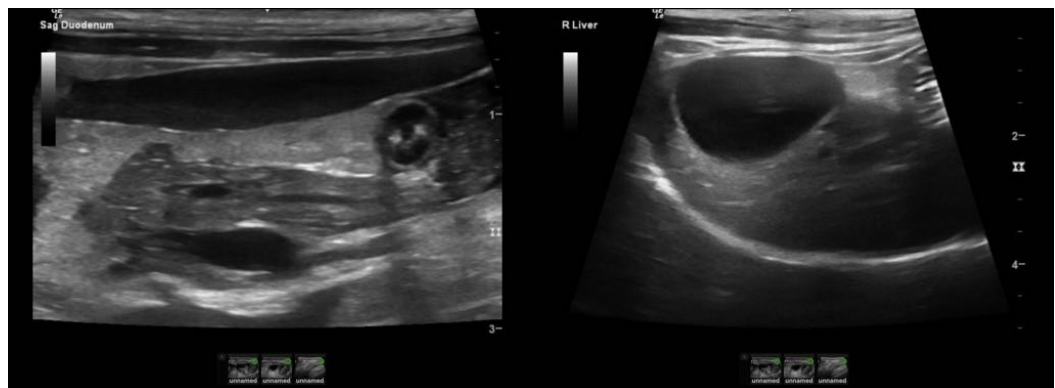
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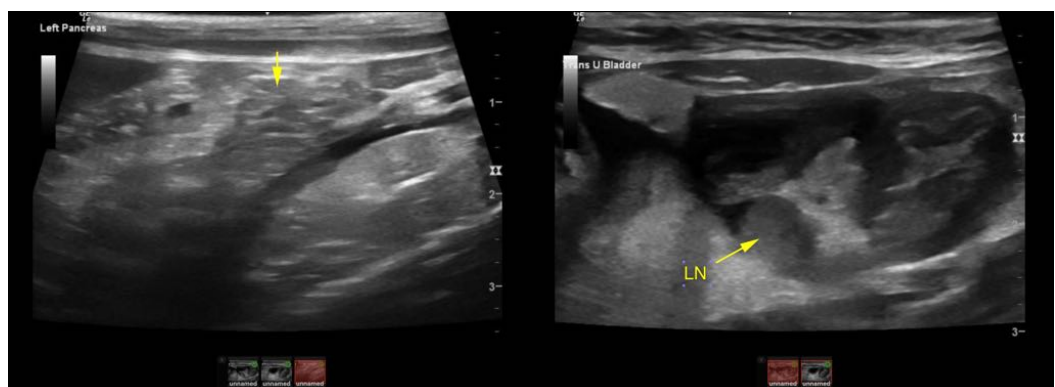
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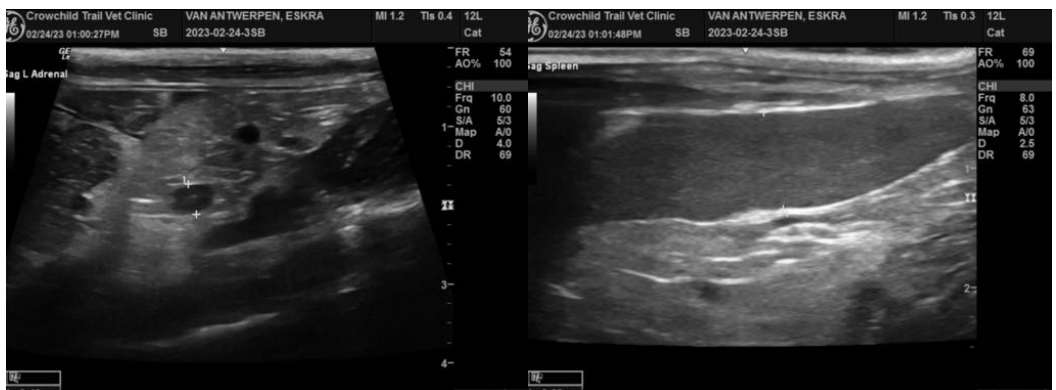
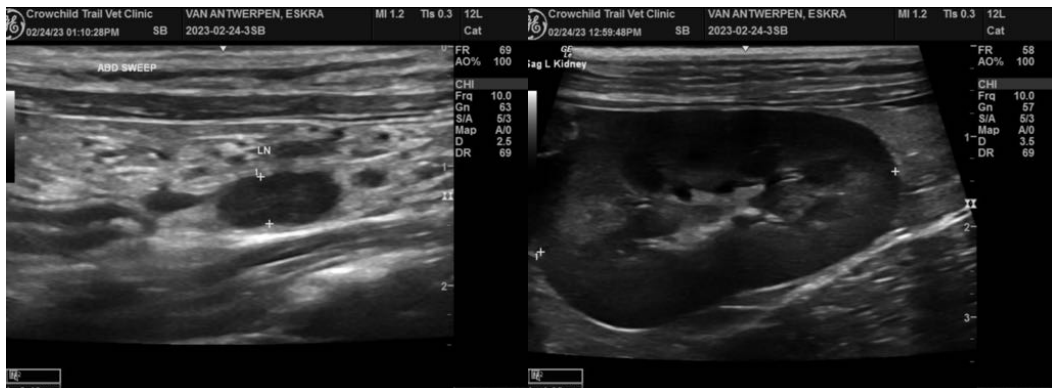
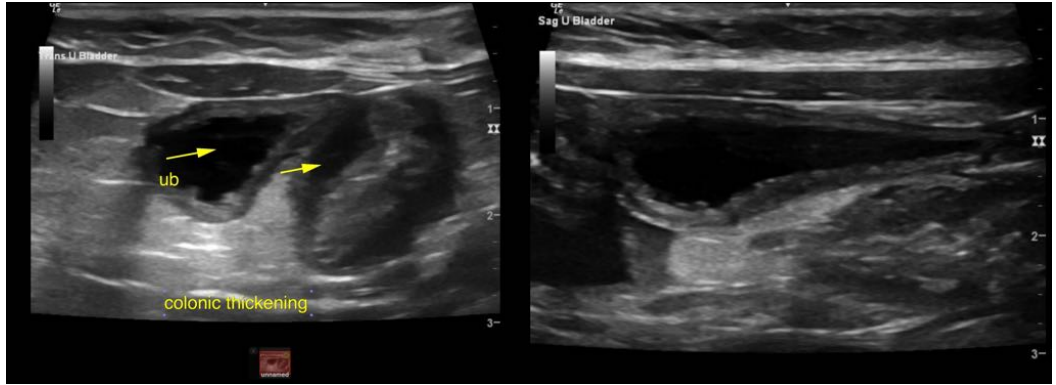
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com