



PATIENT

Lola Doucet

SPECIES

Feline

BREED

Siamese

SEX

Spayed female

AGE

6 years

WEIGHT

13.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schanche

HOSPITAL NAME

TotalBond VH
Davidson

REFERRING VET

Dr. Schanche

INVOICE

68660

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: 6 year old FS Siamese who has had on and off diarrhea with blood in it her entire life. GI panel pending. Blood work performed in 10/2025 CBC and Chem all wnl. USG 1024. Also has a mast cell tumor on her right hind leg. Fecal PCR submitted on day of ultrasound - all undetected. Further fecal testing has not been performed at this time. Patient is eating Royal Canin GI/Hydrolyzed protein. Gave patient a B12 injection while GI panel is pending. Patient also has severe periodontal disease with resorptive lesions.

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 left kidney measured 4.3 cm with pyelectasia. The right kidney measured 4.3 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

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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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. Intestinal wall thickness measured 0.32 cm. Multiple mesenteric lymph nodes were enlarged and measured up to 1.0 x 0.5 cm with reactive surrounding mesentery.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

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Mesenteric lymphadenopathy and variable small intestinal thickening, likely lymphadenitis and inflammatory bowel. Small cell neoplasia possible with a minor potential for dry form FIP. These are lesser potentials as the bowel does not meet neoplastic criteria and the lymph nodes are reactive form but occasionally come up neoplastic on FNA and PARR

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Interstitial nephrosis renal pattern.

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Schanche

Ultrasound-guided FNA of the accessible lymph nodes are indicated. Management for inflammatory bowel and colitis is indicated given the patient's history. Management for infectious agents, parasites, and food intolerance are all indicated.

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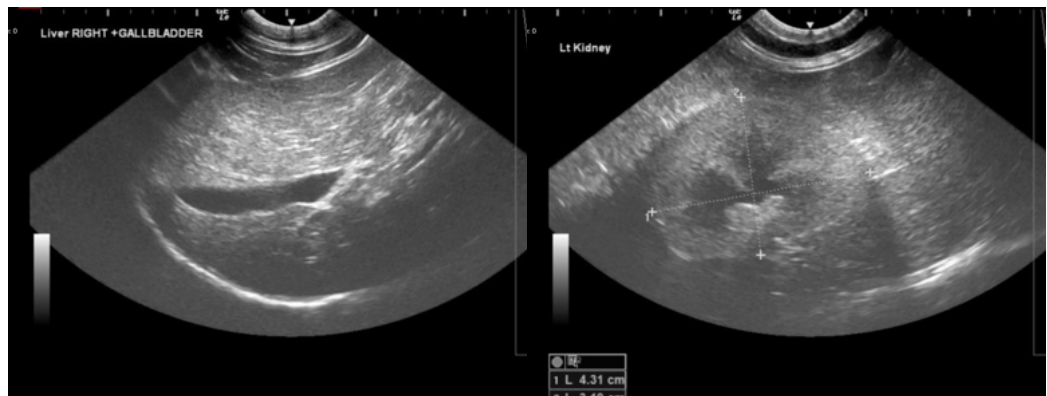
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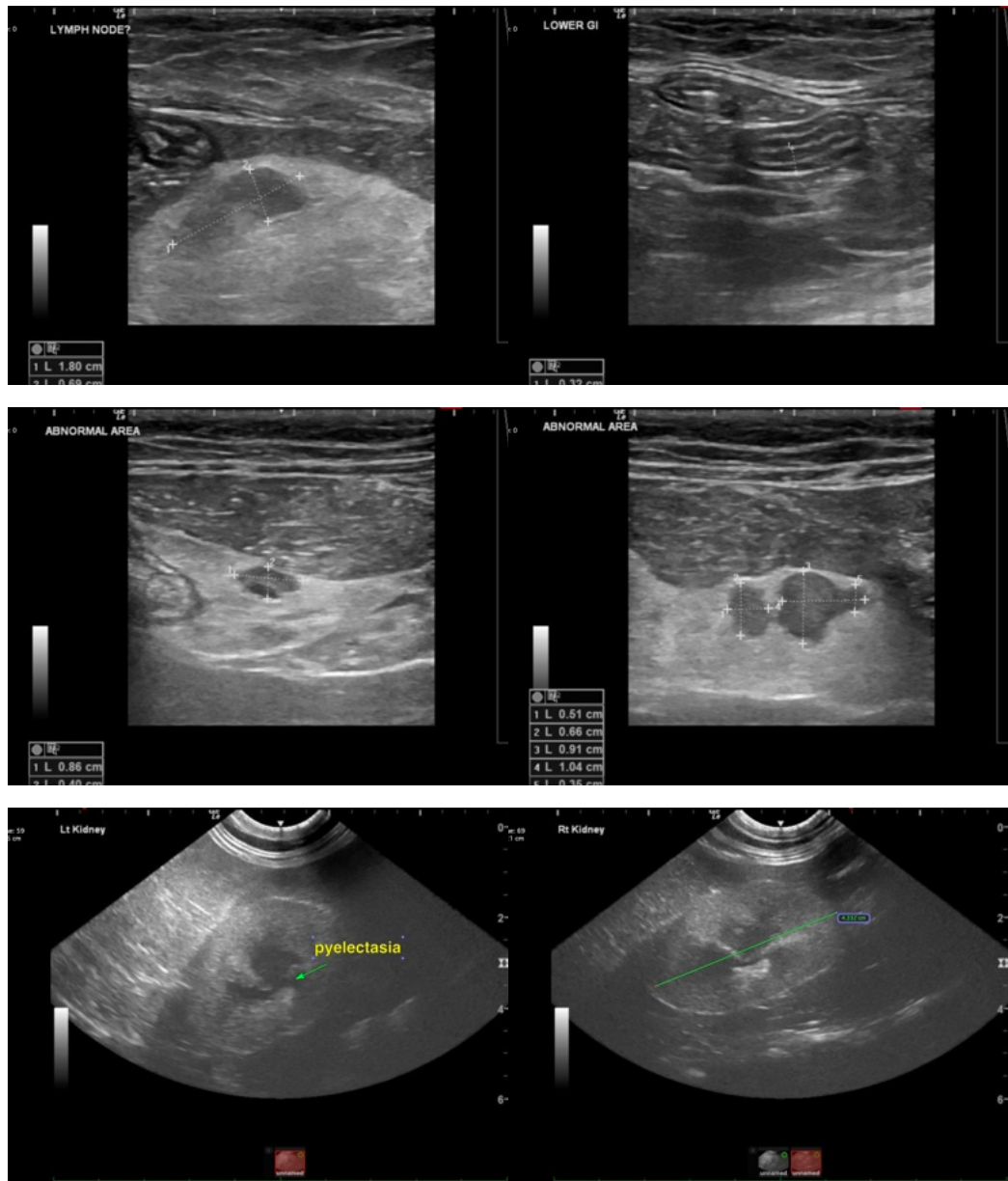
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com