



PATIENT

JR Birchfield

SPECIES

Feline

BREED

Bombay

SEX

Spayed female

AGE

15 years

WEIGHT

5.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Cat and Dog Hospital
of Portland

REFERRING VET

Dr. Woodside

INVOICE

69714

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History of chronic vomiting. No improvement with food trial. Dx of IBD and pancreatitis (prior to 2025). Prednisolone prescribed for IBD. Cerenia given every 2-3 days. This medication routine has done well to manage vomiting. History of coxofemoral OA managed with Solensia. Presented for routine senior exam on 12/4/2025. Doing well at home w/o vomiting, diarrhea. Good appetite. Labwork showed ELE, thus prompting AUS.

Abnormal PE/Chem/CBC/UA Results: BCS 6/9, mild dental calculus, BP 168mmHg; Monocytes 0.634 (0.042 - 0.467 K/ μ L) in March 2025 was 0.12 ALT 435 (27 - 158 U/L), in March 2025 was 100. AST 69 (16 - 67 U/L), in March was 30. ALP 116 (12 - 59 U/L), in March was 38. GGT 1 (0 - 6 U/L), in March was 1. Bilirubin total 0.2 (in March 0.1), unconjugated 0.1 (in March 0.0), conjugated <0.1 (in March <0.1)

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 2.0 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 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. Slight mineralization was noted in the kidneys. The right kidney measured 3.1 cm. The left kidney measured 2.9 cm.

Adrenal Glands

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared 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 was noted.



PATIENT

JR Birchfield

SPECIES

Feline

BREED

Bombay

SEX

Spayed female

AGE

15 years

WEIGHT

5.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Cat and Dog Hospital
of Portland

REFERRING VET

Dr. Woodside

INVOICE

69714

DATE

12/30/25

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Bifid gallbladder was noted. This is a normal variant.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed intestines free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor fluid filled gastric lumen was noted. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The left limb of the **pancreas** revealed mixed hypoechoic, irregular parenchymal changes with regional hyperechoic surrounding fat in a region of approximately 2.5 cm. The right base of the pancreas was also prominent and hypoechoic, undulating contour and duct dilation was noted.

ULTRASONOGRAPHIC FINDINGS

Left-limb pancreatitis, possible emerging carcinoma.

Geriatric abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the left pancreatic limb is recommended to assess for inflammatory cell type. I suspect chronic active pancreatitis. There is a mild potential for underlying carcinoma. The ALT elevation is likely reactive hepatopathy owing to pancreatic inflammation and portal system absorption. FNA of the liver is warranted as well if ALT elevations are persistently elevated. Subxiphoid palpation is recommended to assess for pain in the region of the pancreas.

The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, nutraceuticals (SAME, Actigall...), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal



PATIENT

JR Birchfield

SPECIES

Feline

BREED

Bombay

SEX

Spayed female

AGE

15 years

WEIGHT

5.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Cat and Dog Hospital
of Portland

REFERRING VET

Dr. Woodside

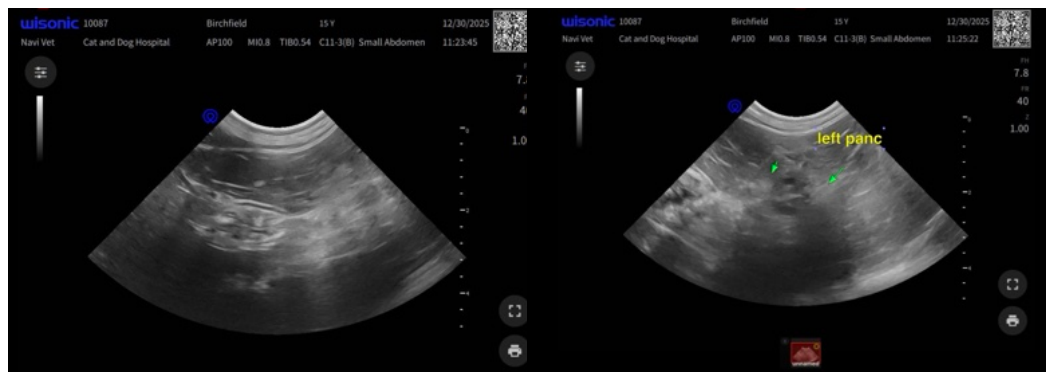
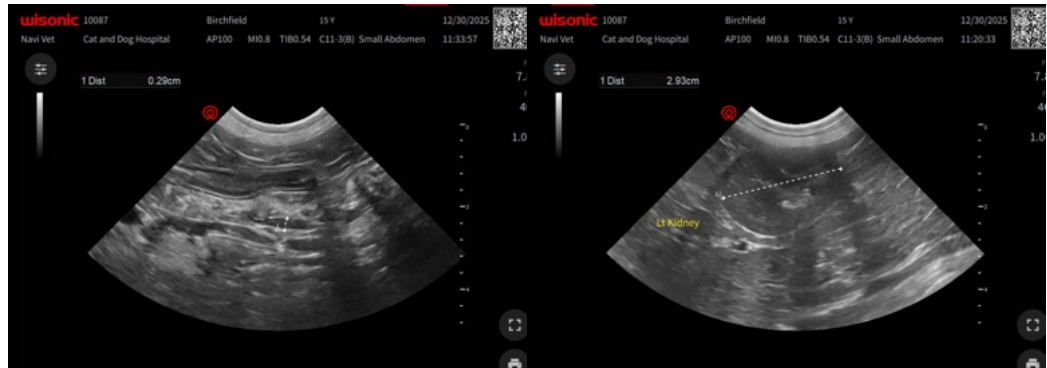
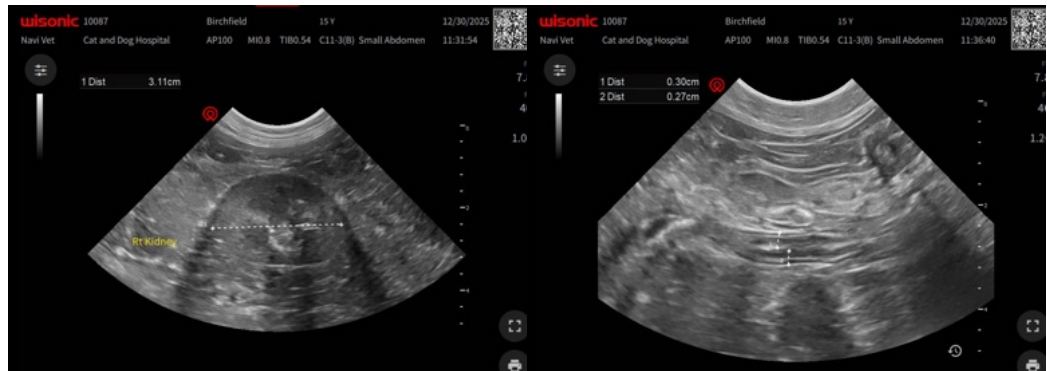
INVOICE

69714

DATE

12/30/25

dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.





PATIENT

JR Birchfield

SPECIES

Feline

BREED

Bombay

SEX

Spayed female

AGE

15 years

WEIGHT

5.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Cat and Dog Hospital
of Portland

REFERRING VET

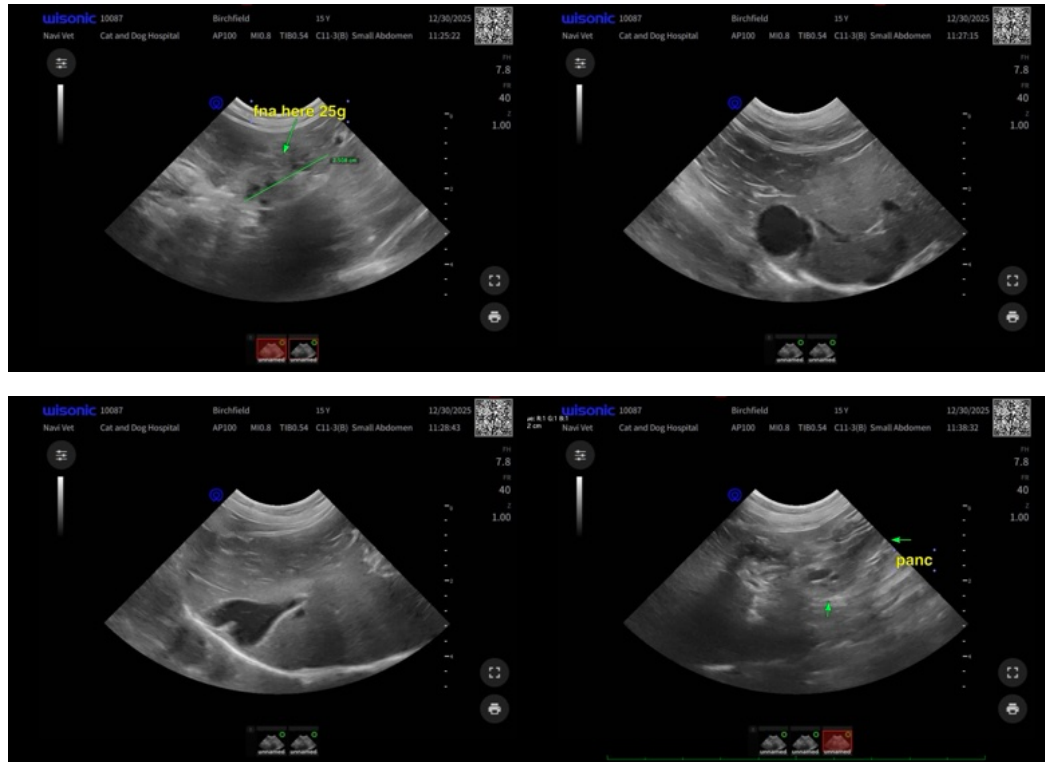
Dr. Woodside

INVOICE

69714

DATE

12/30/25



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