



## PATIENT

Blue Musser

## SPECIES

Feline

## BREED

Russian Blue

## SEX

Neutered male

## AGE

10 years

## WEIGHT

15.39 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jenny Wenrich, DVM

## HOSPITAL NAME

Straley VA

## REFERRING VET

Dr. Wenrich

## INVOICE

77634

## DATE

5/18/26

## PRESENTING CLINICAL SIGNS

History: Ascites dx at local emergency center, anorexia  
PE: distended abdomen/ascites, hypothermic, dehydrated (12%), CBC, chemistry, E-lytes, TT4, proBNP and thoracic radiographs were unremarkable

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left and right kidney measured 4.0 cm each.

### Adrenal Glands

The **adrenal glands** were not visualized.

### Spleen

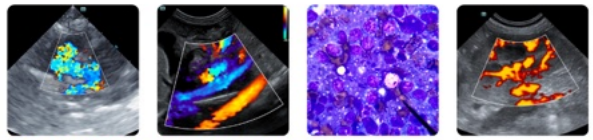
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

### Liver

The **liver** was mildly heterogenous. The gallbladder and common bile duct were unremarkable. There was no evidence of passive congestion noted in the liver.

### Gastrointestinal

Tethered and static **gastrointestinal tract** was present.



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**Pancreas**

The **pancreas** revealed coalescing nodular omental mass that measured with heterogenous nodular omentum throughout the abdomen.

**Free Abdomen**

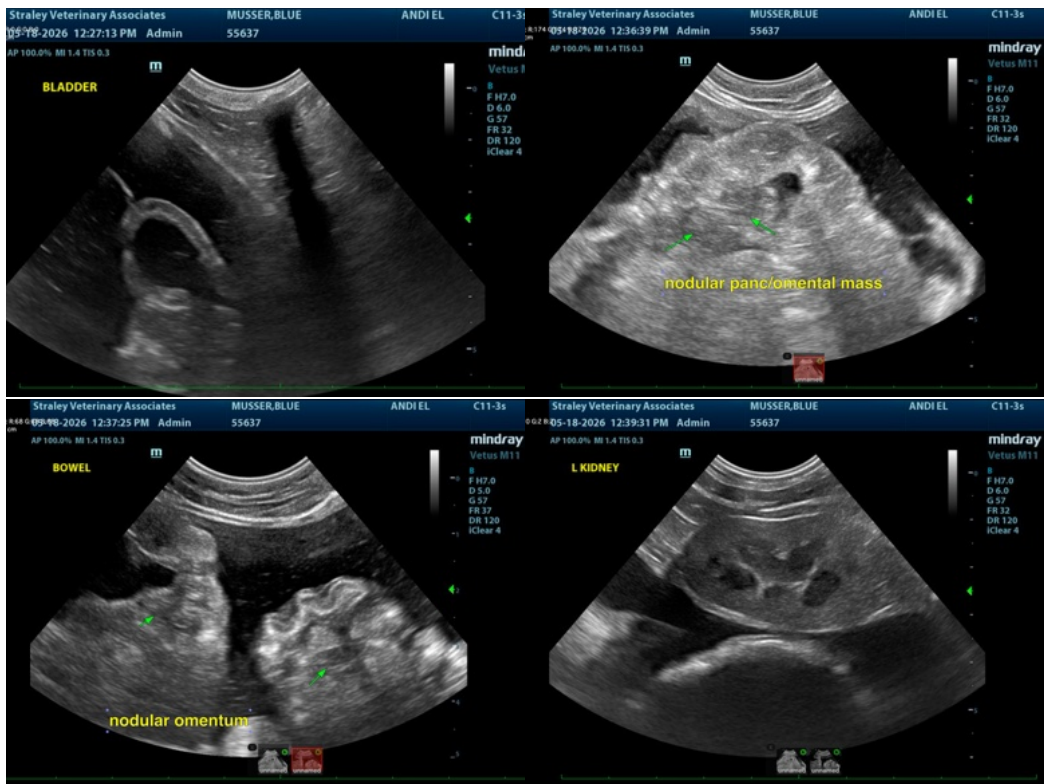
A large amount of ascites was noted in this patient.

**ULTRASONOGRAPHIC FINDINGS**

Ascites with nodular, coalescing, omental and pancreatic mass, strongly consistent with abdominal carcinomatosis or similar presentation. FIP is less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An abdominocentesis and cytospin as well as immediate slide preparation is recommended for a definitive diagnosis or exploratory with surgical biopsies, yet prognosis is poor.





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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 of SonoPath.com

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