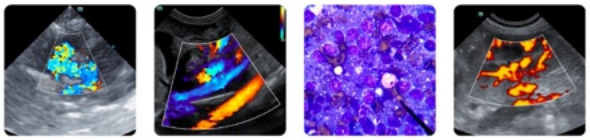

PATIENT

Sturgill Burby

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

18 months

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Duffy

HOSPITAL NAME

Portland Veterinary Welnness Center

REFERRING VET

Dr. Duffy

INVOICE

68617

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History of hyporexia, vomiting, weight loss, lethargy ~2-3 wks. Hx pika 10/24/25, rads indicated no obvious evidence of obstruction. Maropitant inj yesterday, oral TGH.
Abnormal PE/Chem/CBC/UA Results: CBC slight neutrophilia 17.7K/UL, eosinopenia. Chem TCO2 23 mmol/L, hypoproteinemia characterized by hypoalbuminemia (albumin- 2.3 g/dL, globulin- 3.1 g/dL), hypocholesterolemia 88 mg/dL. Fecal, u/a pending.

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 3.6 cm. The right kidney measured 4.2 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. The left and right adrenal gland measured 0.3 cm each.

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

The **liver** revealed slight coarse architecture with minor, generalized enlargement. The gallbladder and common bile duct were unremarkable. Hyperechogenicity was noted compared to the falciform fat.

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Gastrointestinal

The upper **gastrointestinal tract** was unremarkable, yet various portions of small intestine are noted and revealed muscularis hypertrophy and an area of abnormal intestine with embedded foreign matter or hairball accumulation.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

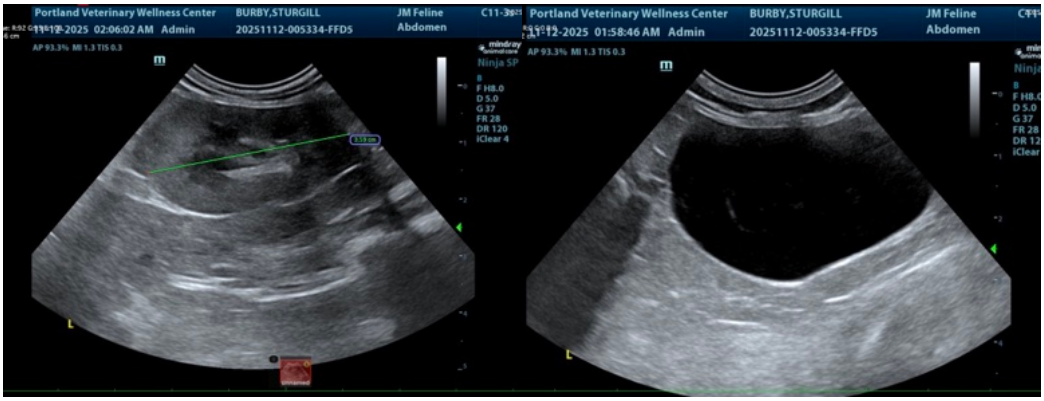
A large amount of cranial abdominal fat was noted or lipomatous formation.

ULTRASONOGRAPHIC FINDINGS

- Muscularis hypertrophy with abnormal intestine and embedded foreign matter or hairball accumulation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with resection and anastomosis as well as intestinal biopsies are warranted. There is a strong potential for underlying round cell neoplasia/lymphoma. I am concerned for inflammatory bowel with regional intestinal dysfunction or potential emerging round cell neoplasia with secondary protein losing enteropathy in this patient. Some reactive mesentery was noted around the abnormal bowel. Liver inspection and biopsy is indicated as well. Underlying lipidosis or potential early metastatic disease is possible. The prognosis is guarded. The amount of bowel to be resected is approximately 8.0 cm. However, intraoperative ultrasound would be ideal to delineate the most healthy bowel for anastomosis after resection.



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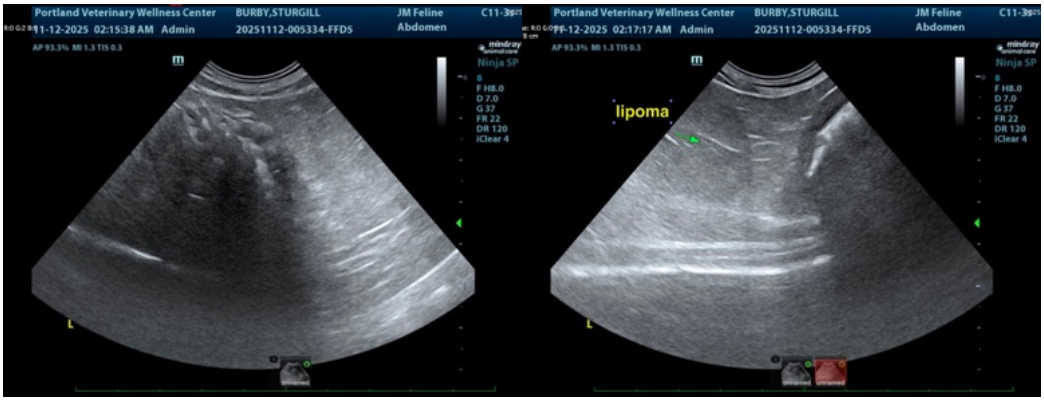

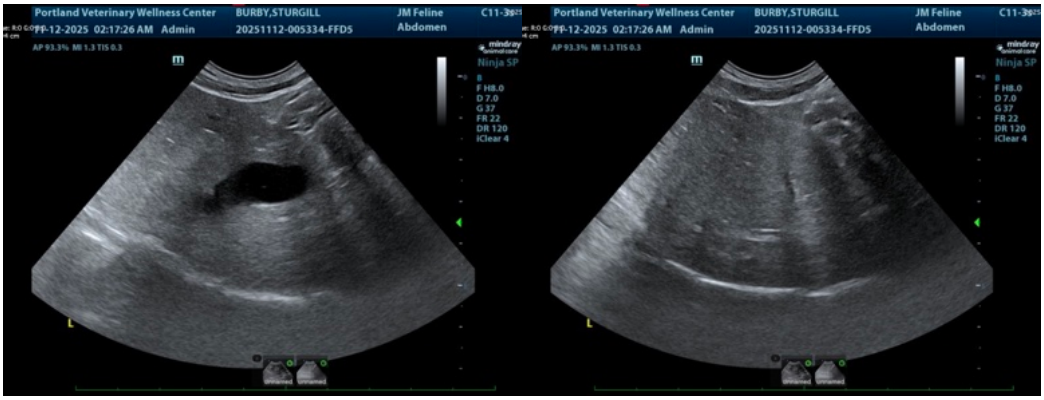

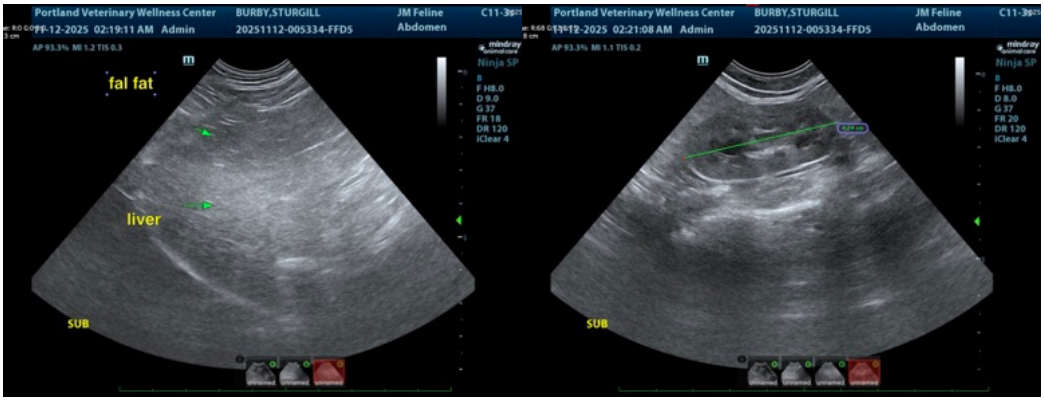

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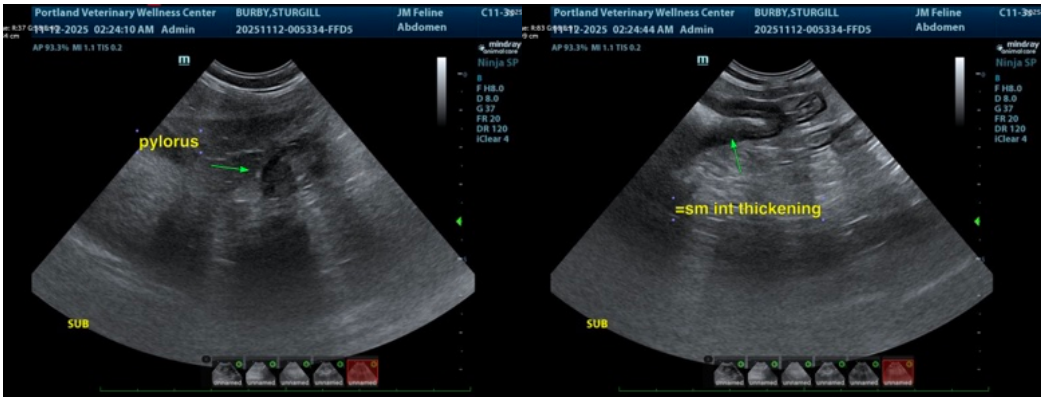

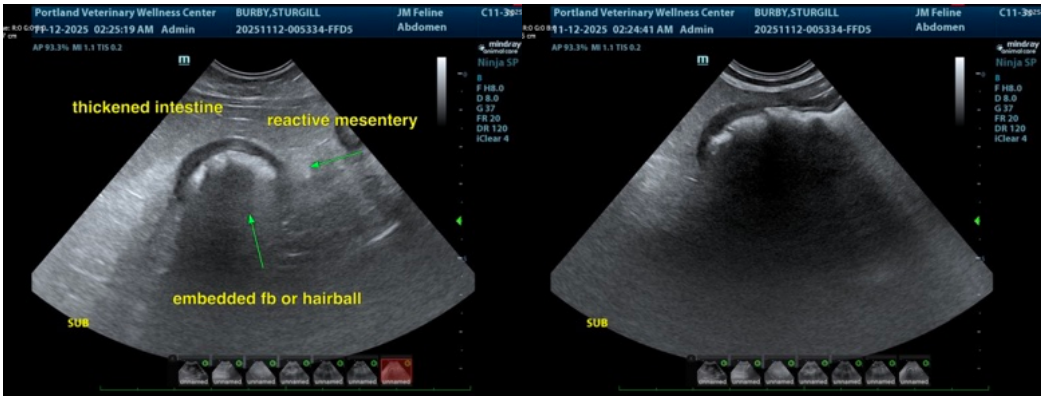

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com