



PATIENT

Tiger Rodriguez

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered male

AGE

7 years

WEIGHT

Not provided

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Scott

INVOICE

71882

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- 1 week of heavier breathing. Still eating and drinking. Hx of vomiting, well controlled on diet.
- Presented open mouth breathing. Bicavitary effusion on rads. Chest tap removed 269 ml milky pink fluid - declined fluid analysis
- Started Lasix for possible CHF, prepped owner neoplasia is another concern

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 4.0 cm. The right kidney measured 4.0 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 0.48 cm and the right adrenal gland measured 0.51 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.

Liver

The **liver** revealed dilated hepatic veins. This is consistent with passive congestion. Uniform parenchyma was noted. The gallbladder and common bile duct were unremarkable. Pleural effusion was noted through the diaphragm.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Diffuse intestinal thickening was noted with hypertrophied muscularis. The mesenteric lymph nodes were enlarged. The largest lymph nodes measured 1.8 cm with a grouping measuring 3.3 cm.

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 ascites was noted in this patient.

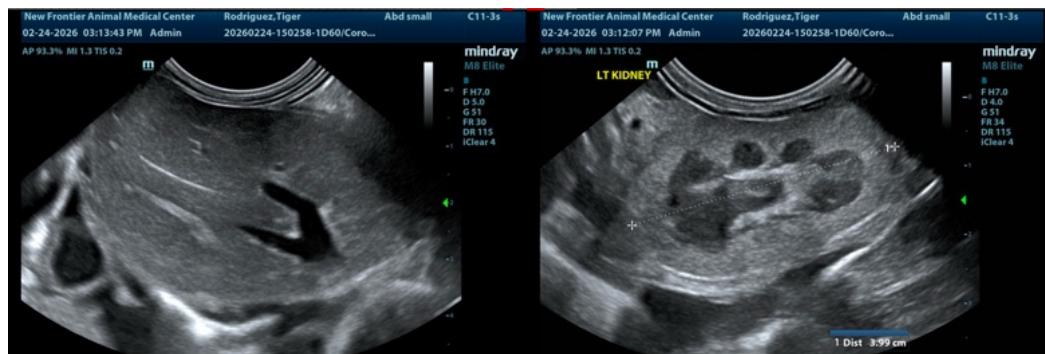
ULTRASONOGRAPHIC FINDINGS

Mesenteric lymphadenopathy and diffuse intestinal thickening with ascites.

Mild passive congestion liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for lymphomatosis or similar. FNA of the lymph nodes, cytospin of the fluid in the abdomen is indicated for a definitive diagnosis. The prognosis is guarded. There is a mild potential for FIP. Ascites secondary to passive congestion is also possible depending upon cardiac evaluation.





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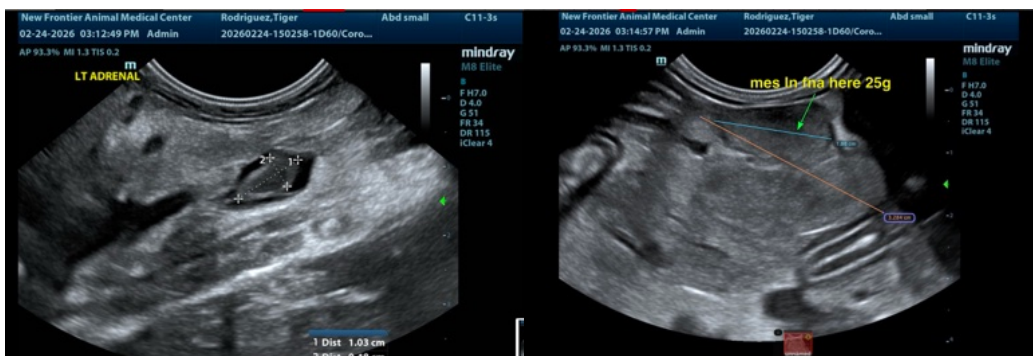
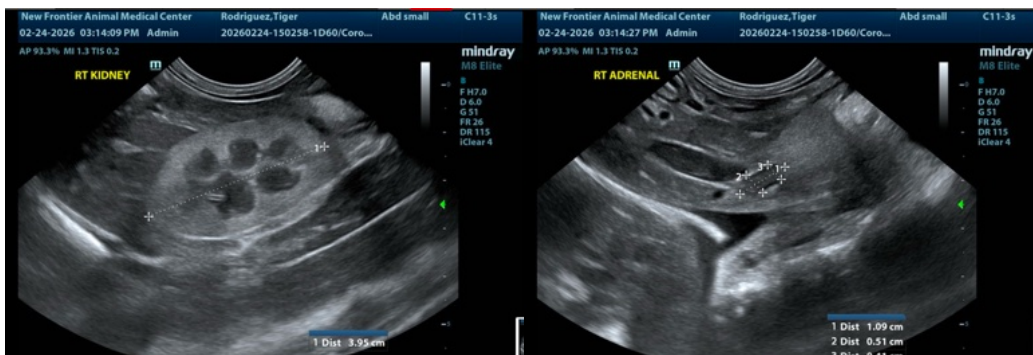
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Dr. Gunther

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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