



PATIENT

Koko Ferrari

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

5.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

70970

DATE

1/27/26

PRESENTING CLINICAL SIGNS

- Wt loss, chronic diarrhea and vomiting. hyperthyroid and IBD- last ultrasound done 2/20/25
- BCS 3/9, T4 8.0

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.33 cm with slight pinpoint mineralization. The left kidney measured 4.15 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.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** revealed slight coarse architecture with mildly increased portal markings. The gallbladder was mildly echogenic without over distension.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a large amount of gas and sectorial fluid dilation with variable intestinal thickening without overt neoplastic criteria. However, preneoplastic state cannot be ruled out. The free fluid may be owing to lymphatic congestion or wasting.



PATIENT

Pancreas

Koko Ferrari

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SPECIES

Feline

BREED

Domestic Shorthair

Free Abdomen

SEX

Slight areas of free fluid were noted.

Neutered male

AGE

ULTRASONOGRAPHIC FINDINGS

13 years

Large amount of GI gas and sectorial fluid dilation with variable intestinal thickening.

WEIGHT

5.2 lbs

Free fluid.

Coarse liver.

Renal mineralization.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness GI biopsies would be necessary for definitive diagnosis. However, chronic inflammatory bowel or emerging round cell neoplasia are both possible in this patient. The prognosis is guarded.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

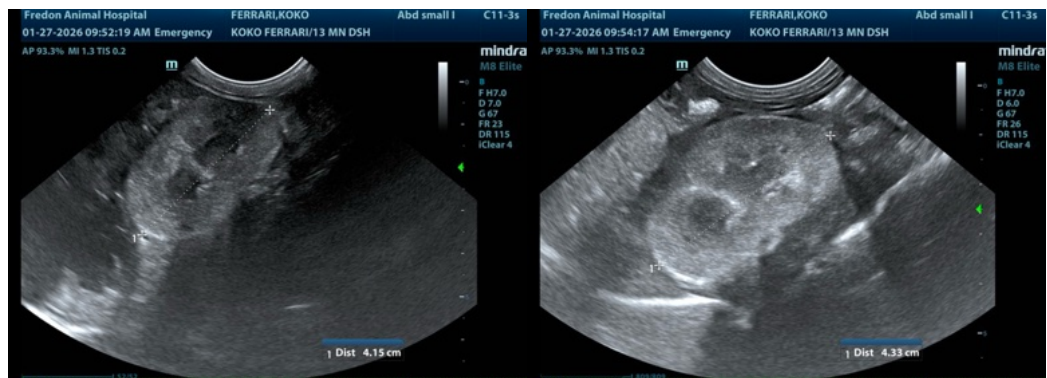
Dr. Grau

INVOICE

70970

DATE

1/27/26





PATIENT

Koko Ferrari

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

5.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

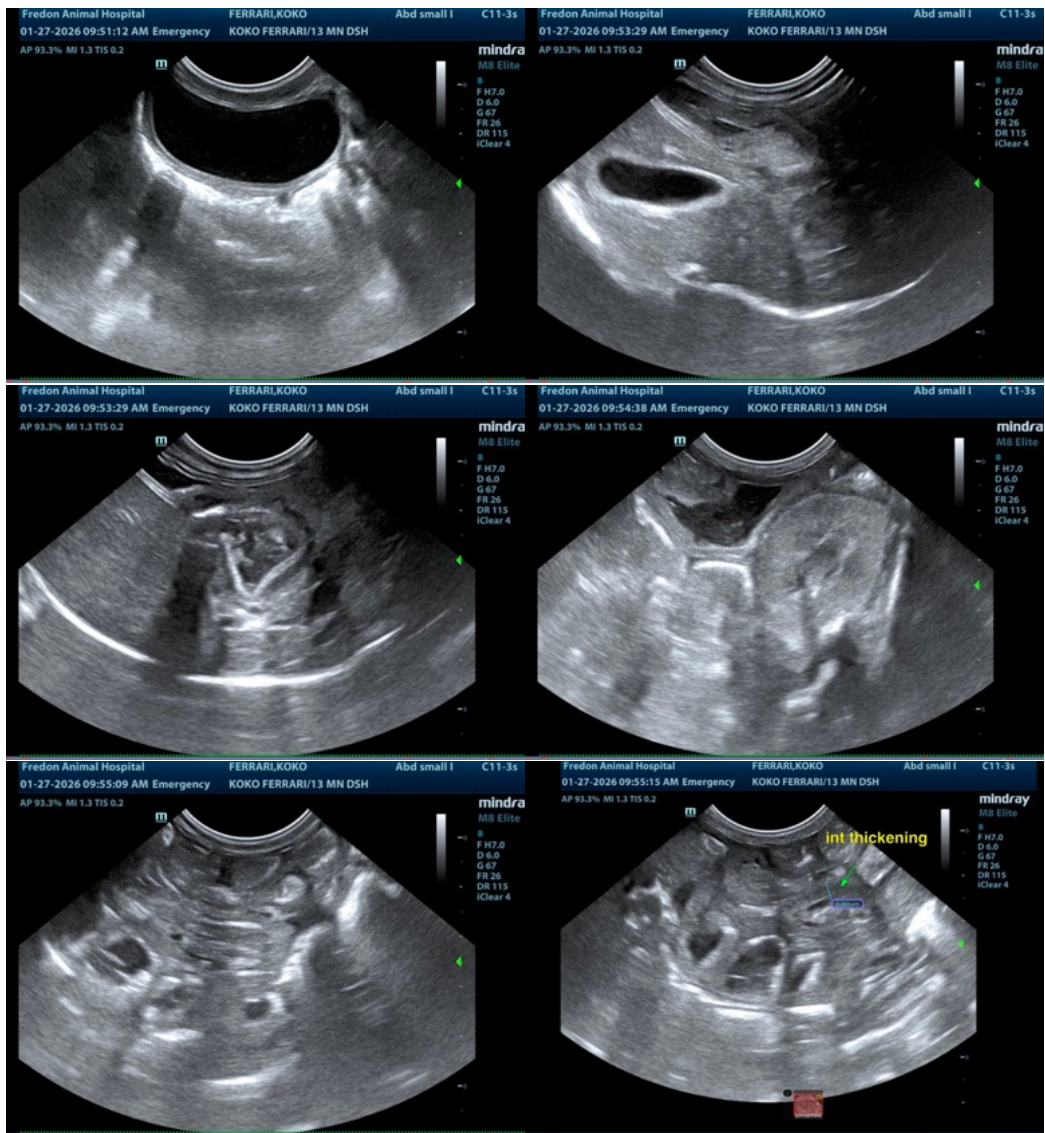
Dr. Grau

INVOICE

70970

DATE

1/27/26



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, CEO of SonoPath.com

info@SonoPath.com