



PATIENT

GJ Kauffman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

8.2 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

John Reese

HOSPITAL NAME

Willow Run Veterinary
Clinic

REFERRING VET

Dr. Molly Wasik-
Arnold

INVOICE

72113

DATE

11/26/25

PRESENTING CLINICAL SIGNS

4 year old cat - presented with lethargy two weeks ago. P was diagnosed with mycoplasma and started on Prednisolone and Doxycycline. 2 weeks into treatment, P was anorexic with significant weight loss. She remains febrile ~ 104. Appetite has mildly improved with hospitalization (IV fluid therapy, doxycycline, steroids).

Abnormal PE/Chem/CBC/UA Results: Significant Reticulocytosis 273,000 Normal RBC count Leukocytosis (35,000) with neutrophilia (21,000), lymphocytosis (10,000), monocytosis (3,000) Thrombocytopenia 60,000 Chemistry remains unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were normal in size and shape with a smooth capsule contour. There was normal cortical echotexture with acceptable corticomedullary definition. There was no pelvic dilation. Left kidney measured 3.9 cm. Right kidney measured 3.9 cm.

Adrenal Glands

Both adrenal glands were normal in size and shape. The parenchyma was homogeneous. Left measured 0.45 cm. Right measured 0.56 cm.

Spleen

The spleen was increased in size with a rounded capsule contour. The parenchyma was diffusely heterogeneous with a micronodular pattern. The spleen measured 1.6 cm in width at the hilus. The vasculature showed good vascularity with power doppler.

Liver

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal in size and shape. The gall bladder was normal in size and shape. The luminal contents were anechoic. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.



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Pancreas

The pancreas was enlarged in size with an irregular, ill-defined capsule contour. The pancreas was asymmetric with hypoechoic to heterogeneous parenchyma. The surrounding mesentery was strongly hyperechoic.

Free Abdomen

A moderate volume, cellular peritoneal effusion was present. The mesentery was hyperechoic and irregular with a diffuse nodular pattern.

ULTRASONOGRAPHIC FINDINGS

- Peritoneal effusion, moderate volume.
- Pancreatitis.
- Urinary bladder sediment, moderate – correlate with urinalysis for clinical relevance.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current steroid treatment may be suppressing a more dramatic presentation. This clinical and sonographic presentation is strongly concerning for FIP. Sampling of the abdominal fluid for fluid analysis and cytospin for cytology is recommended. A splenic FNA would be ideal. However, it may not be possible, given the low platelet count. The fluid from the abdomen could potentially be submitted for FIP PCR testing. Hydration support is recommended pending further diagnostics.

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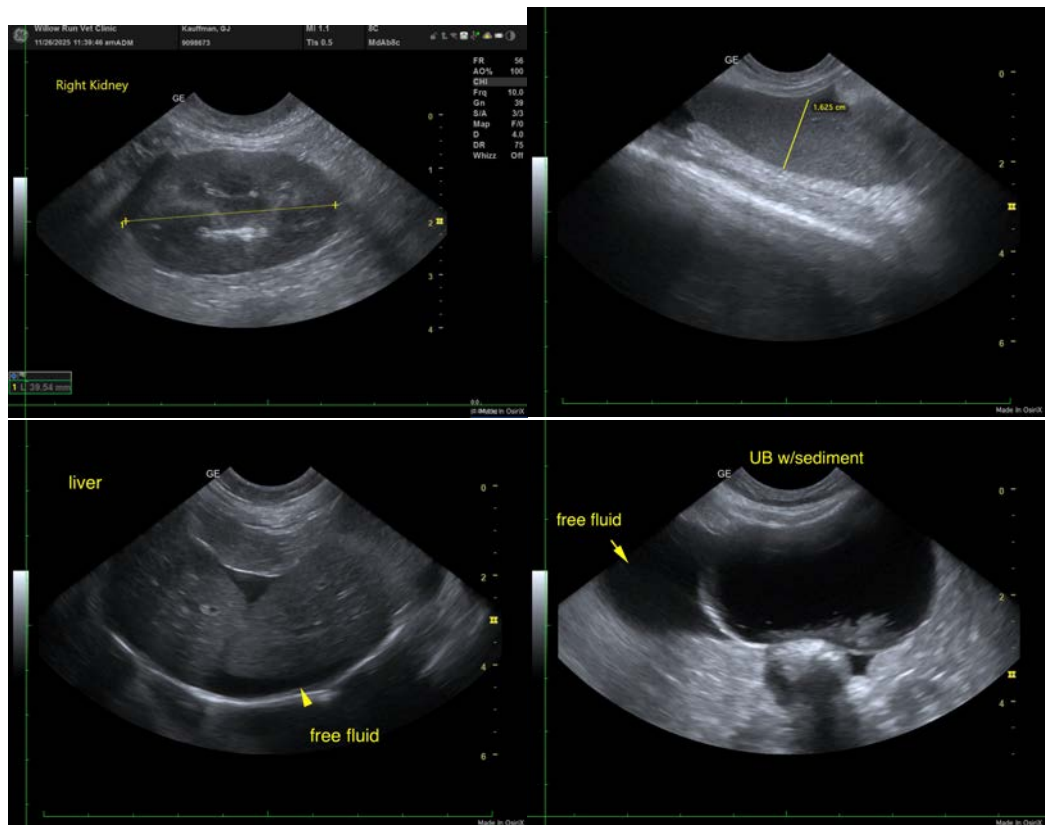
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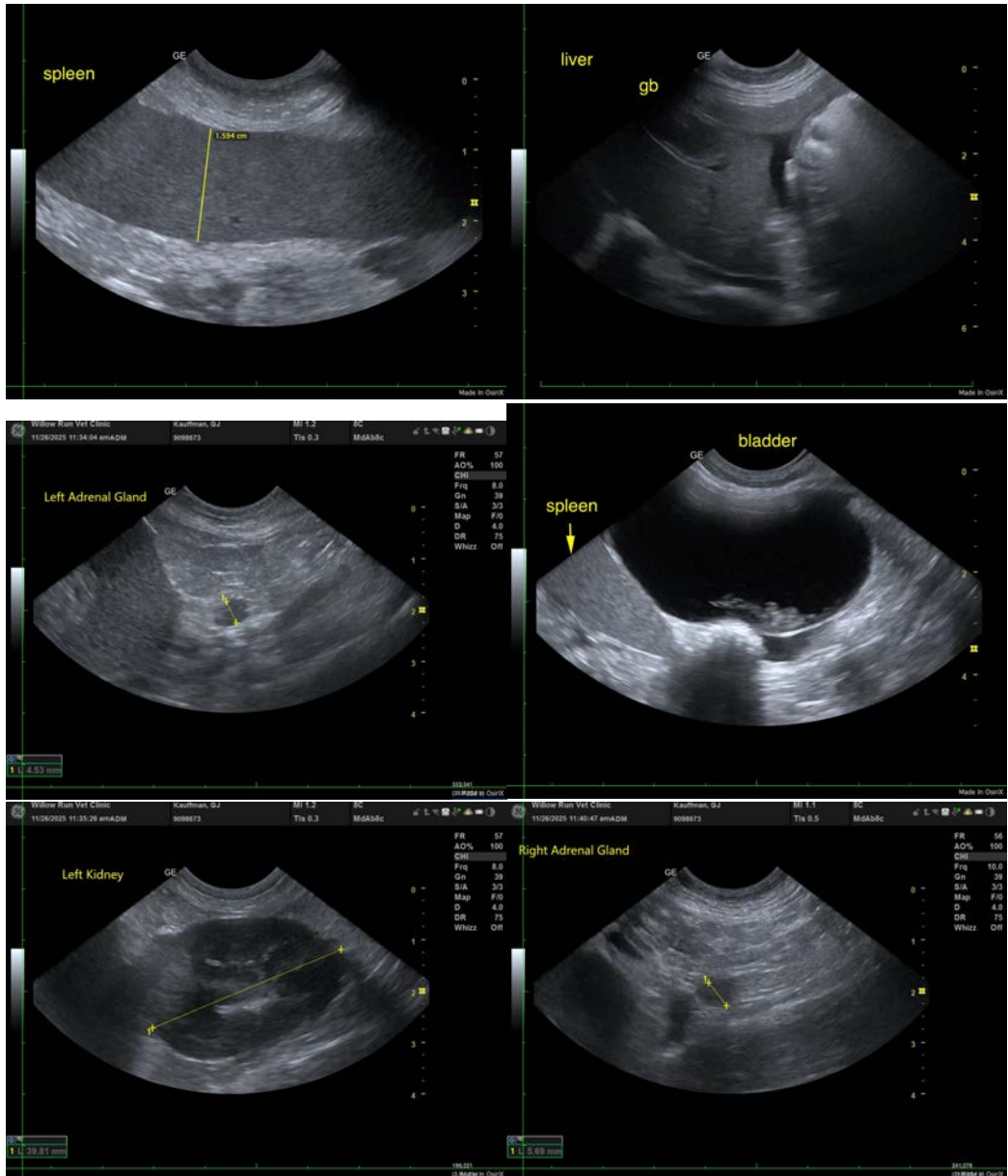
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com