



PATIENT

Rory Ahmed

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years 2 Months

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

Dr. Moraad

INVOICE

72695

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Lethargic, Decreased Appetite, Constipation Clinical Findings: Thickened Muscularis noted in ileum. Mild fluid in intestines. (VEG Radiographs) Current meds: Famotidine 10mg tabs - 0.5 every 12 hours. Capromorelin 20mg - 0.38mls every 24 hours. Gabapentin susp 250mg/5ml - 1ml before appointment

Abnormal PE/Chem/CBC/UA Results: Monocytes ^ 1.08 Eos ^ 2.02 platelets decreased 53 Plateletcrit decreased 0.08 USG > 1.050 PH 7.0 Protein 30 Rest 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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Left kidney measures 3.36 cm. Right kidney measured 3.51 cm.

Adrenal Glands

The **left adrenal gland** was 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. Left measures 0.36 cm.

The region of the **right adrenal gland** was 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.



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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. 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.

Pancreas

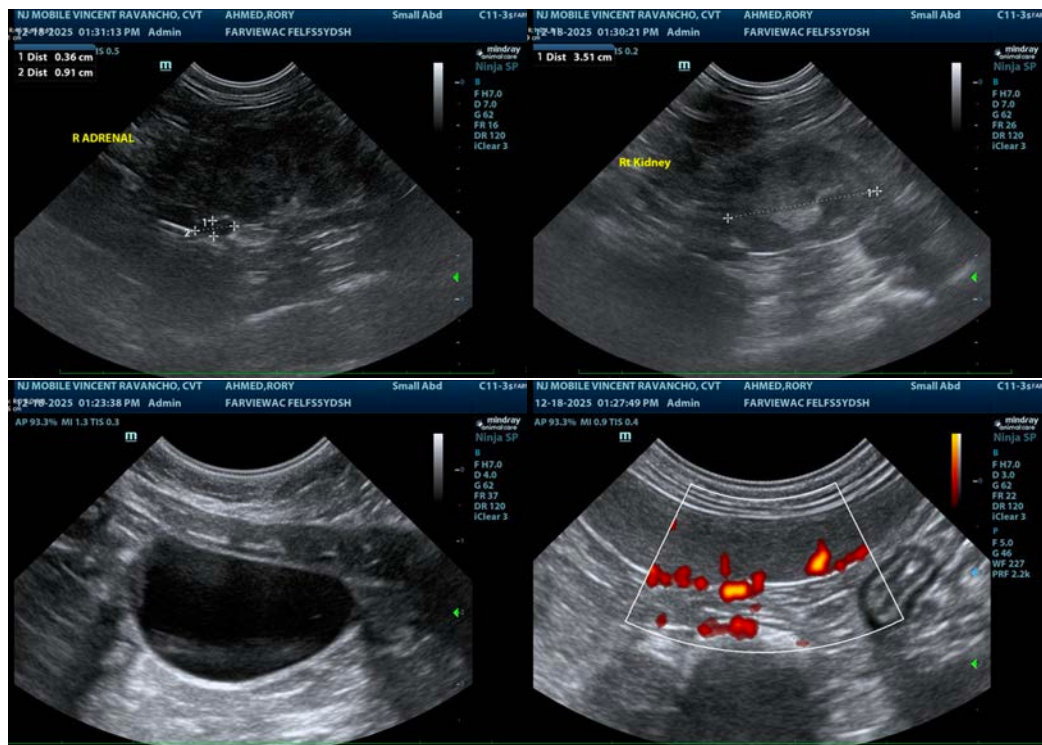
The **pancreas** was hypoechoic and mildly irregular, primarily in the right base.

ULTRASONOGRAPHIC FINDINGS

- IBD GI pattern with muscularis hypertrophy.
- Hypoechoic, irregular pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for pancreatitis and inflammatory bowel indicated. Full thickness surgical biopsies of the GI tract would be ideal to rule out more significant emerging disease such as lymphoma, mast cell disease, or FIP, which are all potentials. However, no overt neoplastic criteria noted. IV fluid support, pain management, broad-spectrum antibiotics, hydrolyzed diet +/- Prednisolone trial all warranted if sampling is not to occur.





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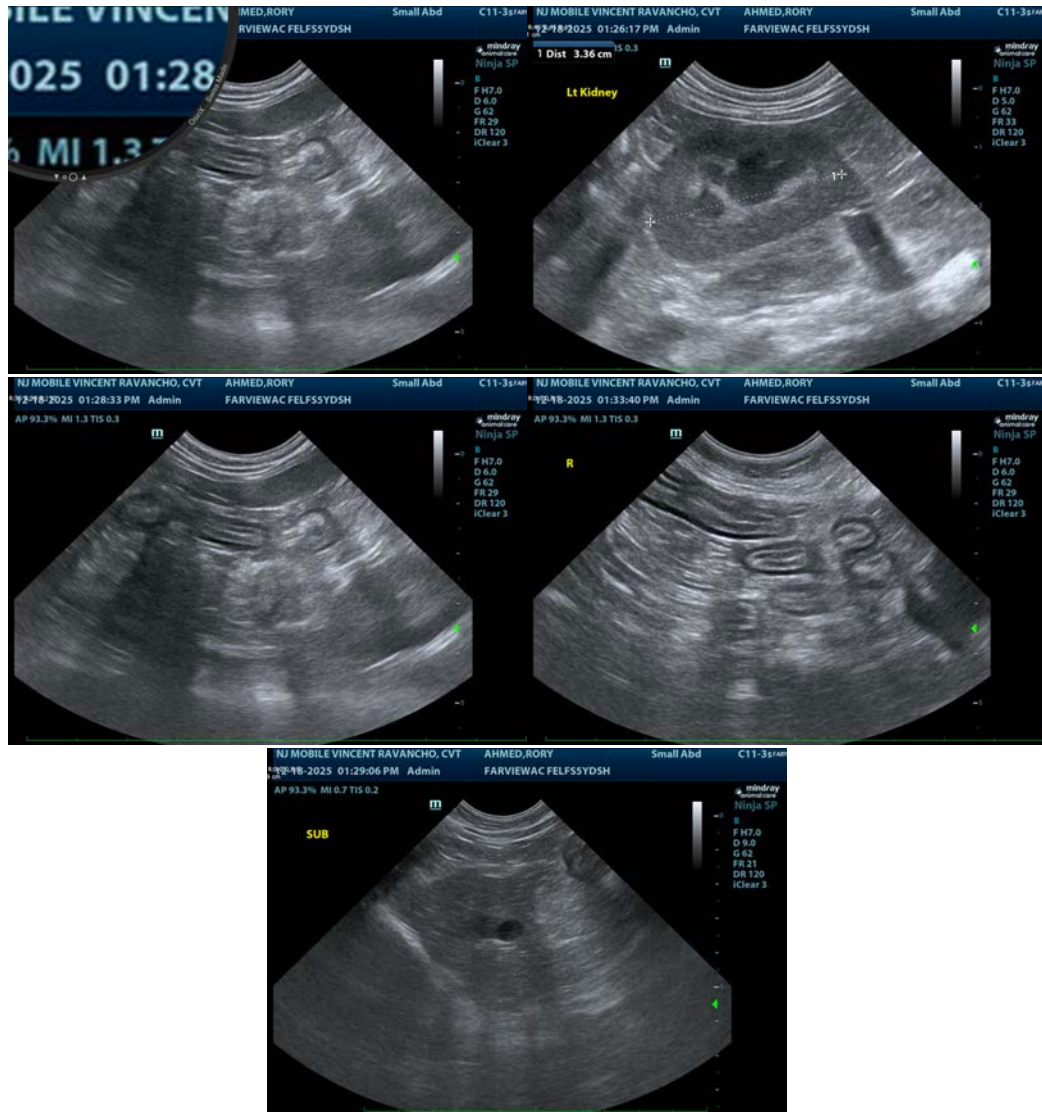
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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