



PATIENT

Felix Ricord

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

8 Months

WEIGHT

5.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit AW

REFERRING VET

Sarah Green

INVOICE

12889

DATE

8/29/21

PRESENTING CLINICAL SIGNS

History: Recent lethargy, hyporexia. Positive FeCoV titer elsewhere 3/2021, sibling reported to have been euthanized elsewhere due to presumed FIP 4/2021

Abnormal PE/Chem/CBC/UA Results: hyperbilirubinemia =2.5 (0.1-0.6) mg/dL, TP=8.5 (5.4-8.2) g/dL, SAA=8.8 (<5) ug/mL no significant findings on thoracic radiographs, abdominal radiographs suggestive of enteritis/ colitis

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 diffuse hyperechoic medullary rim sign with hypoechoic granular cortical changes, strongly suggests for FIP. The kidneys measured 3.5 cm each.

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. Both adrenal glands measured 0.5 cm.

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 coarse architecture, irregular contour and mixed echogenic parenchymal changes with increased portal markings. The gallbladder and common bile duct were unremarkable

Gastrointestinal

The **gastrointestinal tract** presented variable intestinal thickening (particularly colon, measured up to 6.0 mm) with various masses. The ileocecal junction was thickened and enlarged creating a mass effect of 2.0 cm x 4.0 cm with undifferentiated tissue proliferation. Multiple other smaller lymph nodes were enlarged. A combination of ileocecal junction thickening as well as regional lymphadenopathy noted.

Pancreas

The **pancreas** was hypoechoic and mildly irregular with swollen contour. The pancreas measured 1.3 cm in the right limb

Free Abdomen



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Trace amounts of free fluid were noted in the **abdomen**.

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ULTRASONOGRAPHIC FINDINGS

- Multifocal infiltrative disease

SPECIES

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given the patient history, FIP is a strong potential. Underlying lymphoma also a potential. FNA of the liver, ileocecal mass, lymph nodes and kidneys all indicated to assess for granulomatous versus monocellular lymphoproliferative disease.

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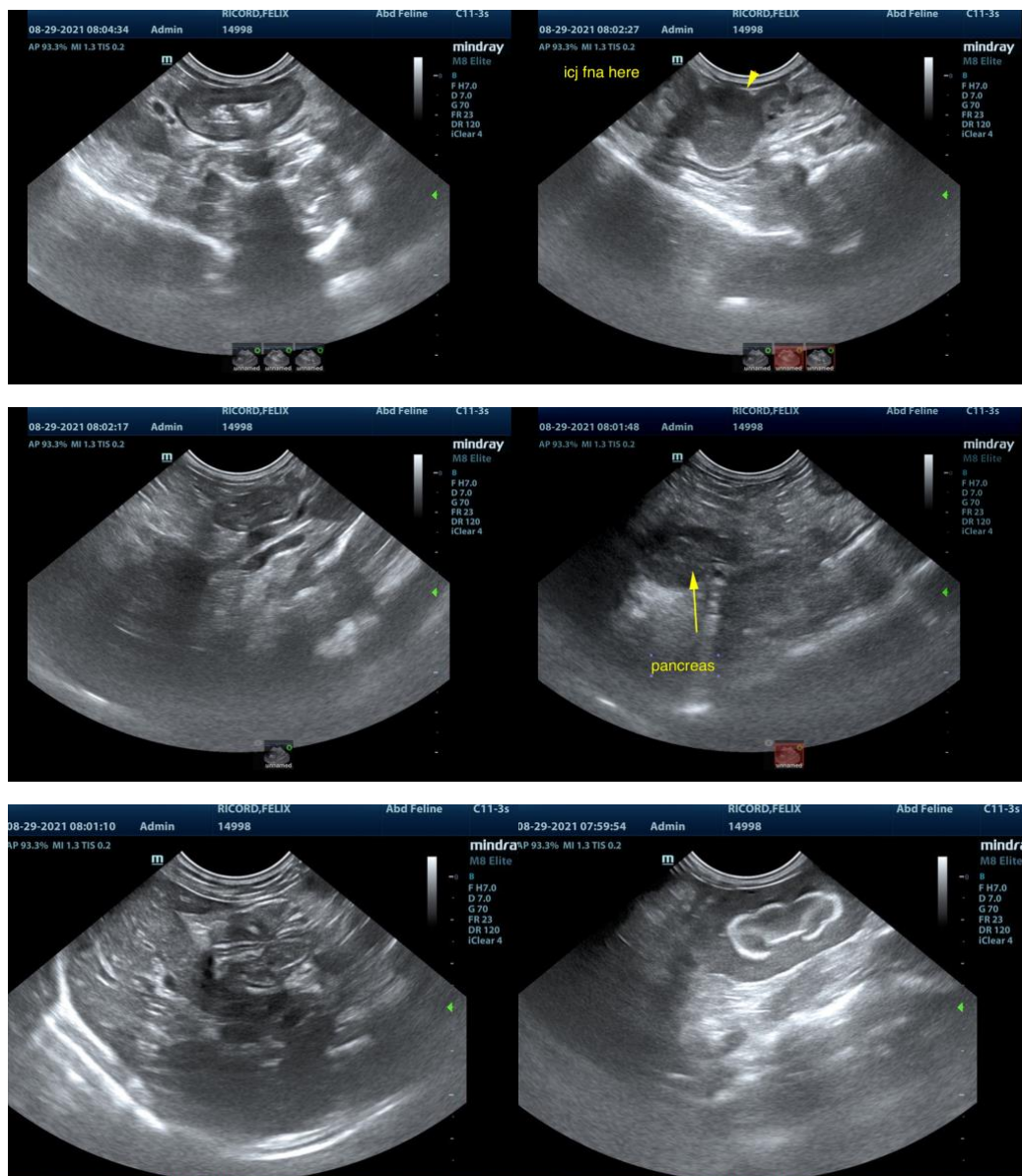
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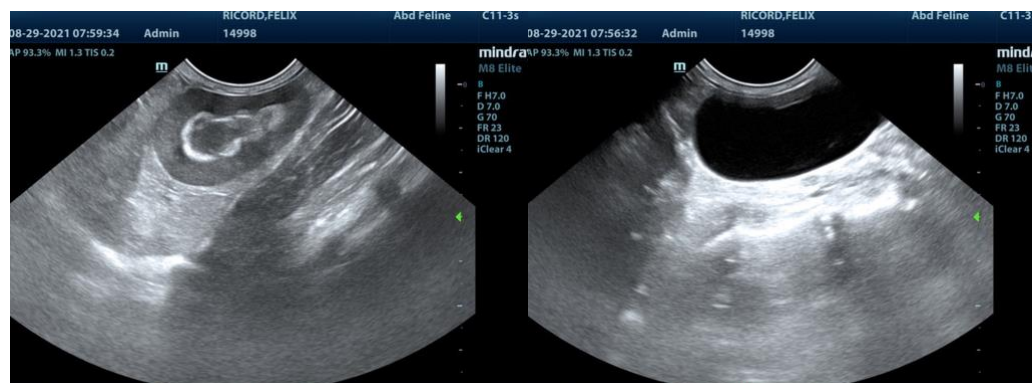
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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