



PATIENT

Habeba Al-Thani

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

12 Months

WEIGHT

4.4 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Haseeb Ashraf

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Haseeb Ashraf

INVOICE

72205

DATE

11/30/25

PRESENTING CLINICAL SIGNS

Patient - Habeba Al Thani, weight 4.4Lbs, History - 12-month-old female cat with history of severe weight loss despite good appetite. Suspicious of dry FIP vs inflammatory bowel disease. Small intestinal loops severely thickened throughout. Concerned about bilateral kidney cysts, also, right worse than left. No free abdominal fluid noted. Current treatment - 1 week of prednisolone 2.5mg SID PO, 1 week of IV ceftriaxone SID, single dose Vit B complex.

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 were noted. Ureteral papillae were normal.

The **kidneys** presented normal size and contour with multifocal polycystic cortical changes. Left kidney measured 3.12 cm. Right kidney measured 2.8 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were 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 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 (measuring up to 0.80 cm) as well as areas of "ropy" small intestinal wall with 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. 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 out this possibility.



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The **mesenteric lymph nodes** presented normal length to width ratio with slight, swollen contour, measuring up to 1.3 cm x 0.60 cm. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

SPECIES

Pancreas

Feline

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

SEX

- Diffuse gastrointestinal thickening with prominent gastric mucosa and muscularis hypertrophy.
- Reactive mesenteric lymph nodes.
- Polycystic kidneys.

Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 Months

Full thickness GI biopsies strongly encouraged in this patient for long-term management. Inflammatory bowel versus emerging round cell neoplasia FIP is also a potential. Note that the Prednisolone therapy may be suppressing a more significant presentation. The polycystic kidneys are a congenital issue, and the breeding line should be evaluated.

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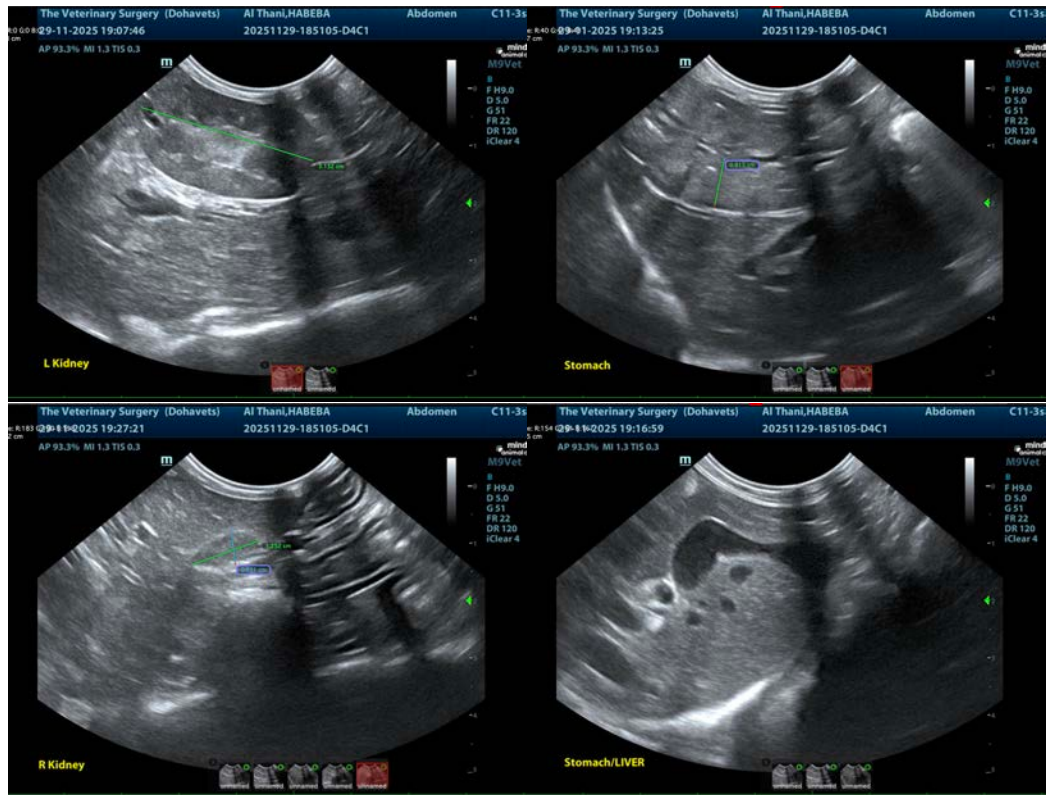
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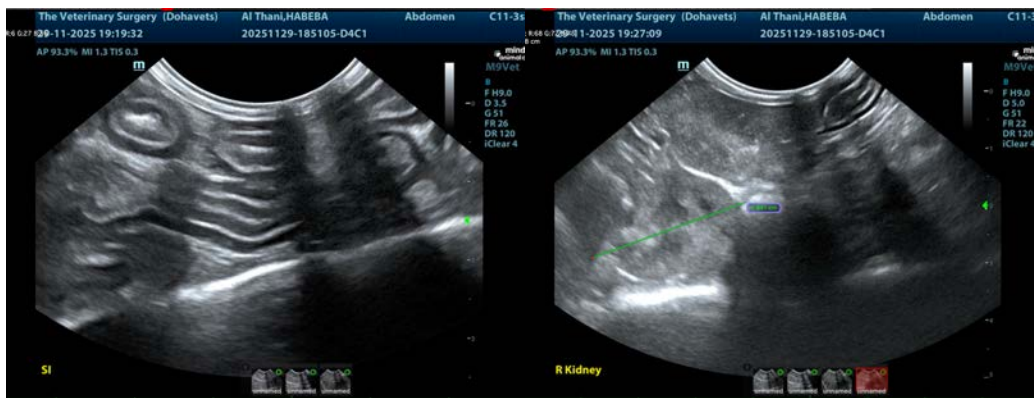
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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