



**PATIENT**

Corn Long

**PRESENTING CLINICAL SIGNS**

History of suspected FIP. Repeat ultrasound.

**SPECIES**

Feline

**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.

**BREED**

DSH

The **right kidney** was mildly enlarged with slightly thickened cortices with a distinct hyperechoic medullary rim sign. The right kidney measured 4.6 cm.

**SEX**

Neutered Male

The **left kidney** 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 4.5 cm.

**AGE**

3

**Adrenal Glands**

The **right adrenal gland** was 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 right adrenal gland measured 0.28 cm.

**WEIGHT**

12

The regions of the **left adrenal gland** revealed no evident pathology.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Torch River VMS

**HOSPITAL NAME**

Torch Lake VC

**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.

**REFERRING VET**

A.Waffle

**INVOICE**

23518

**Gastrointestinal**

The **stomach** was filled with progressively shadowing hairball type density. Transit of chyme into the small intestine was noted with minor intestinal thickening noted. The colon was unremarkable.

**DATE**

7/20/23

**Pancreas**



## PATIENT

Corn Long

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.

## SPECIES

Feline

## ULTRASONOGRAPHIC FINDINGS

- Medullary rim kidney, idiopathic or potential occult FIP
- Minor intestinal thickening
- Hairball density in the stomach

## BREED

DSH

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unremarkable abdomen otherwise.

## SEX

Neutered Male

## AGE

3

## WEIGHT

12

## INTERPRETED BY

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DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Torch River VMS

## HOSPITAL NAME

Torch Lake VC

## REFERRING VET

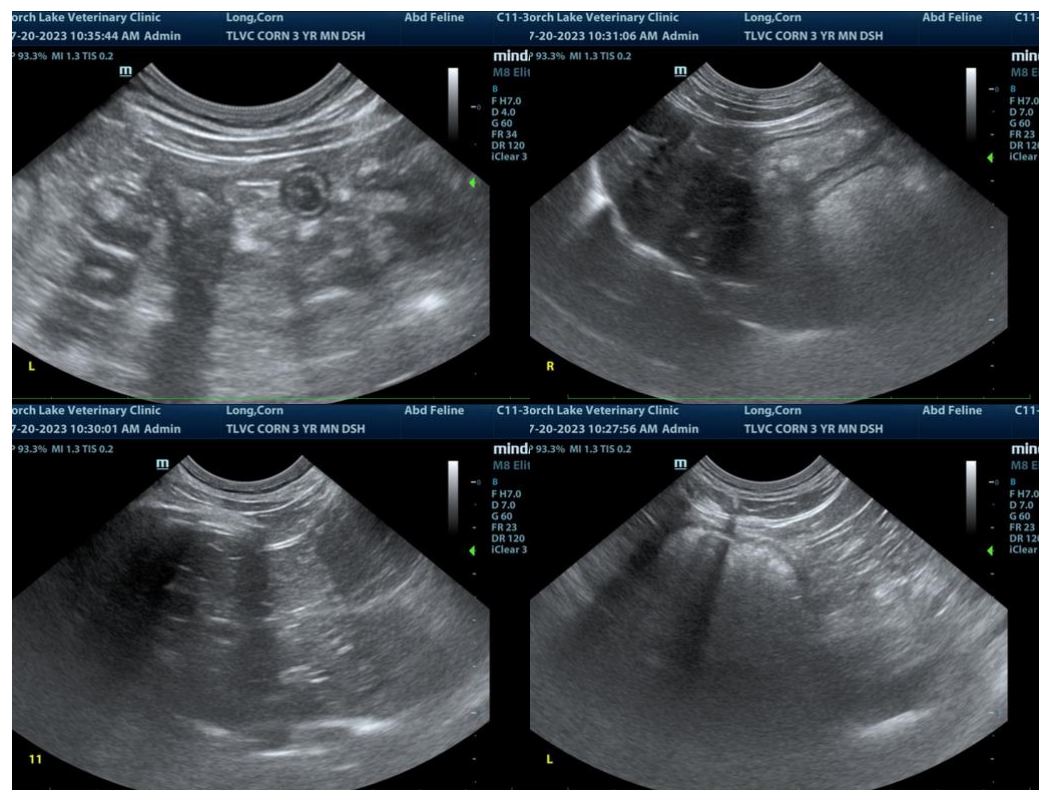
A.Waffle

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## DATE

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**PATIENT**

Corn Long

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

3

**WEIGHT**

12

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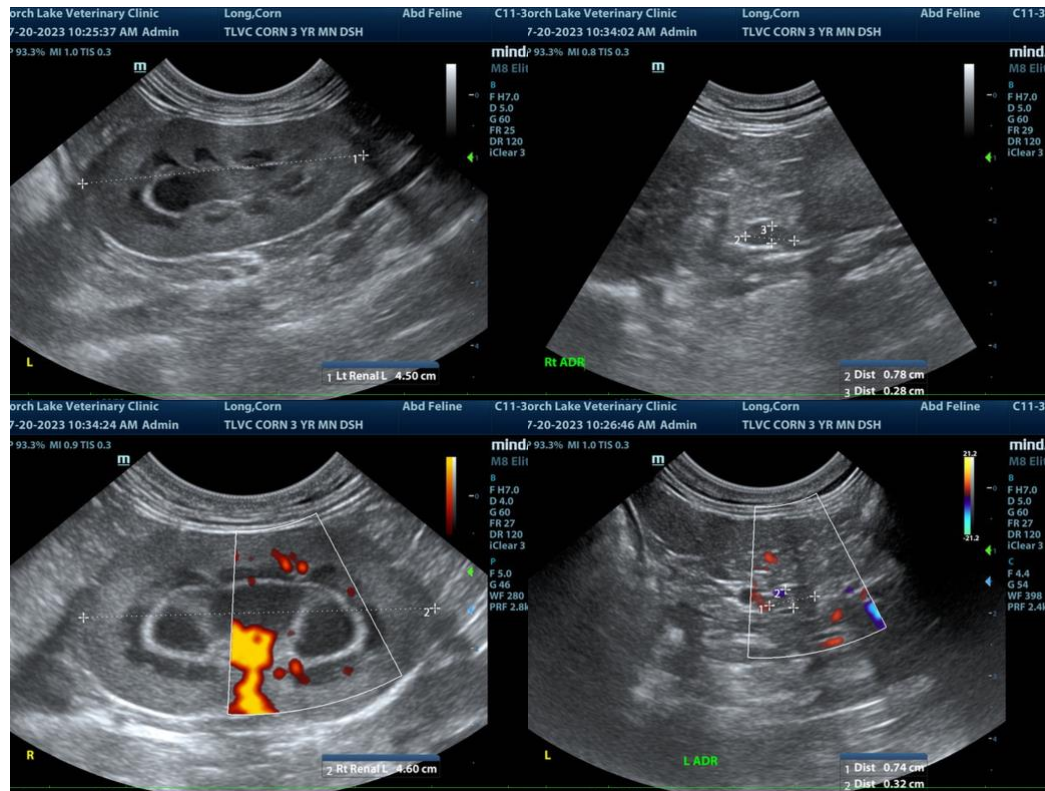
A.Waffle

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**DATE**

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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, Cert. IVUSS, CEO of SonoPath.com  
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