



PATIENT

Jovie Chappell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 Year 6 Months

WEIGHT

7.2 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Kari Cameron

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

13967

DATE

02/25/26

PRESENTING CLINICAL SIGNS

- Jovi presented 2/24/26 for ADR for the past several days. She has lost weight per owner. She is lethargic and sleeping more and wants to eat only a few treats.

Abnormal PE/Chem/CBC/UA Results: BCS 4/9. T-102.5, Resp 20, Heart rate 300 BPM (checked multiple times) Heart rate did come down to approx 230 BPM later in the evening. No murmur noted and lungs are clear. Heart rate this afternoon is 200 BPM. Abdomen palpates NSF.

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 were 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 3.9 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evident pathology.

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 were noted.

Liver

The **liver** presented with slight coarse architecture and normal vascularity. No evidence of passive congestion. Portal vein vena cava ratio was 1:1. No evidence of portosystemic shunting. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this



PATIENT

Jovie Chappell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 Year 6 Months

WEIGHT

7.2 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Kari Cameron

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

13967

DATE

02/25/26

patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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

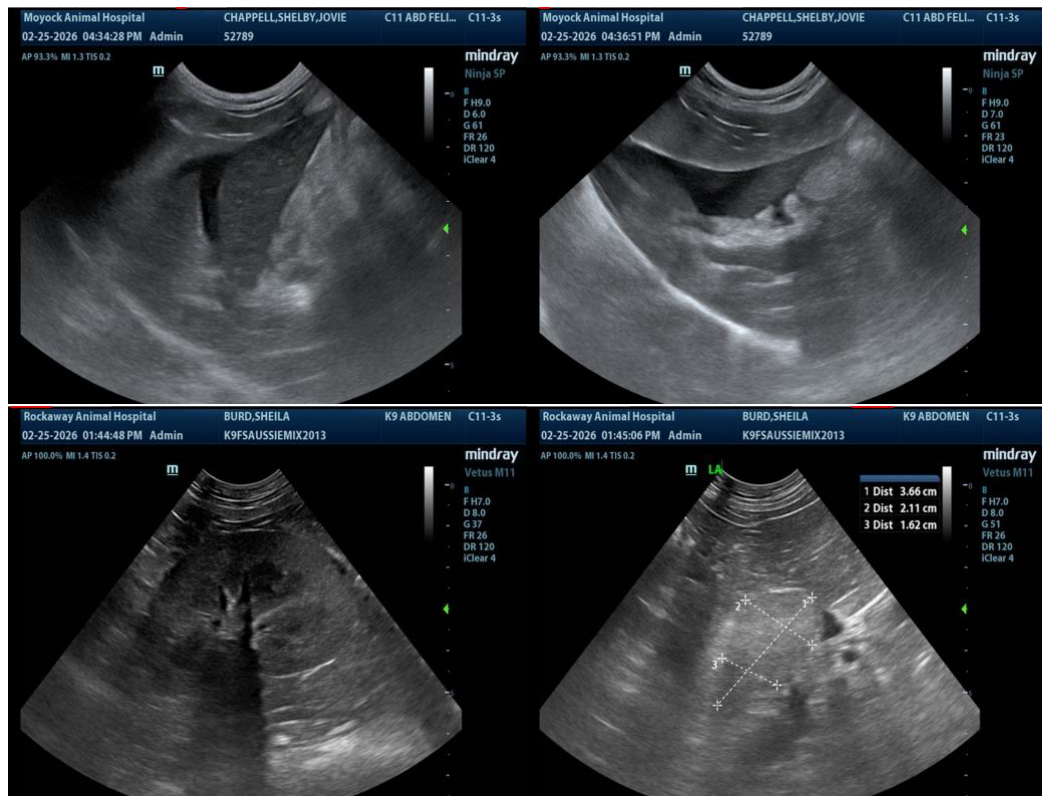
A mild to moderate amount of free fluid was noted with enhanced and nodular mesentery, appears to be enveloping portions of the small intestine.

ULTRASONOGRAPHIC FINDINGS

- Ascites.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the age of the patient, strong concern for FIP, occult neoplasia i.e. mastocytosis, lymphomatosis or similar potentially suspected. Abdominocentesis, cytospin and immediate slide preparation are recommended. FIP titers is recommended. Prognosis is very guarded.





PATIENT

Jovie Chappell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 Year 6 Months

WEIGHT

7.2 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Kari Cameron

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

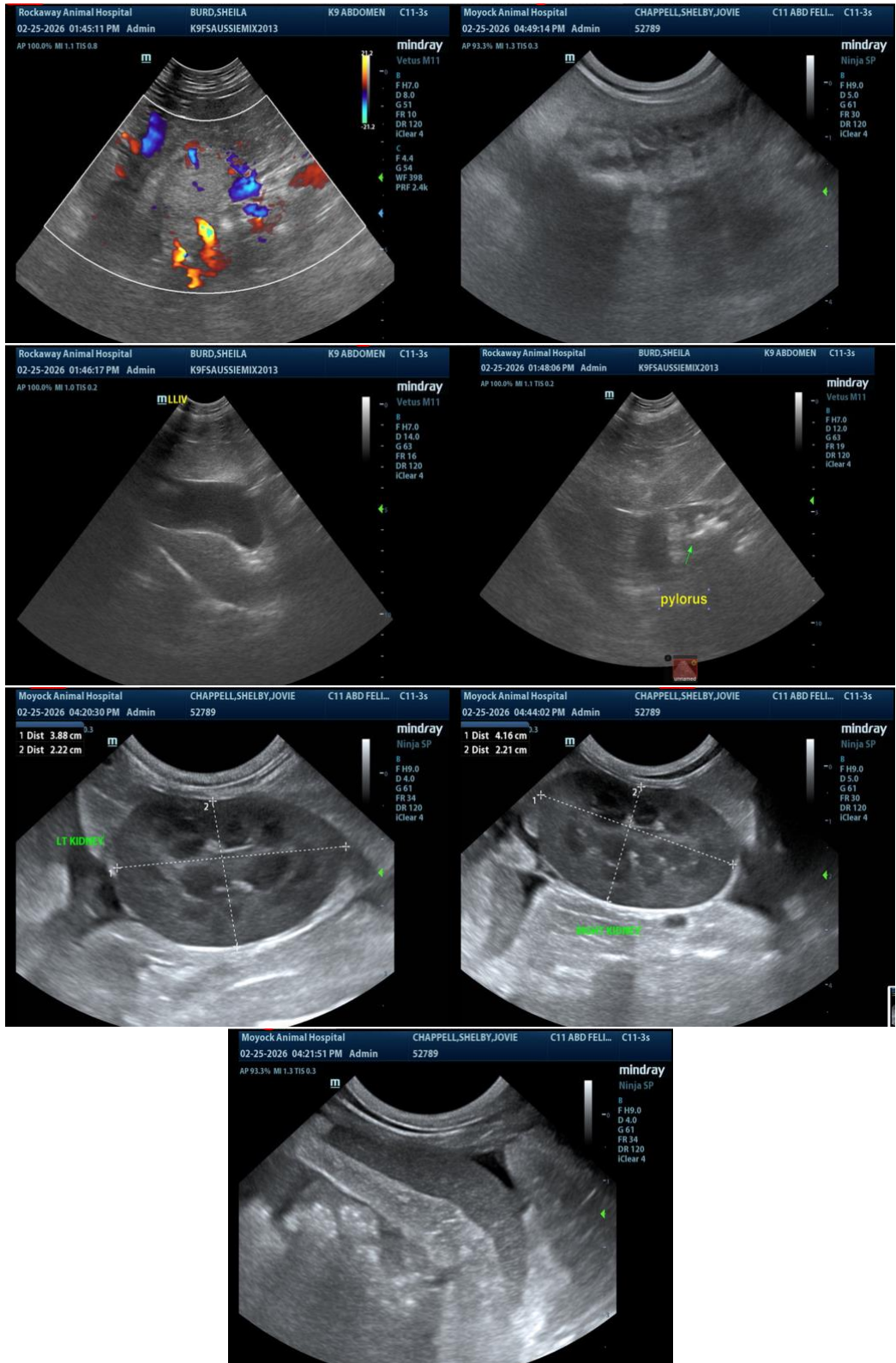
Dr. Tracy Eure

INVOICE

13967

DATE

02/25/26





PATIENT

Jovie Chappell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 Year 6 Months

WEIGHT

7.2 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Kari Cameron

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

13967

DATE

02/25/26

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, Owner, Founder -- SonoPath.com

info@SonoPath.com