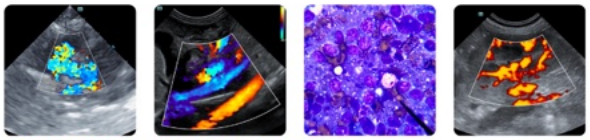


PATIENT

Ava Carr

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

16 years

WEIGHT

2.47kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Pura

INVOICE

68511

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Presented ~5 weeks ago with a ~2 month history of urinating and defecating outside LB, polyphagia, PU/PD, and weight loss. Was treated with zeniquin for 14d as further workup was declined. Was lost to follow-up until presenting again with lethargy and recurrence of lower urinary signs which had initially responded to antimicrobial therapy. PU/PD/PP persisted.
Abnormal PE/Chem/CBC/UA Results: PE was unremarkable other than BCS of 2/9 and dehydration. CBC (Nov 3/25) RBC 6.16 (6.54 - 12.20 x10^12/L) (was 2.88 Oct 1) HCT 0.277 (0.303 - 0.523 L/L) (was 0.15 Oct 1) HGB 89 (98 - 162 g/L) (was 858 Oct 1) WBC 20.48 (2.87 - 17.02 x10^9/L) Lymph 8.48 (0.92 - 6.88 x10^9/L) Mono 0.76 (0.05 - 0.67 x10^9/L) Baso 0.84 (0.01 - 0.26 x10^9/L) Plat 91 (151 - 600 x10^9/L) Plateletcrit 0.16 (0.17 - 0.86 %) CHEM (Nov 3rd) BUN16.2 (5.7 - 12.9 mmol/L) GLOB 58 (28 - 51 g/L) ALT 130 (12 - 130 U/L) AMY 1,924 (500 - 1,500 U/L)

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.2 cm. The right kidney measured 3.5 cm.

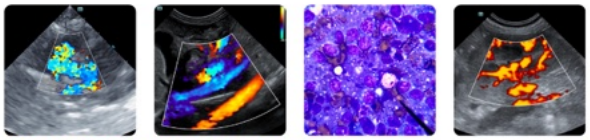
Adrenal Glands

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.

Liver



PATIENT
Ava Carr

SPECIES
Feline

BREED
Domestic Medium Hair

SEX
Spayed female

AGE
16 years

WEIGHT
2.47kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Carlie Koltek, RVT

HOSPITAL NAME
Tuxedo AH

REFERRING VET
Dr. Pura

INVOICE
68511

DATE
11/10/25

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule more significant disease than IBD.

Pancreas

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery. Isoechoic nodular changes were noted. The pancreatic duct was dilated.

Free Abdomen

Trace amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with muscularis hypertrophy.
- Nodular pancreas, most consistent with hyperplasia with potential low grade inflammation. Carcinoma is less likely.
- Free fluid in the abdomen, may be owing to wasting or possible hepatic congestion, yet no overt lymphadenopathy was noted.
- Age related changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt neoplastic criteria noted. Full thickness GI and pancreatic biopsies would be ideal in this patient with CBC path review +/- bone marrow aspirates would all be indicated in this patient. Malassimilation pancreatic insufficiency is a strong potential.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine

PATIENT

Ava Carr

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

16 years

WEIGHT

2.47kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Pura

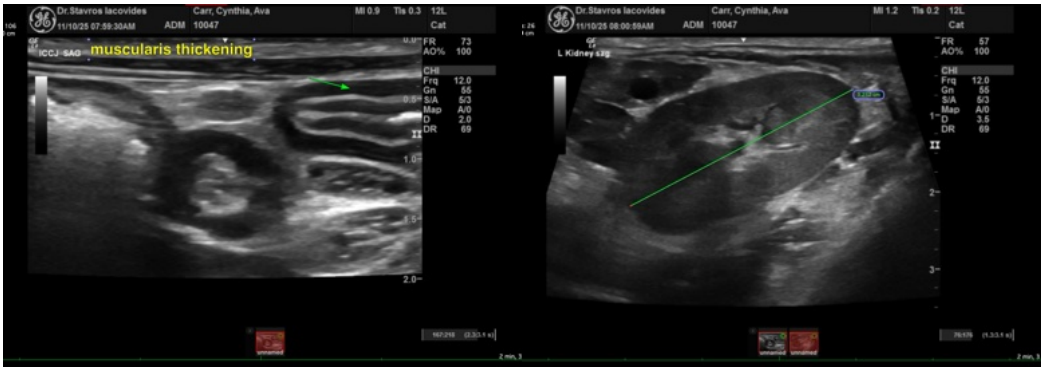
INVOICE

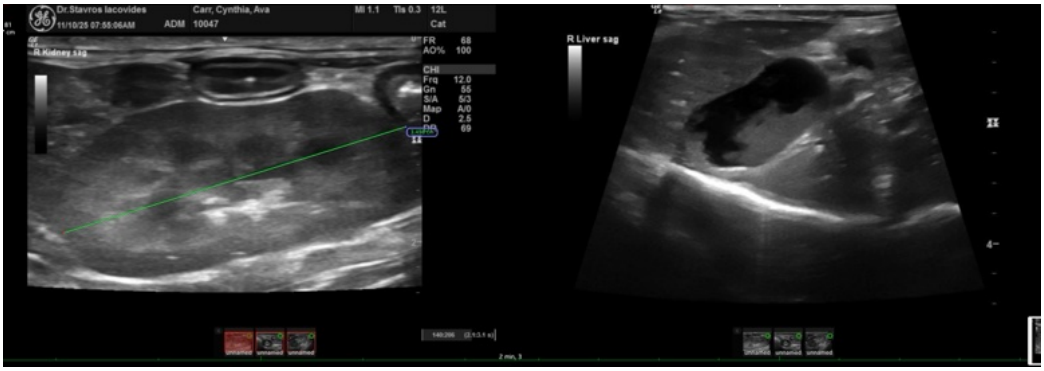
68511

DATE

11/10/25

for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





PATIENT

Ava Carr

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

16 years

WEIGHT

2.47kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo AH

REFERRING VET

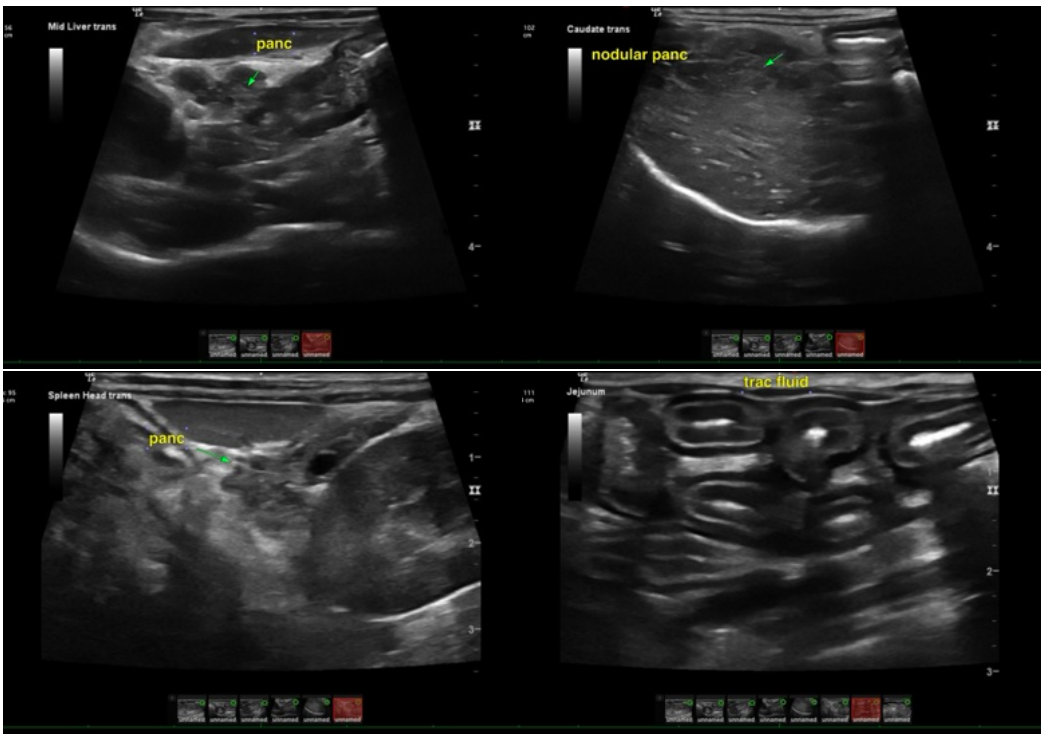
Dr. Pura

INVOICE

68511

DATE

11/10/25



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