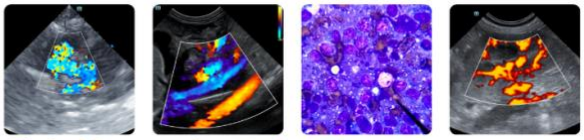

PATIENT

Ash Dufrene

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Months

WEIGHT

2.97 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE

15099

DATE

04/14/26

PRESENTING CLINICAL SIGNS

Inappetence for 3 days. Vomited Saturday and has been profusely drooling intermittently since. Treated outpatient at RDVM yesterday with SQ fluids and Cerenia, vomited once at home after this.

Abnormal PE/Chem/CBC/UA Results: Suspected plication cranial abdomen, mildly painful on palpation Estimate 5% dehydrated Point of care ultrasound at RDVM: suspicious for plication in cranial abdomen EPOC: Unremarkable PCV/TS: 54/7.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 with mild heterogenous cortical changes and ill-defined hyperechoic medullary rim sign. This type of presentation can be related to FIP, yet no other evidence of FIP is present. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

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** 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 congestion. The gallbladder presented 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.

Gastrointestinal

Examination of the **gastrointestinal tract** presented with a largely empty lumen and minor areas of hyperperistalsis. No evidence of foreign bodies were present.

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.

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Free Abdomen

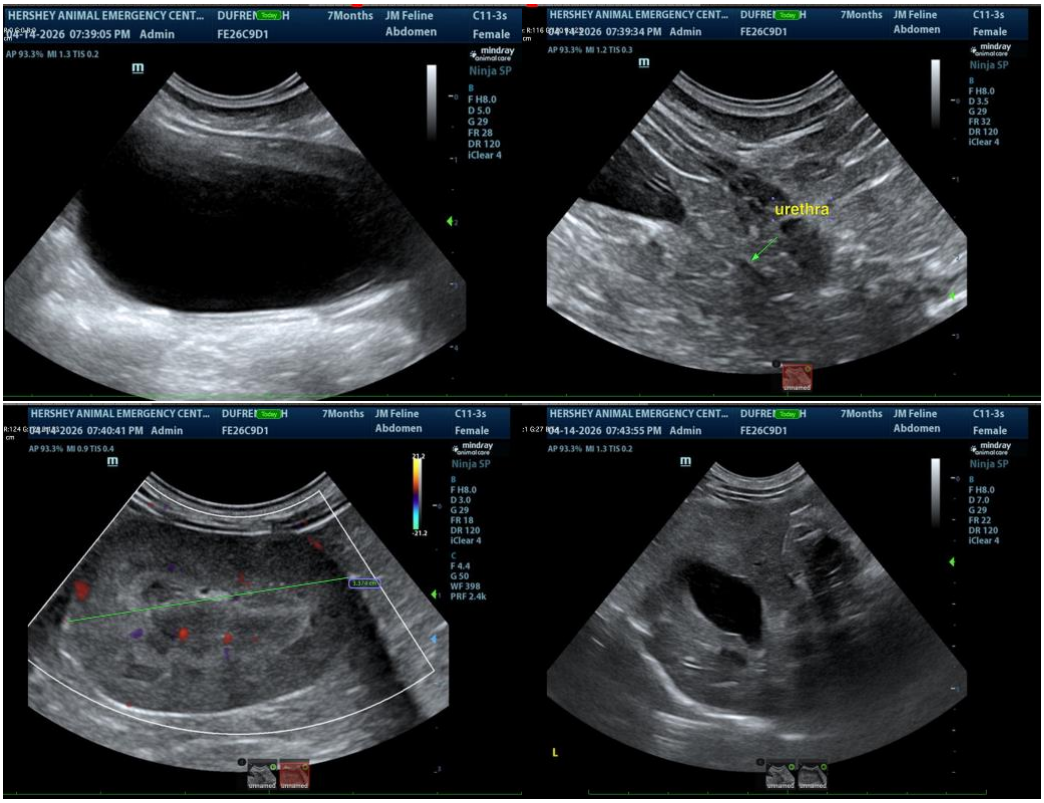
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 2.1 cm x 0.57 cm.

ULTRASONOGRAPHIC FINDINGS

- Idiopathic medullary rim kidney.
- Enteritis pattern without evidence of foreign bodies or obstruction.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Parasitic disease, dietary intolerance, enterotoxins are all possible. There's a mild potential for occult FIP in this patient. If inflammatory sediment is present in the urine, 25-gauge FNA of the kidneys is indicated. Supportive care for enterotoxins or parasites is warranted in the meantime.



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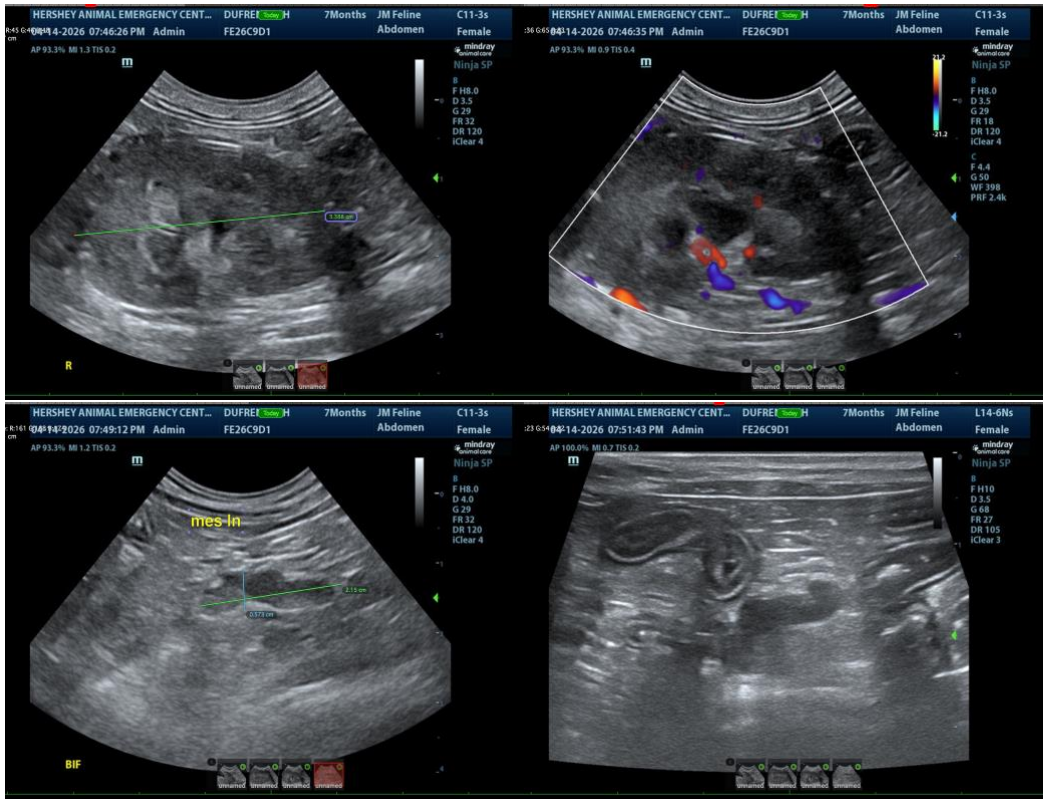

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com