



PATIENT

Titters Faubion

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

7 years

WEIGHT

10.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Emma Flott

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Mary Ann Onuta

INVOICE

71312

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- History of ascites discovered on 2/4/2026. Vomiting for 3-4 days. Abdominocentesis performed on 2/5/26, 600 ml of transudate drained, fluid cytology pending
- CBC/Chem - WNL. FeLV/FIV - neg/neg. UA - pending
- Patient is indoor/outdoor
- PE - distended abdomen

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 3.5 cm. The right 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. The left and right adrenal gland measured 0.3 cm each.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.4 cm.

Liver

The **liver** revealed normal gallbladder and common bile duct. Slight, heterogenous parenchymal changes are noted in the liver without overt masses. This is most consistent with remodeling. However, given the global abdominal presentation, granulomatous disease or round cell neoplasia cannot be ruled out.



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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. 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 region of the **pancreas** revealed nodular changes that continued from the pancreas into the omentum.

Free Abdomen

Coalesced bunching of pancreatic and omental tissue was noted in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Ascites.

Nodular omentum.

Splenomegaly.

Mild heterogenous liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for abdominal neoplasia or less likely FIP. An abdominocentesis and cytospin of the free fluid is recommended with immediate slide preparation, splenic FNA +/- hepatic FNA. Even though an abdominocentesis was already performed, I recommend a fresh sample with immediate cytospin for accuracy of cytological interpretation. FIP titers on the free fluid is indicated if granulomatous cellularity is present.



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