



PATIENT

Sharon Truma

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years 9 Months

WEIGHT

8.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Ridge Road Animal
Hospital

REFERRING VET

Dr. Pathak

INVOICE

12556

DATE

12/04/25

PRESENTING CLINICAL SIGNS

Vomiting/Diarrhea on and off for past several weeks; wt loss. Clinical findings: thickened/ropey intestinal loops.

Abnormal PE/Chem/CBC/UA Results: Monocytosis Hypocholesterolemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 1.0 cm) 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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.18 cm in length. The right kidney measured 3.45 cm in length.

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. The left adrenal gland measured 0.40 cm width. The right adrenal gland measured 0.53 cm width.

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

Variably **intestinal** thickening was noted in this patient. Wall thickness measures up to 0.43 cm with some enhanced and reactive mesentery. Variably enlarged mesenteric lymph nodes were present measuring up to 1.0 cm. Some portions of the intestinal presentation meet neoplastic criteria. The stomach and colon were unremarkable.



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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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- Variable intestinal thickening with regional lymphadenopathy- strong concern for early emerging round cell neoplasia, dry form FIP or complicated inflammatory bowel are also possible.
- Age-related abdominal changes otherwise.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

Intra-operative ultrasound with full thickness surgical biopsies would be necessary for a definitive diagnosis as the lesions are not large enough to obtain ultrasound guided FNA and definitive cytology in the current state, however, as progression occurs, this may be possible. Surgical full thickness intestinal lymph node biopsies are also indicated at this time. Prognosis is guarded.

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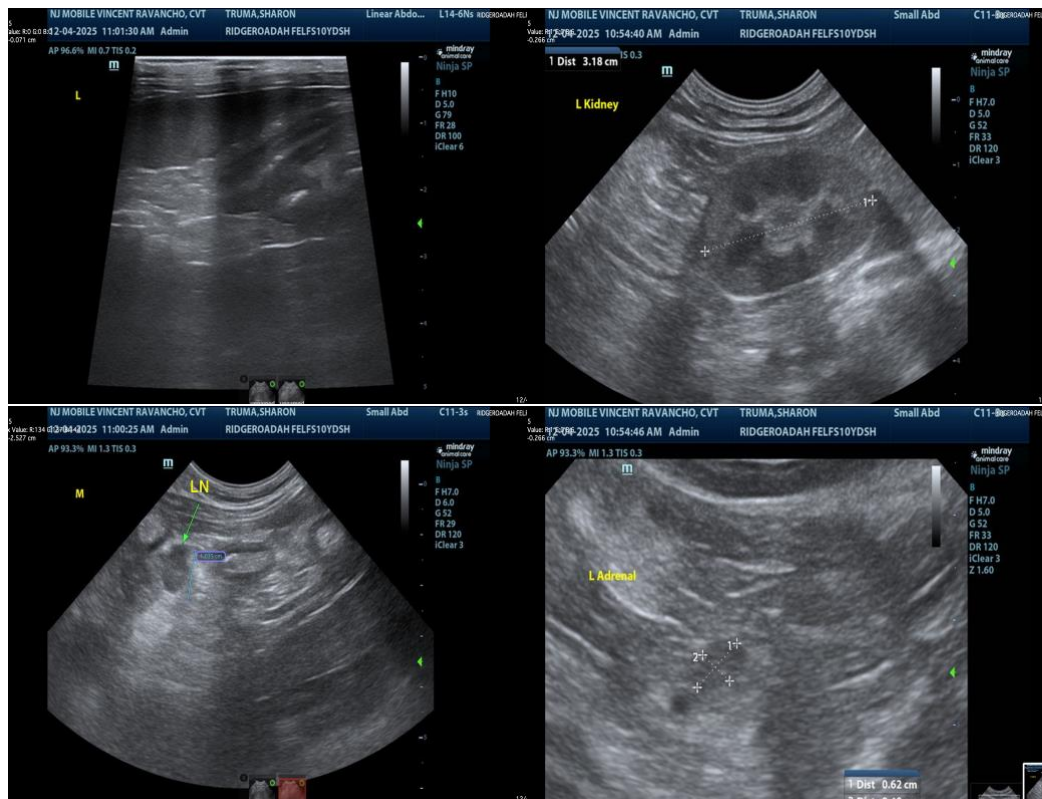
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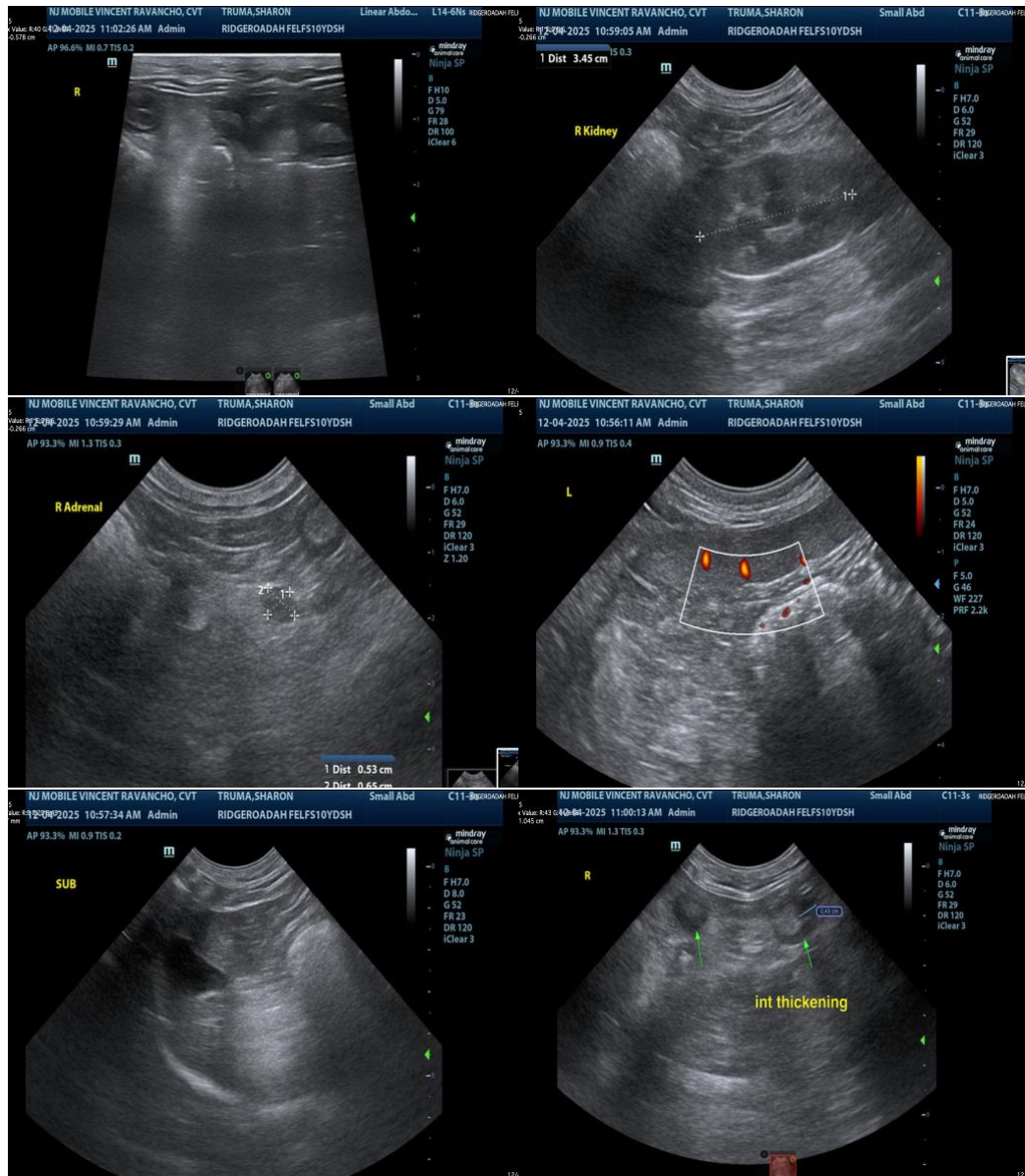
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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