



DATE PRESENTING CLINICAL SIGNS

5/11/26

PATIENT

Saejima Winpigler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4/21/14

WEIGHT

7.2 lbs

INTERPRETED BY

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

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

75296

Patient History: Presenting for continued weight loss, GI signs and elevated globulins. GI issues have improved but not resolved with hypo diet trial (less frequent but still diarrhea and occasional vomiting. Weight loss has

continued with additional 3 lb weight loss since 11/25. Patient presented for hind limb weakness starting 4/27. See form for more extensive history.

Current Medications: Doxycycline 20mg BID started 5/5/27, Probiotics, Gabapentin 50mg/ml 0.6 ml po bid prn pain started 4/28

Labwork Results: Labwork attached, reported as: pos for candidatus mycoplasma haemominutum RBC 5.68 (6.50 - 11.53 M/ μ L) prev 9.53, 9.11, Hematocrit 23.2 (31.0 - 51.0%) prev 37.5 34.5, Hemoglobin 8.1 (10.6 - 16.7 g/dL), Reticulocyte Hemoglobin 13.9 (14.4 - 19.3 pg), Monocytes 0.654 (0.042 - 0.467 K/ μ L) prev 0.081 0.269, Eosinophils 0.206 (0.209 - 1.214 K/ μ L), Total Protein 9.8 (6.3 - 8.8 g/dL) prev 10.0 9.2, Albumin 2.5 (2.6 - 3.9 g/dL) prev 2.7 3.0, Globulin 7.3 (3.0 - 5.9 g/dL) prev 7.3 6.2, Albumin: Globulin Ratio .3 (0.5 - 1.2)

Beta-2 Globulin 0.75 (0.20 - 0.70 g/dL), Gamma Globulin 4.27 (0.60 - 1.90 g/dL). Rad report attached.

Date of Previous IntraPet Ultrasound: 12/5/25. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

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** were mildly enlarged and both measured 4.9 cm with echogenic cortical remodeling and variable thinning.

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 0.32 cm. The right adrenal gland measured 0.44 cm.

Spleen

The **spleen** has improved in size compared to the prior sonogram and now measured 0.9 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative

pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were 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. The mesenteric lymph nodes were slightly enlarged and measured up to 1.0 x 0.65 cm.

Pancreas

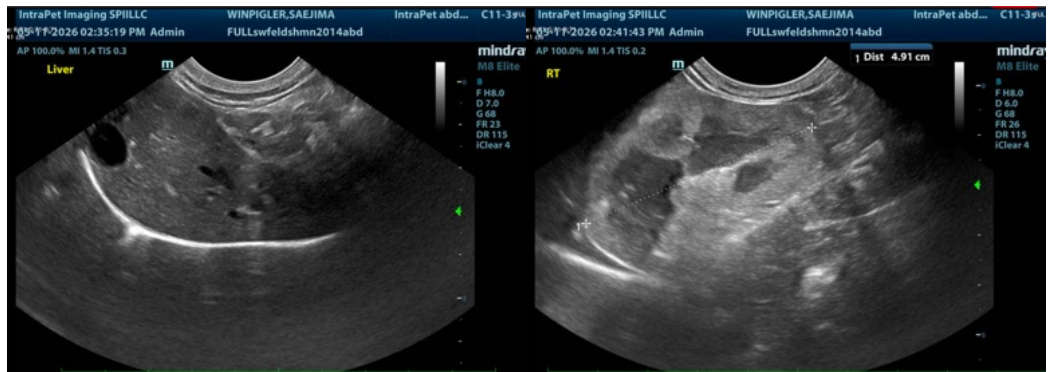
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

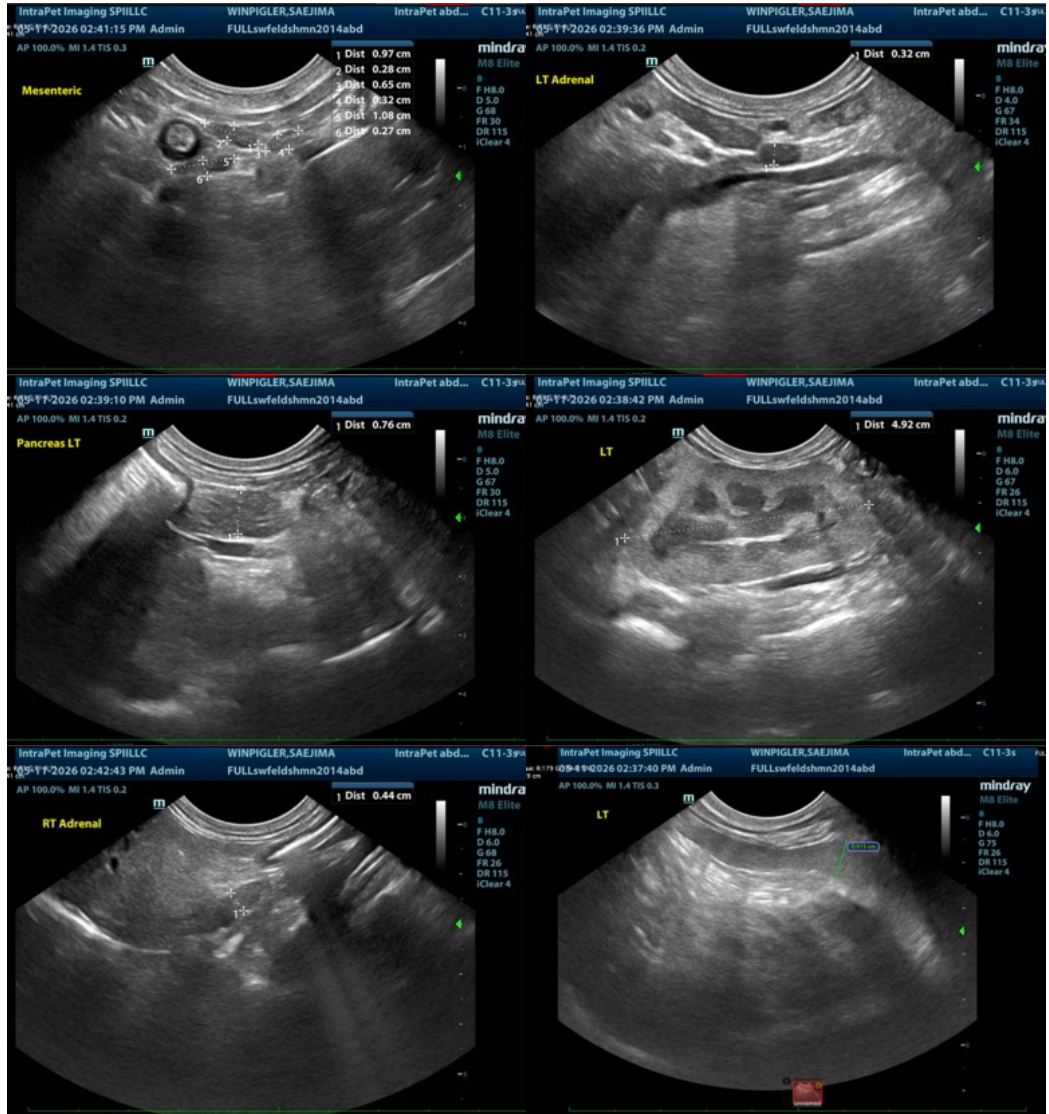
ULTRASONOGRAPHIC FINDINGS

Mild renomegaly.
Prominent pancreas.
Normalized spleen.
Age related hepatic changes.
Slight mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the main issue is the renomegaly in this patient, yet architecture is fairly well maintained. Given the blood work and protein electrophoresis results, screening FNA of the spleen and liver +/- renal cortex would be warranted to assess for multiple myeloma or other round cell neoplasia. CBC path review and marrow aspirate would also be ideal. Dry form FIP is always a potential, yet sonographically other than the minor mesenteric lymphadenopathy, no specific lesions appear to be attributable to potential FIP.





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.

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