



PATIENT

Edward Read

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

14432

DATE

03/19/26

PRESENTING CLINICAL SIGNS

- Presented as a transfer from rDVM after diagnosing peritoneal effusion. Primary complaint to GP was enlarged abdomen with polydipsia and polyphagia.
- Admitted for inpatient care. Initiated FIP treatment, IVF, antiemetics and performed serial PCV monitoring. Patient QAR, eating small amounts overnight (last ate small amount 4 hours prior to imaging)
- Dehydration: 6%
- EENT/oral: pale tacky mm, crt 2-3s
- H/L: No m/a, SS pulses, clear lung sounds, eupneic
- LN: No evidence of lymphadenopathy
- Abd: Pendulous abdomen with significant fluid wave present.
- U/G: WNL
- Musc: Severe generalized cachexia, especially along epaxials and hindlimbs
- Integ: Healthy coat; prolonged skin tent; mild icteric hue
- Neuro: No CN/CP deficits, quiet mentation

Abnormal PE/Chem/CBC/UA Results: Diagnostics performed at rDVM: - Abdominocentesis: obtained straw-colored yellow fluid - Fluid analysis: protein 6.6 g/dL, specific gravity 1.046 - CBC: RBC 5.32 (L), Hct 19.8% (L), Hemoglobin 7.2 (L), Anemia characterized as normocytic, hyperchromic, non-regenerative, Neu 12.71 (H), Lymphopenia 0.58 (L), Platelet count 36,000 [151,000-600,000] (low) - Chem: Creat 0.3 (L), BUN 12 (L), Ca 7.6 (L) /18 ON: EPOC: pO2 25.7 (L), cSO2 45.3 (L), pCO2 30.9 (L), BE -8.3 (L), BUN 14 (L), HCT 21 (L) PCV/TS: 25%/8.8, 12%/8.0 CBC: RBC 5.41 (L), HCT 20.0 (L), HGB 7.1 (L), Neut 14.11 (H), Imm Neut 0.69, Lymph 0.10(L), Eos 0.01 (L), Plt 71 (L), Plt Est 100-150, PCT 0.14 (L) sPO2: 98% 3/19 day: EPOC: K 3.3 L, iCa 1.14 L, Creat 0.44 L, Hct 20 L PCV/TS: 22/8.0

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** presented enlarged with thickened echogenic slightly irregular cortices. The left kidney measured 4.9 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** presented slightly enlarged with minor scalloping contour and slight heterogenous parenchymal changes.

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 passive congestion. The gallbladder presented



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acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. The hepatic veins were not dilated.

Gastrointestinal

The **gastrointestinal tract** was floating in the ascites with heterogenous omentum. The gastrointestinal tract presented with a partially full stomach with omental changes that appeared nodular and irregular.

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

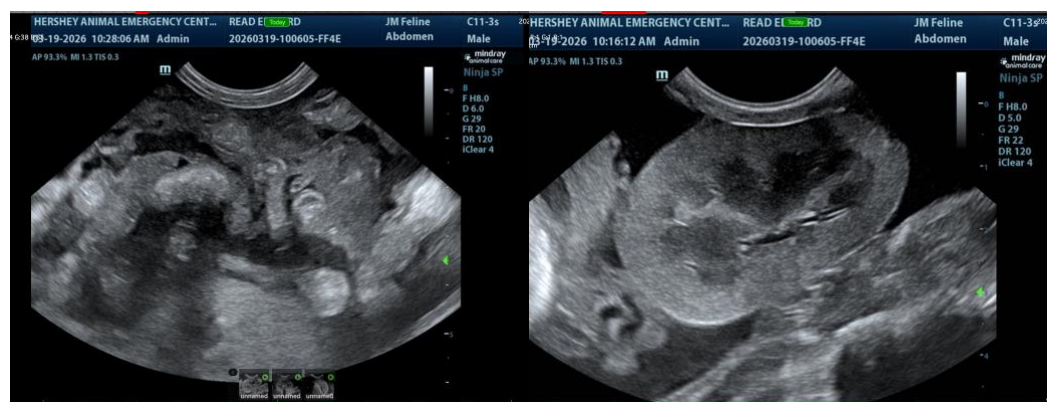
A moderate amount of free fluid was noted in the abdomen along with coalescing lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- FIP, lymphomatosis, carcinomatosis, mastocytosis are all potentials in this patient.
- Enlarged slightly irregular kidneys.
- Slightly enlarged spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis, cytospin and slide preparation to assess for neoplastic cells as well as FIP titers are indicated.





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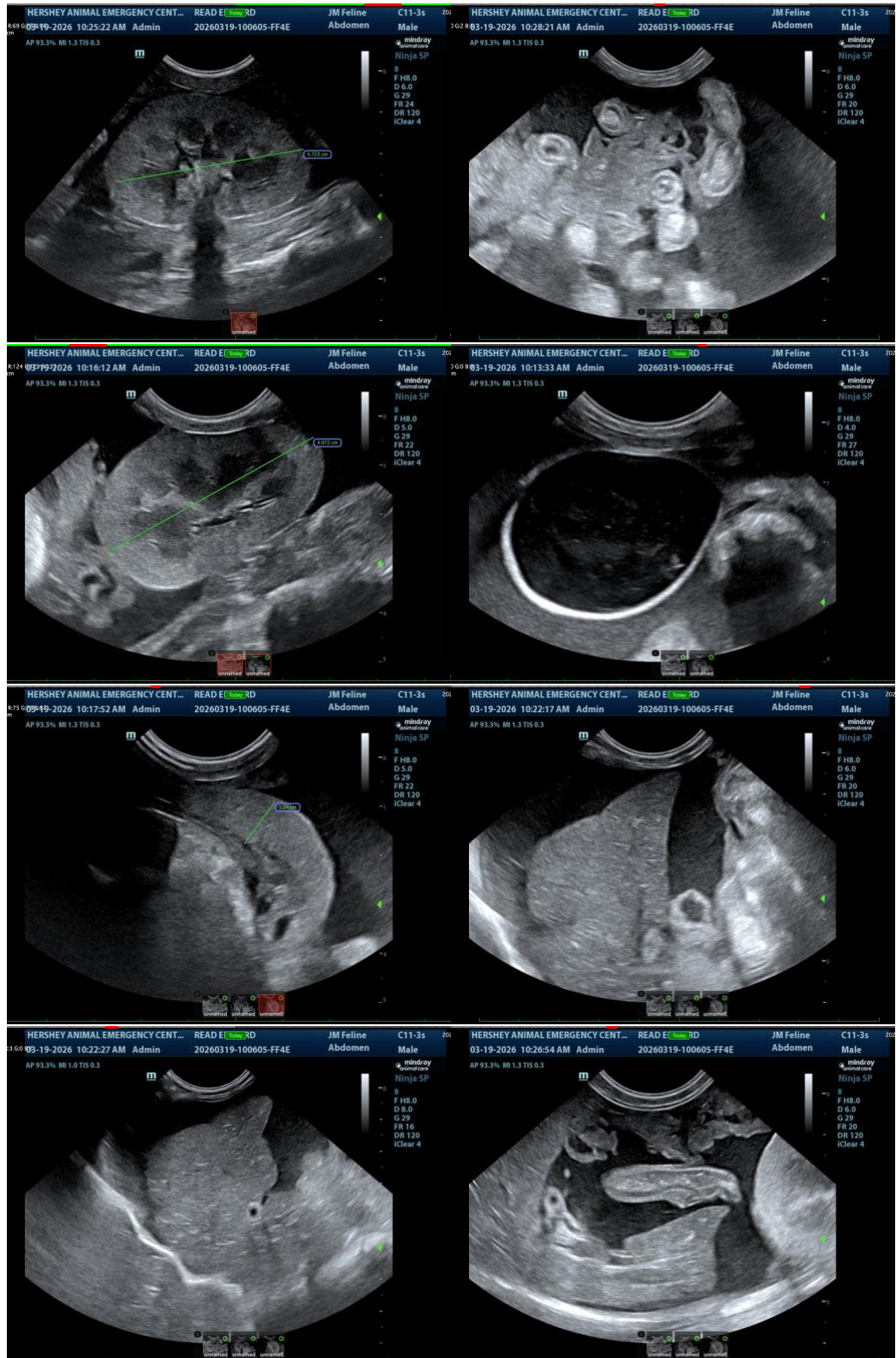
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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