



**PATIENT**

Maple Hagood

**SPECIES**

Feline

**BREED**

Ragamuffin

**SEX**

Spayed Female

**AGE**

11 Months

**WEIGHT**

8.18 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Salem AC

**REFERRING VET**

Dr. Sirianni

**INVOICE**

15427

**DATE**

04/23/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Diarrhea Abdominal distension with a fluid wave on ballottement Suspected FIP ABNORMAL Labwork Values FIP mRNA PCR: negative Fluid Analysis: Low-cellular exudate Lymphocytes: 0.8 RDW%: 19.6 HGB: 15.5 PLT: 60 MOV: 7.2 Phosphorus: 7.0 Cholesterol: 69 Current Medications GS-441524 Compounded tuna bisect tablet 50mg Radiographic Findings Peritoneal effusion is still present, but does subjectively appear to have decreased in volume. Mass effect present - intestines and kidneys are deviated dorsally and caudally.

**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 3.33 cm in length. The right kidney measured 3.42 cm in length.

**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 adrenal gland measured 0.34 cm width. The right adrenal gland measured 0.26 cm width.

**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** revealed a 10.0+ cm left liver cyst, this is likely a congenital variant. The gallbladder, common bile duct and the remainder of the liver appeared unremarkable.

**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**



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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.

**Free Abdomen**

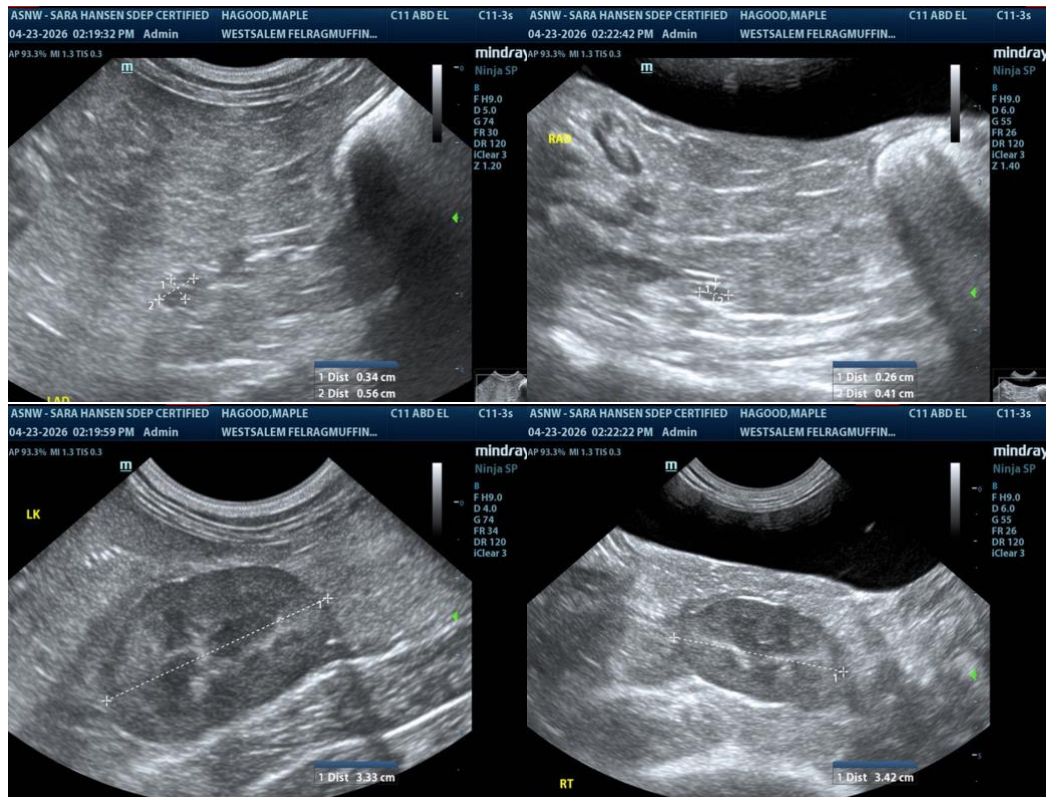
A large amount of abdominal fat was noted in this patient.

**ULTRASONOGRAPHIC FINDINGS**

- Large congenital liver cystic formation.
- Unremarkable abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cyst removal with partial left liver lobectomy is recommended. No evidence of suspicion of FIP or other processes. Surgical consult is recommended.





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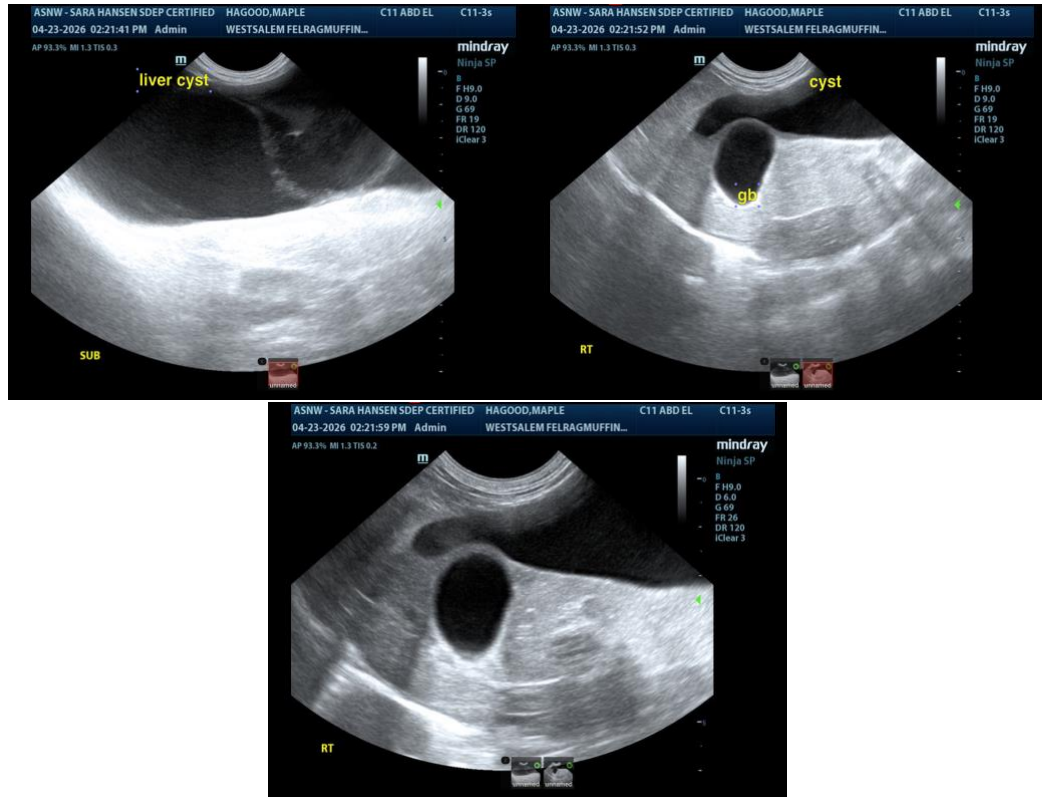
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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