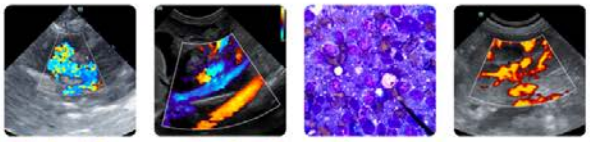

PATIENT

Cleo Kaplan-Good

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years 1 Mont

WEIGHT

11.8

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

73915

DATE

3/21/26

PRESENTING CLINICAL SIGNS

Presented due to anorexia and weight loss in December 2025. Diagnosed with hyperthyroidism and FIP (abdominal effusion was PCR positive) Bova GS 441524 finished 3/10/26. Cleo has gained weight and improved clinically.

Abnormal PE/Chem/CBC/UA Results: Severe generalized atopic dermatitis - chronic, (transiently improved while showing clinical signs of FIP and during treatment). CBC, chemistry, T4 pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal material is present, typical of mucus. No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left measures 3.8 cm. Right measures 3.5 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 3.9 mm. Right measures 3.7 mm.

Spleen

The spleen is borderline thickened, measuring 1.0 cm at the hilus. The capsular margins are regular and the parenchyma is normal The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with shadowing ingesta typical of a hairball. The gastric wall is 2.0 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is not seen.

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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

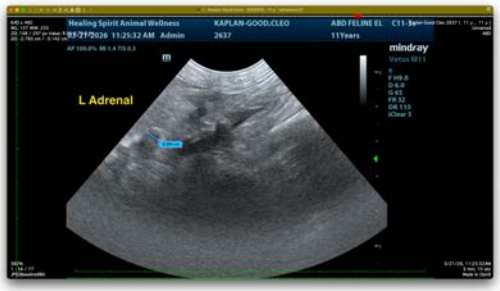
There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

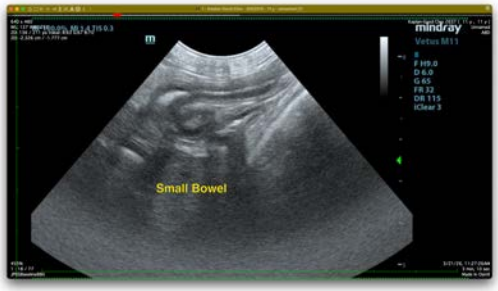
PRIMARY FINDINGS

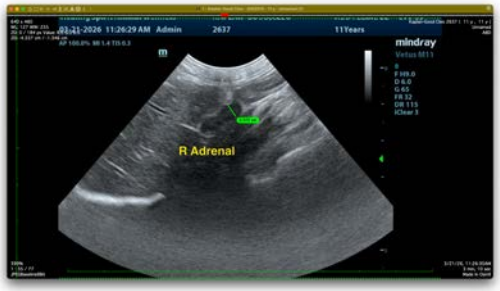
- Borderline thickened spleen, which is no longer mottled nor rounded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously noted ascites and pancreatic changes appear to have resolved. Although the spleen remains of slightly increased thickness, the parenchyma now appears normal. This all supports a positive response to the current therapy for FIP. Although fine needle aspirate of the spleen with a 25-gauge needle and diphenhydramine pre-medication would be needed to completely exclude other possible causes such as infiltrative neoplasia, the patient's clinical response to therapy for FIP makes the presence of concurrent neoplasia unlikely.







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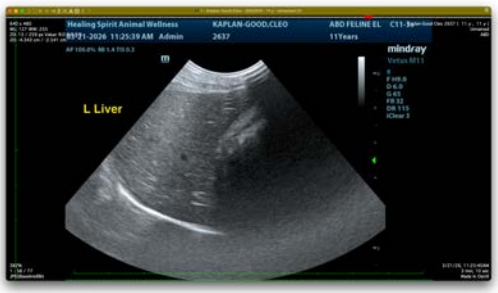

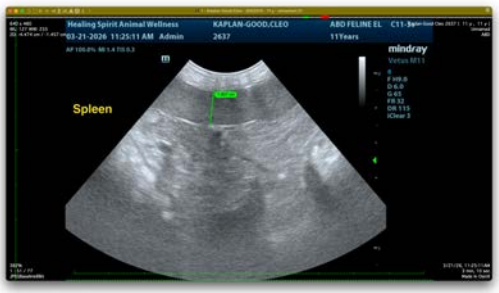

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com