



PATIENT

Harley Renaghan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

2 years

WEIGHT

7.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Northvale VC

REFERRING VET

Dr. Simon

INVOICE

96885

DATE

3/15/22

PRESENTING CLINICAL SIGNS

History: Distended abdomen, severe abdominal effusion. Dehydrated, anorexic, vomited, lethargy. Current meds: B12, SQ LRS, Cerenia, famotadine, convenia, mirtazapine - given yesterday. Abnormal PE/Chem/CBC/UA Results: HCT - 26.2%, WBC 7.7 with lymphopenia, mild thrombocytopenia, creat. 0.8, BUN 12, albumin 2.2, globulin 6.2. FIP PCR fluid analysis pending. Fluid pulled from abdomen was yellow and sticky.

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 4.08 cm. The left kidney measured 3.25 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** 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 heterogenous parenchymal changes and increased portal markings. The gallbladder was fairly collapsed.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Heterogenous omental changes were noted with variable intestinal thickening and nodular omentum.



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Pancreas

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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.

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Free Abdomen

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A large amount of echogenic free fluid was noted in the abdomen. Heterogenous omental changes were noted with variable intestinal thickening. Coalescing nodular omentum was noted with adhesions upon the intestinal tract.

AGE

2 years

ULTRASONOGRAPHIC FINDINGS

Nodular omentum.

Free fluid and adhesions.

WEIGHT

7.6 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are strongly suggestive for FIP. Carcinomatosis, lymphomatosis or similar is also possible. Abdominocentesis, cytospin of the free fluid and PCR evaluation is recommended. The prognosis is guarded to poor depending on cytology results.

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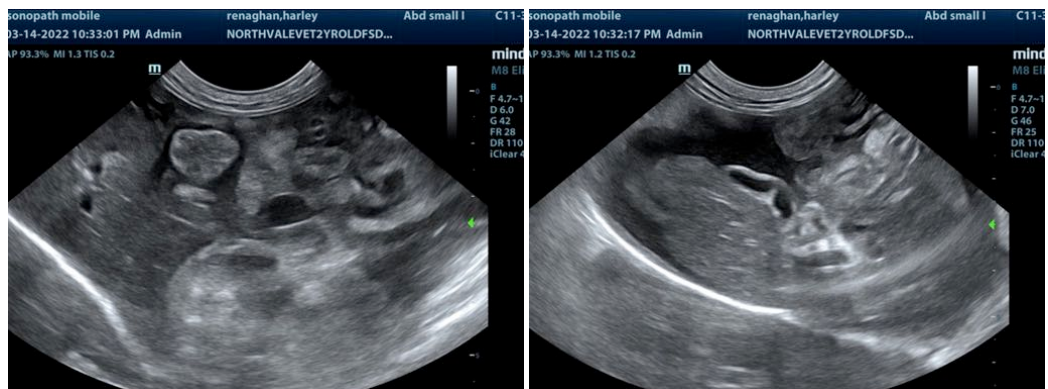
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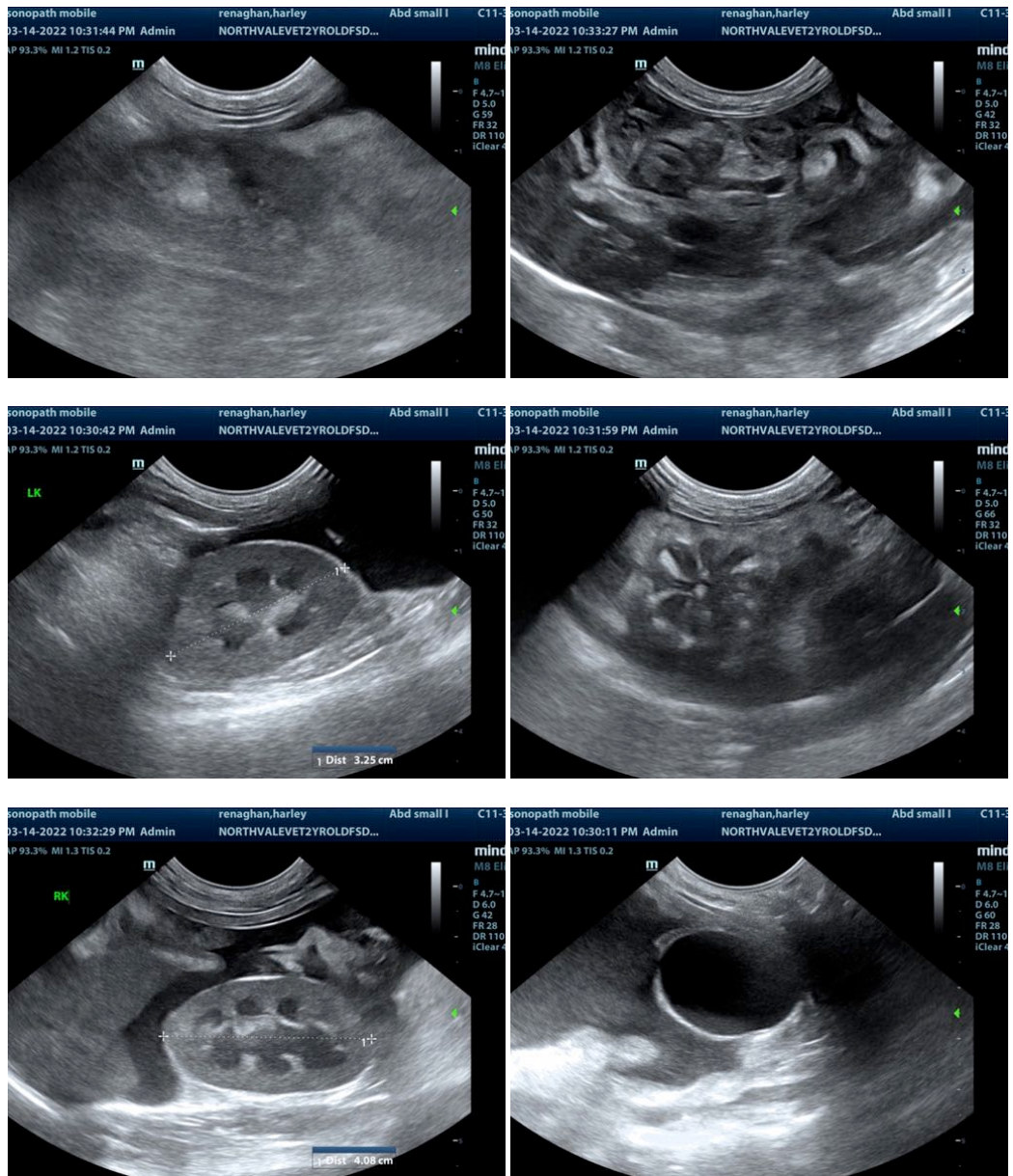
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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