



PATIENT

Taro Lo

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

4 Years 8 Months

WEIGHT

4.16 kg

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Petzoic Vet Hospital

REFERRING VET

Dr. Averil

INVOICE

13801

DATE

02/15/26

PRESENTING CLINICAL SIGNS

- P is a 4.16 kg neutered male feline, presented with a one-week history of hyporexia and lethargy.
- Upon presentation, the primary complaints were a one-week duration of decreased appetite and lethargy. The physical examination showed possible suspected abdominal pain, although a complete assessment was limited by the patient's temperament. Concurrent findings included Grade 2 out of 3 periodontal diseases.
- Diagnostic workup revealed abnormalities. A complete blood count (CBC) showed an elevated hematocrit, a neutrophilia, lymphopenia and eosinopenia. The chemistry panel indicated a mild hyperproteinemia with hyperglobulinemia and a mildly elevated GGT, though the sample was noted to be mildly hemolyzed. An abdominal focused assessment with sonography (AFAST) confirmed the presence of free fluid. Subsequent fluid analysis characterized the effusion as a sterile exudate with a protein concentration of 7.2 g/dL, composed primarily of degenerative neutrophils with some lymphocytes and macrophages.

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. There was no visible lymphadenopathy.

Kidneys are subjectively mildly increased in size with a mildly rounded capsule contour. The cortex is diffusely hyperechoic. The corticomedullary junction is indistinct. There is no visible pelvic dilation present. Left kidney measured 4.0 cm in length. Right kidney measured 4.2 cm in length.

Adrenal Glands

Both adrenal glands were normal in size and shape. The parenchyma was homogeneous. The left adrenal gland measured 0.34 cm width. The right adrenal gland measured 0.40 cm width.

Spleen

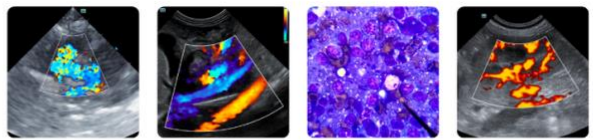
The spleen is mildly increased in size, measuring 1.0 cm in width at the hilus. The parenchyma is homogenous with no overt nodules or masses. There is a smooth capsule contour.

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 size and shape, with echogenic, non-mineralized biliary sludge. The wall was normal thickness with no visible inflammation. The cystic duct and common bile ducts were normal in size with no evidence of obstruction.

Gastrointestinal



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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 ICJ was clearly visualized and was normal in structure and layering. The visible colon wall was normal in thickness and layering.

Pancreas

The pancreas was mildly to moderately enlarged in size. The capsule contour was mildly asymmetric and irregular. The parenchyma was hypoechoic to heterogeneous with mildly bright mesentery around it. There was no overt evidence of neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder - large amount echogenic sediment
- Mild renomegaly with interstitial nephritis pattern
- Low-grade pancreatitis
- Peritoneal effusion, moderate volume
- Gallbladder sludge - moderate amount, with no evidence of EHBDO

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This clinical and sonographic presentation (including the abdominal fluid analysis showing a high protein fluid exudate) is strongly concerning for FIP. Further diagnostics could include a Rivalta test with the abdominal fluid and/or FIP PCR testing on the fluid.

Supportive care is recommended pending results of further diagnostics or treatment.





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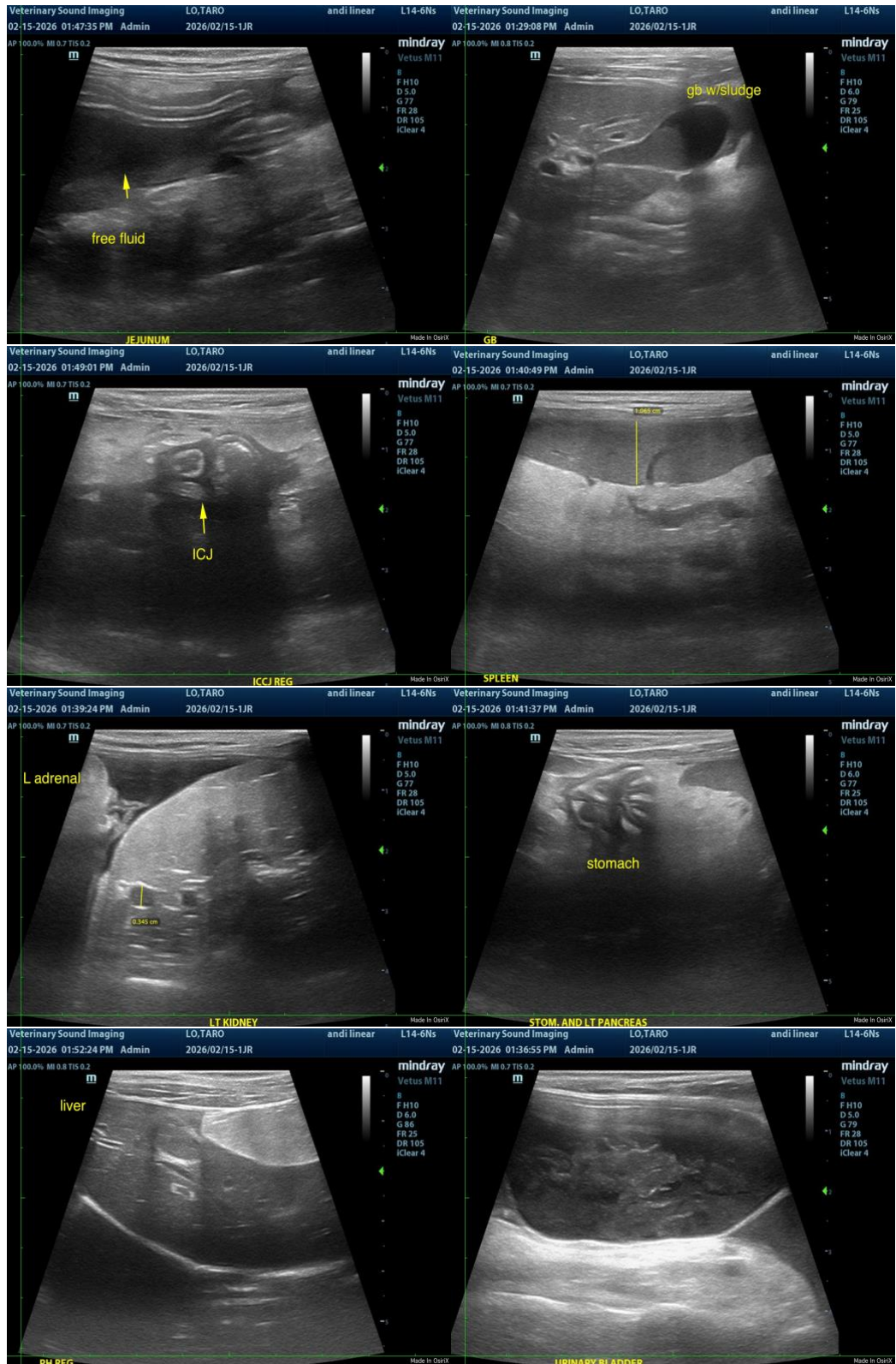
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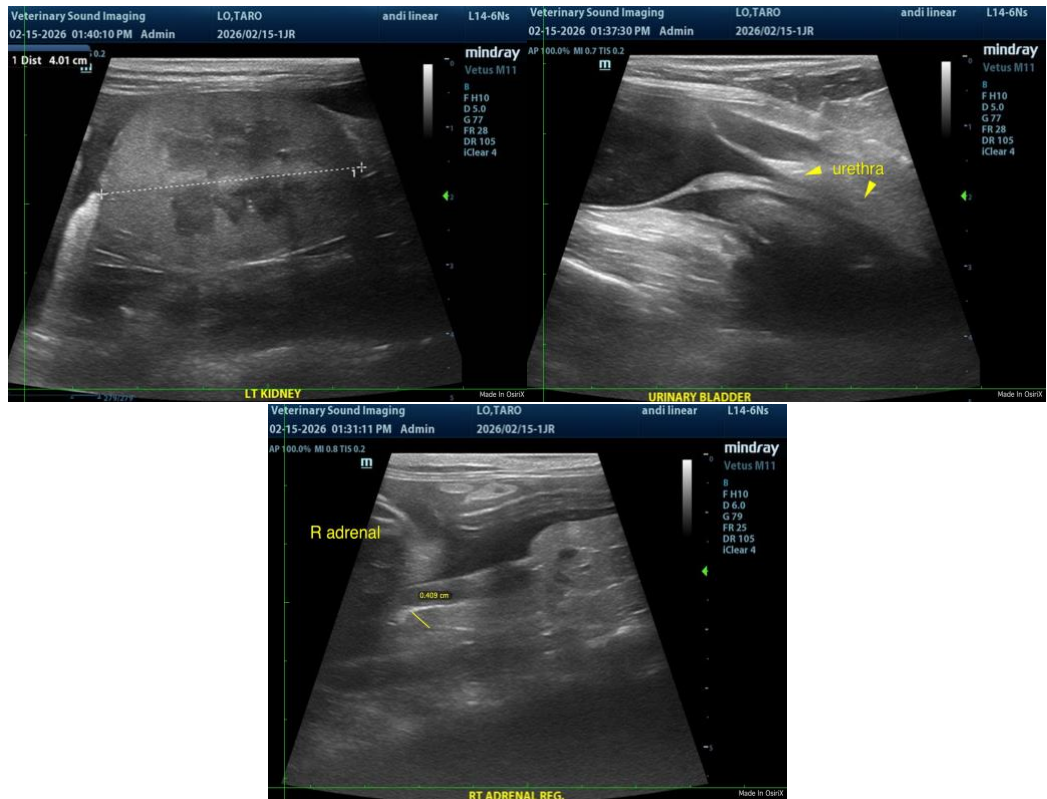
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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