



PATIENT

Rufus Chapman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

10.8

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Allison Maxey

HOSPITAL NAME

Evergreen Animal
Hospital

REFERRING VET

Dr. Allison Maxey

INVOICE

72441

DATE

1/23/26

PRESENTING CLINICAL SIGNS

Presented in Dec 2025 for diarrhea for 1 week and history of chronic vomiting for years. Vomits several times per week.

No improvement on i/d diet and visbiome. Dispensed course of metronidazole which owner reported was extremely difficult to give.

Has had continued diarrhea and vomiting since and has lost ~1lb since initial presentation.

Abnormal PE/Chem/CBC/UA Results: Markedly elevated fpL in 12/25 - 24.1 ug/L Mild hyperglycemia without glucosuria in 12/25 - BG 181 mg/dl Persistent hyperglycemia with in house recheck today - 214 mg/dl Fructosamine level pending

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and 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. Right kidney measured 4.2 cm. Left kidney measured 3.8 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** was mildly enlarged with uniform parenchyma. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative



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ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The right limb of the **pancreas** was heterogeneous with mixed echogenic changes, particularly at the right pancreatic base in a region of approximately 2.0 cm. The pancreatic pathology continued caudally along the left limb.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis pattern, potential underlying neoplasia.
- IBD GI pattern with intestinal thickening without neoplastic criteria.
- Benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided 25-gauge FNA of the pancreatic presentation recommended in this patient to ensure an underlying emerging round cell neoplasia or carcinoma is not present, as well as to assess inflammatory cell type for long-term management as to neutrophilic versus lymphoplasmacytic inflammation.

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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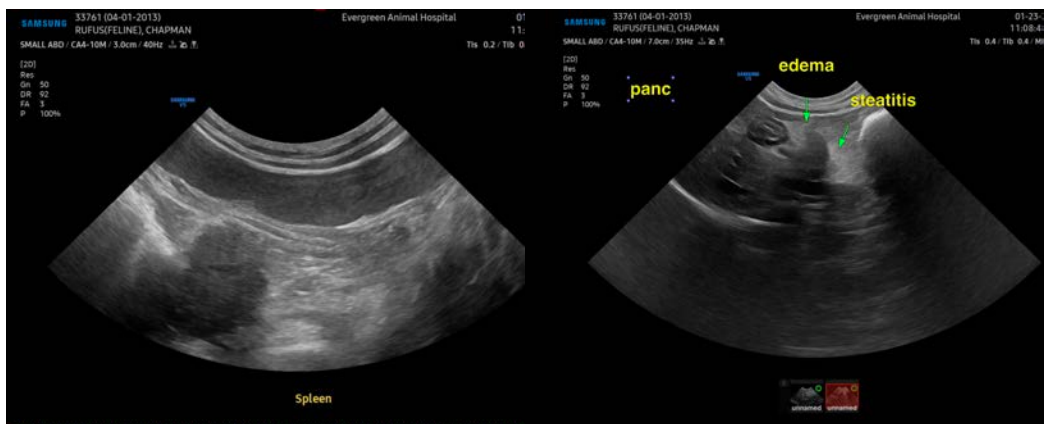
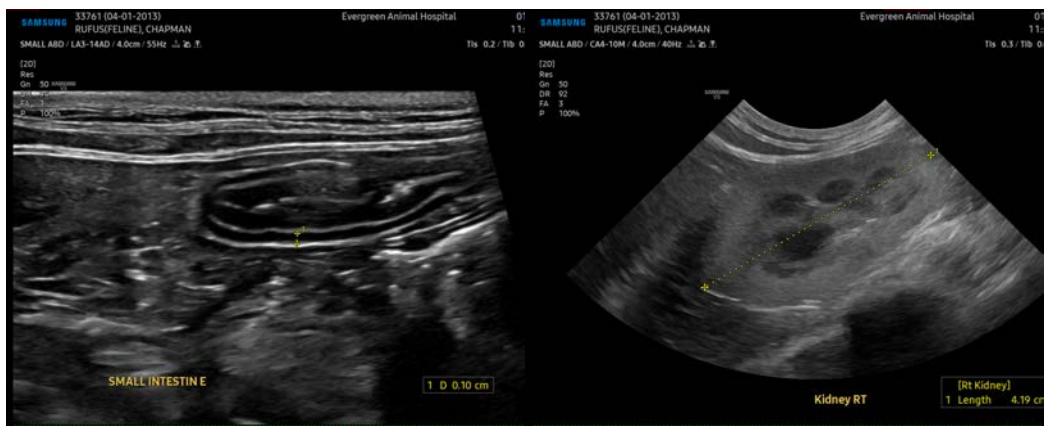
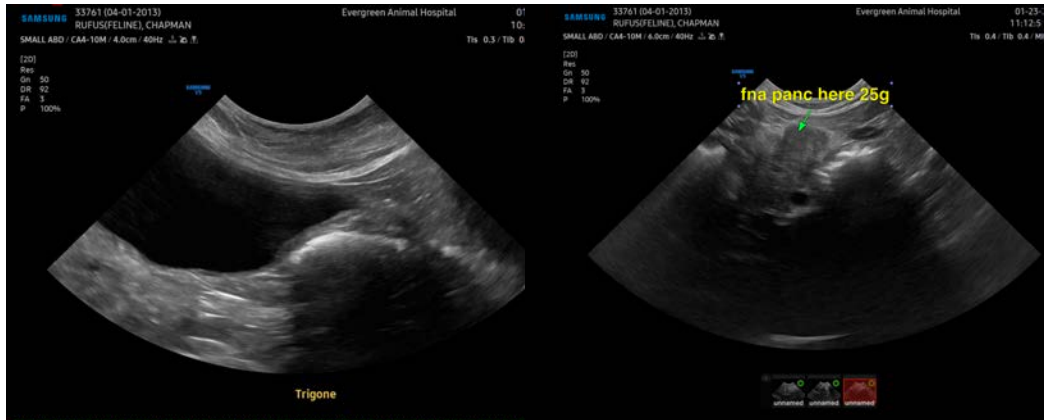
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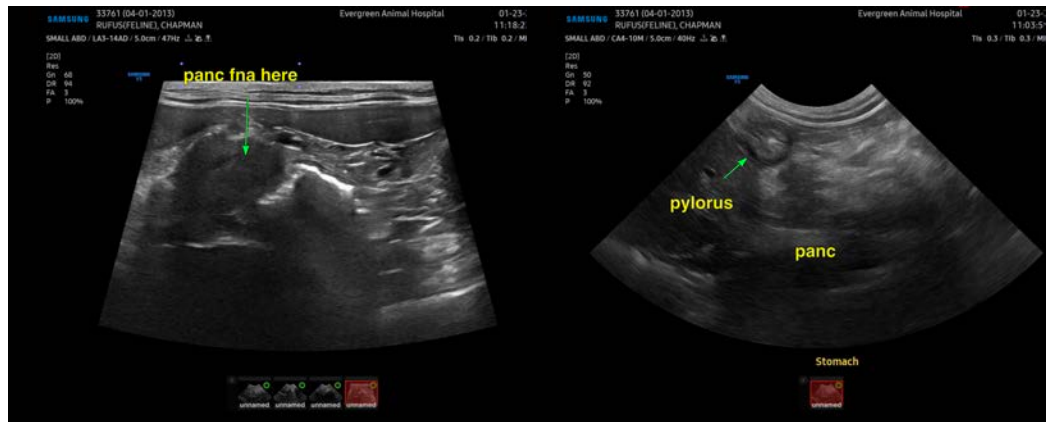
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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