



**PATIENT**

Maui Kung

**SPECIES**

Feline

**BREED**

Mix

**SEX**

Neutered male

**AGE**

3 years

**WEIGHT**

16.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Goldman

**INVOICE**

32286

**DATE**

8/10/22

**PRESENTING CLINICAL SIGNS**

History: R/o FIP, wight loss (was 18#, dropped to 18.8# since June); previous AUS Jan 2022, Hx of splenic mass (stable) Current meds: mutian for FIP  
Abnormal PE/Chem/CBC/UA Results: Chol 300, triglyc 213

**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 normal 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 right kidney was slightly enlarged, yet uniform and measured 5.39 cm. The left kidney was slightly enlarged and measured 5.11 cm.

**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 right adrenal gland measured 0.37 cm.

**Spleen**

The **splenic** mass has reduced in size and now measures 2.7 x 2.06 cm. The splenic mass was minimally vascular. The remainder of the spleen was unremarkable.

**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.



**PATIENT**

**Gastrointestinal**

Maui Kung

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Transit of chyme appeared to be normal in the small intestine. Slight mesenteric lymph node prominence was noted and measured up to 1.46 x 0.5 cm.

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**Pancreas**

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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

3 years

Stable splenic mass, reduced in size by 30%.

Slight mesenteric lymphadenopathy.

Slightly enlarged kidneys, yet normal structure.

**WEIGHT**

16.8 lbs

Stomach was essentially empty with no residual hair densities.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

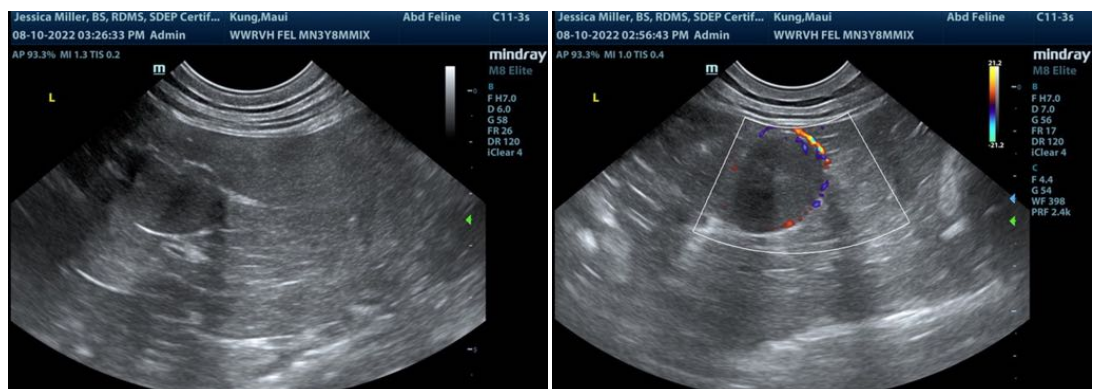
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If the patient is clinically stable I recommend continuation of the current protocol.

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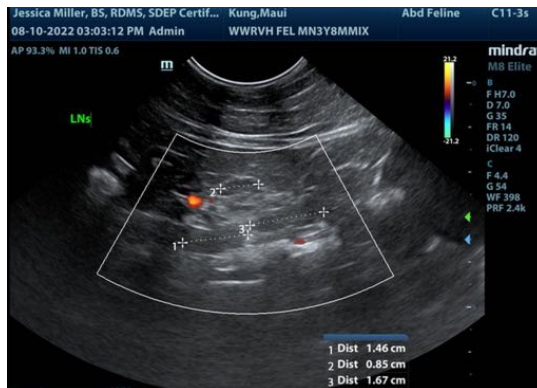
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
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