



PATIENT

Bumble Richardson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

3.01 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nicole Goldstein

HOSPITAL NAME

Hudson AH

REFERRING VET

Dr. Goldstein

INVOICE

69586

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Presents for abdominal ultrasound due to profound weight loss (4 lbs since 2/28/5) with ravenous appetite. Suspected IBD managed with prednisolone (5mg PO SID), hyperthyroid - on methimazole 2.5mg PO BID but recently reduced to 1.25 mg BID due to low T4. Ultrasound 7/3/25 with internist revealed 1) Hyperechoic fat throughout the root of the mesentery - R/O inflammatory vs other 2) Hyperechoic pancreatic parenchyma - R/O inflammatory vs fibrosis vs other 3) Mild bilateral chronic nephropathy 4) Diffuse prominent small intestinal muscularis layer- R/O inflammatory vs small cell LSA vs other Recent incidental acute rib fractures right 6th through 13th ribs of unknown etiology. Pet is indoor only with no known recent trauma. Diffuse bronchiole pattern on plain chest films. Abnormal PE/Chem/CBC/UA Results: CBC: HCT 28% with low HGB 8.9 G/dL, abs neutrophils 39,420/uL, abs mono 1314/uL (WBC 43,800/uL), PLT 1,010,000/uL, remainder NSF. Chem: Na/K ratio 47, Amylase 3845, PSL 146, albumin 2.3, potassium 3.1, cholesterol 227. T4 0.5 USG 1.011, pH 6, 1+ protein, inactive sediment, UPC 0.8 Physical exam: thin BCS, periodontal disease, drooping ear pinnae likely from chronic prednisolone use, otherwise NSF.

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 3.4 cm. The right kidney measured 3.8 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** was not visualized and is likely displaced dorsally.

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



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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). Region of mural detail loss was noted in the intestinal tract. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. The mesenteric lymph nodes were enlarged, rounded and hypoechoic measuring up to 1.5 cm.

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.

ULTRASONOGRAPHIC FINDINGS

Multi-centric lymphadenopathy.

Diffuse intestinal thickening without neoplastic criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally full thickness intestinal biopsies would be performed with intraoperative ultrasound to assess the areas of loss of mural detail. Ultrasound-guided FNA of the accessible lymph nodes are indicated. There is a strong concern for emerging round cell neoplasia, dry form FIP is a remote potential. Inflammatory bowel, lymphadenitis is possible with malassimilation.



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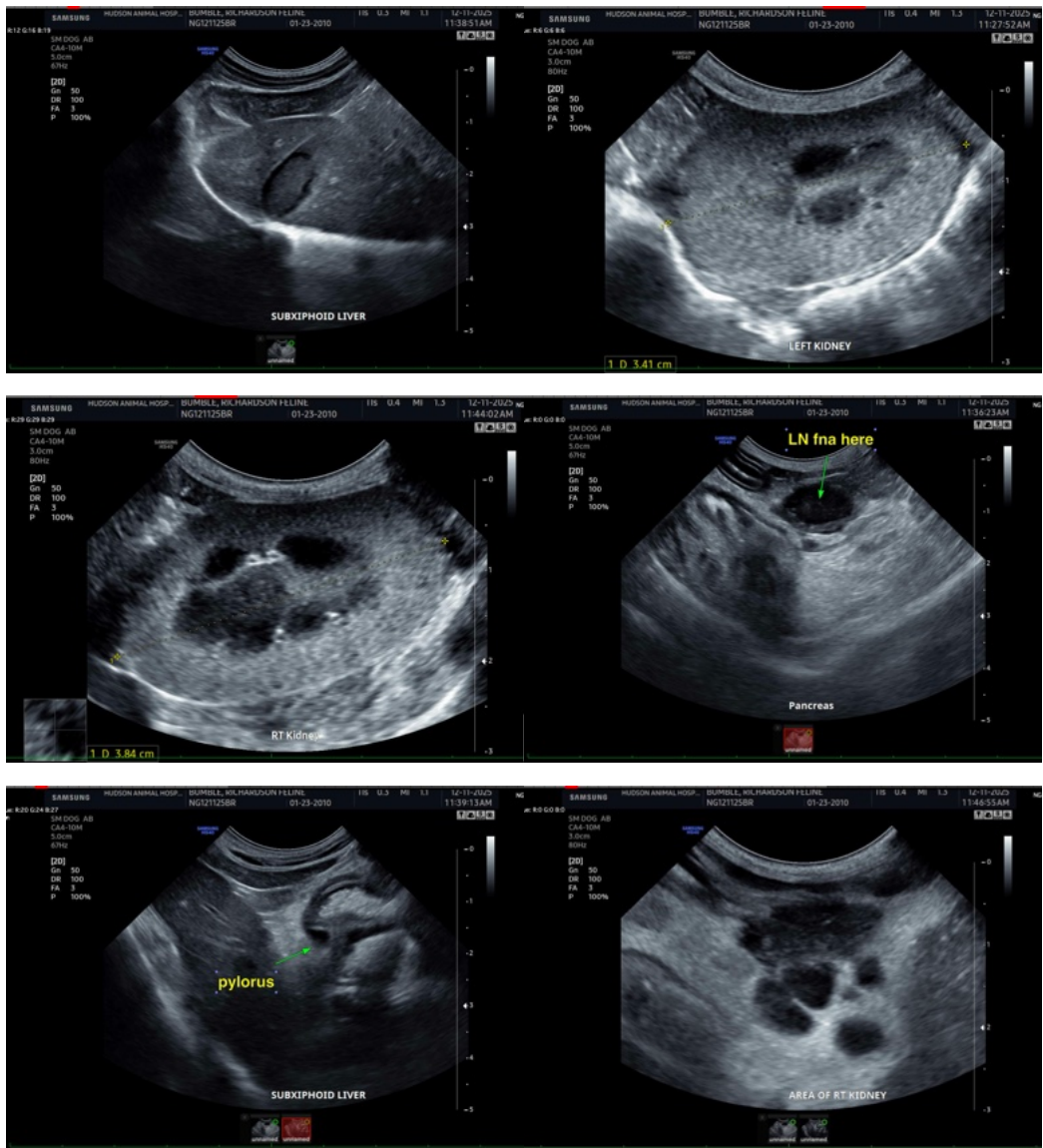
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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