



PATIENT

Scout Bowers

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12.1 Years

WEIGHT

4.14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM, D,
 ABVP, (CFP)

HOSPITAL NAME

Monroe Road Animal
 Hospital

REFERRING VET

Dr. Marty Davis

INVOICE

72387

DATE

12/5/25

PRESENTING CLINICAL SIGNS

Chronic vomiting, diarrhea, and suspected IBD. Weighed 5.2# 10/24, 4.4# 11/26/25 and now 4.14#. Now she is having droplets of diarrhea around the house and vomits once a day. Has a ravenous appetite for years. Had been on pred 1/4 tab OD, but now 1/2 tab OD prior to Vetalog injection.

Abnormal PE/Chem/CBC/UA Results: PE: no palpable masses, BCS 2/5, 11/V1 systolic murmur, weak, generalized muscle atrophy, alopecia of both ears, dental tartar CBC: Neutrophilia, monocytosis, eosinopenia CHEM: creat 0.7 low,

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** 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. A cortical infarct was noted at the caudal pole of the left kidney, stable, no evidence of inflammation. Left kidney measured 3.6 cm. Right kidney measured 3.6 cm.

Adrenal Glands

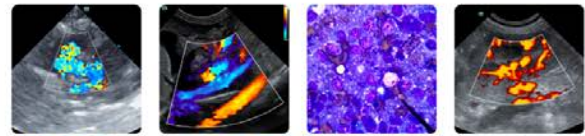
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measured 0.40 cm.

Spleen

The **spleen** measured 0.47 cm. It 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 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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Free fluid noted in the abdomen.

Complete lack of falciform fat in this patient.

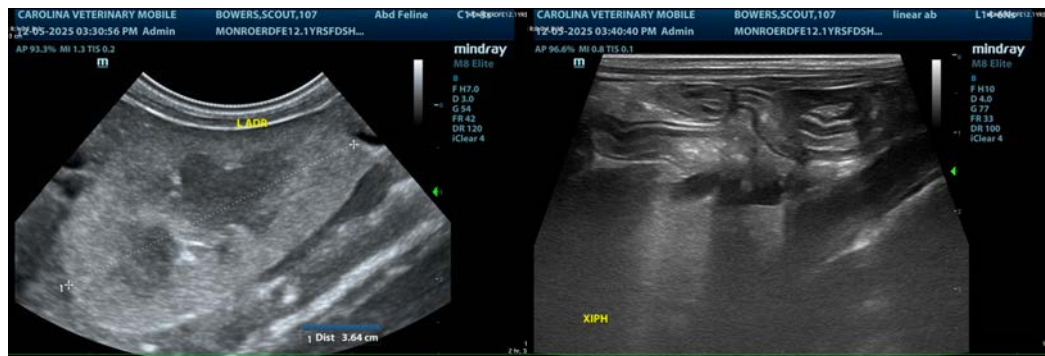
Only minor lymph node presence evident.

ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen with lack of abdominal fat, and slight free fluid, likely owing to wasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong suspicion for malassimilation/maldigestion in this patient, or neoplasia elsewhere outside the abdomen. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Note the Prednisone treatment may be suppressing a more significant presentation.





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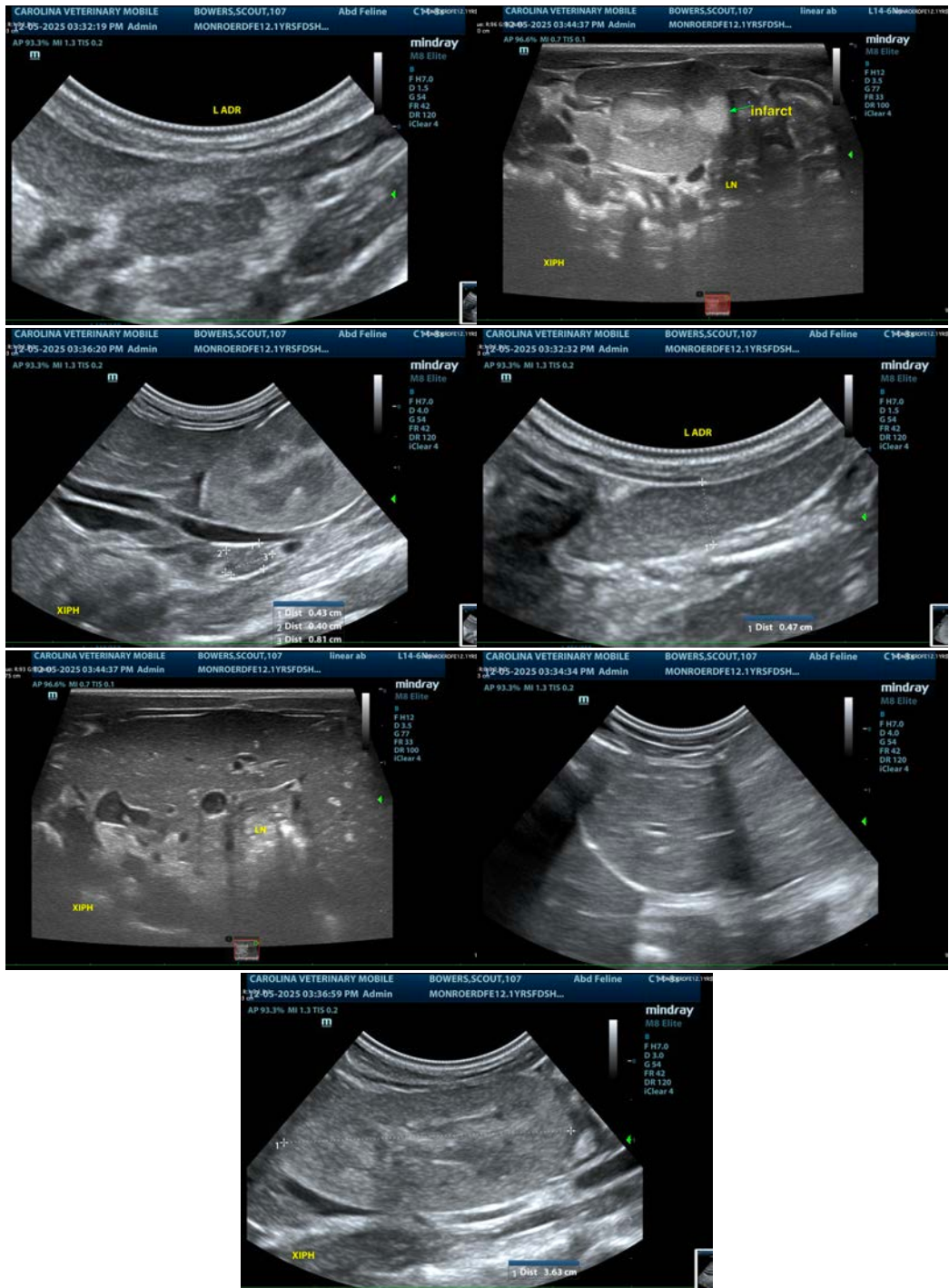
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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