



## PATIENT

Gigi Boehling

## SPECIES

Feline

## BREED

Persian

## SEX

Spayed female

## AGE

7 years

## WEIGHT

6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Dyer

## HOSPITAL NAME

Countryside VC of  
Richmond

## REFERRING VET

Dr. Dyer

## INVOICE

69802

## DATE

1/5/26

## PRESENTING CLINICAL SIGNS

History: Patient w/ hx of chronic vomiting, that has been getting worse. Initially monthly, now weekly over past 18 months. Labwork unremarkable. Weight is stable though fluxuates. Appetite is usually good. Hx of Atopic dermatitis and idiopathic facial dermatitis, though current symptoms are minimal. Currently eating a hydrolyzed diet, and dermal symptoms have improved, but has had little impact on the vomiting.

Abnormal PE/Chem/CBC/UA Results: 7/2025: chem/cbc wnl 12/31/25: t4 = 1.4, ALT/ALKP BUN/Crtn wnl

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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** 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. The left kidney measured 3.2 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** 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 was noted. The spleen measured 0.8 cm.

### Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder wall was mildly echogenic and slightly thickened.



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## Gastrointestinal

The **stomach** was filled with ingesta and progressively shadowing luminal material. This is consistent with hair accumulation. The pylorus revealed concentric wall thickening measuring up to 0.75 cm and 0.9 cm with loss of mural detail. There is concern for emerging round cell neoplasia. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content. Regional lymph node was slightly enlarged and measured 1.5 x 1.0 cm.

## Pancreas

The **pancreas** was heterogenous and irregular with subtle micronodular changes.

## ULTRASONOGRAPHIC FINDINGS

History of pancreatitis or possible low-grade pancreatitis is suspected.

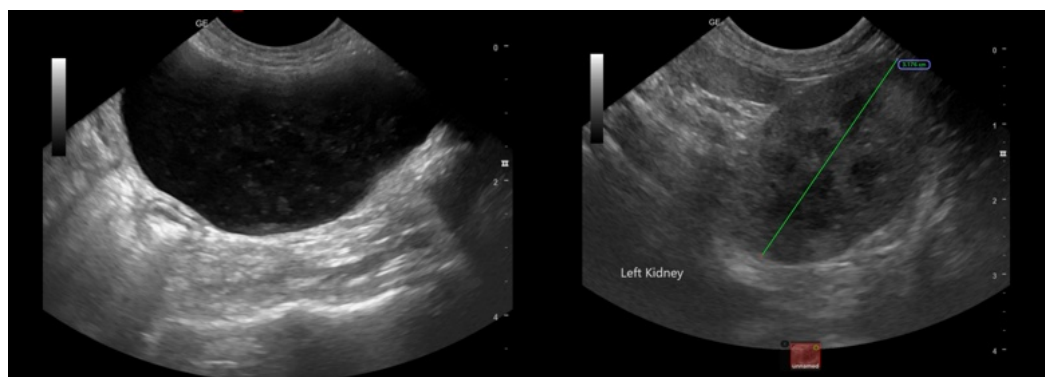
Stomach filled with ingesta.

Thickened pylorus.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is warranted to assess for pain in the region of the pancreas. Endoscopy or full thickness surgical biopsies are indicated.

Emerging gastric lymphoma, eosinophilic gastritis or fibroplasia are primary concerns. Ultrasound-guided FNA can be considered, yet may be difficult to exfoliate adequately. FNA of the lymph node and gastric wall thickening is warranted with cytology and culture. Prognosis is guarded.





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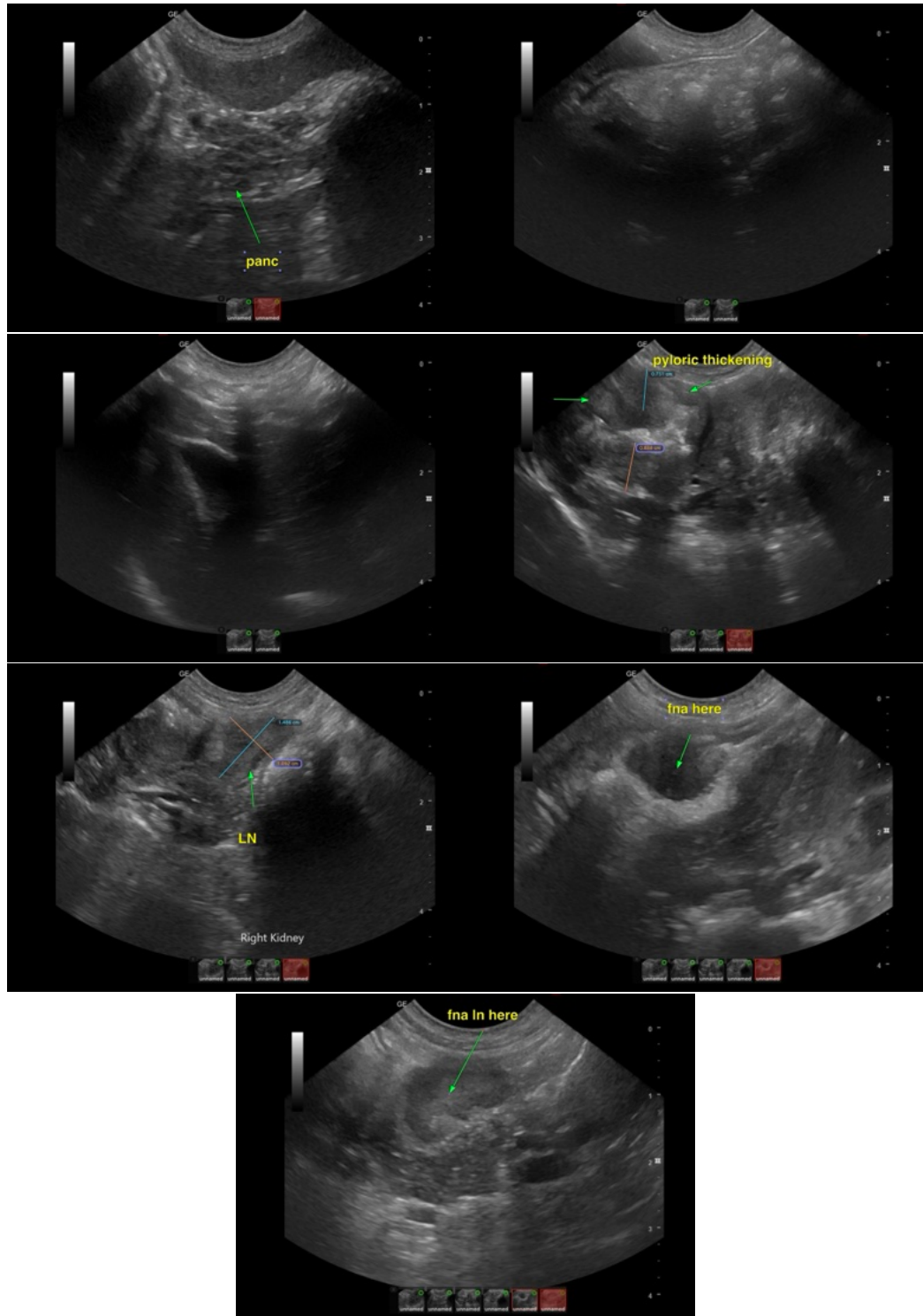
Dr. Dyer

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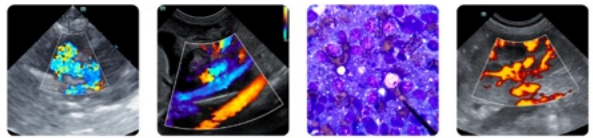
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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](mailto:info@SonoPath.com)