



PATIENT

Wiley Smith

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 11 Month

WEIGHT

15.04 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kathryn
Sunderland

HOSPITAL NAME

Boise Cat Clinic

REFERRING VET

Dr. Kathryn
Sunderland

INVOICE

73643

DATE

3/12/26

PRESENTING CLINICAL SIGNS

History of chronic vomiting that responds positively to depo injections from rDVM. Presumptive dx of IBD via rDVM. Scan performed under anesthesia during routine COHAT and a cystic mass removal

Abnormal PE/Chem/CBC/UA Results: Mild leukopenia (3.7 K/uL WBC characterized by neutropenia (2.3 K/uL). No other significant findings.

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 1.0 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 measured 3.7 cm. Right kidney measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** measured 0.86 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 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

The **gastrointestinal tract** was largely unremarkable other than minor distal small intestinal muscularis hypertrophy. No loss of mural detail noted. The stomach was fluid filled.

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.



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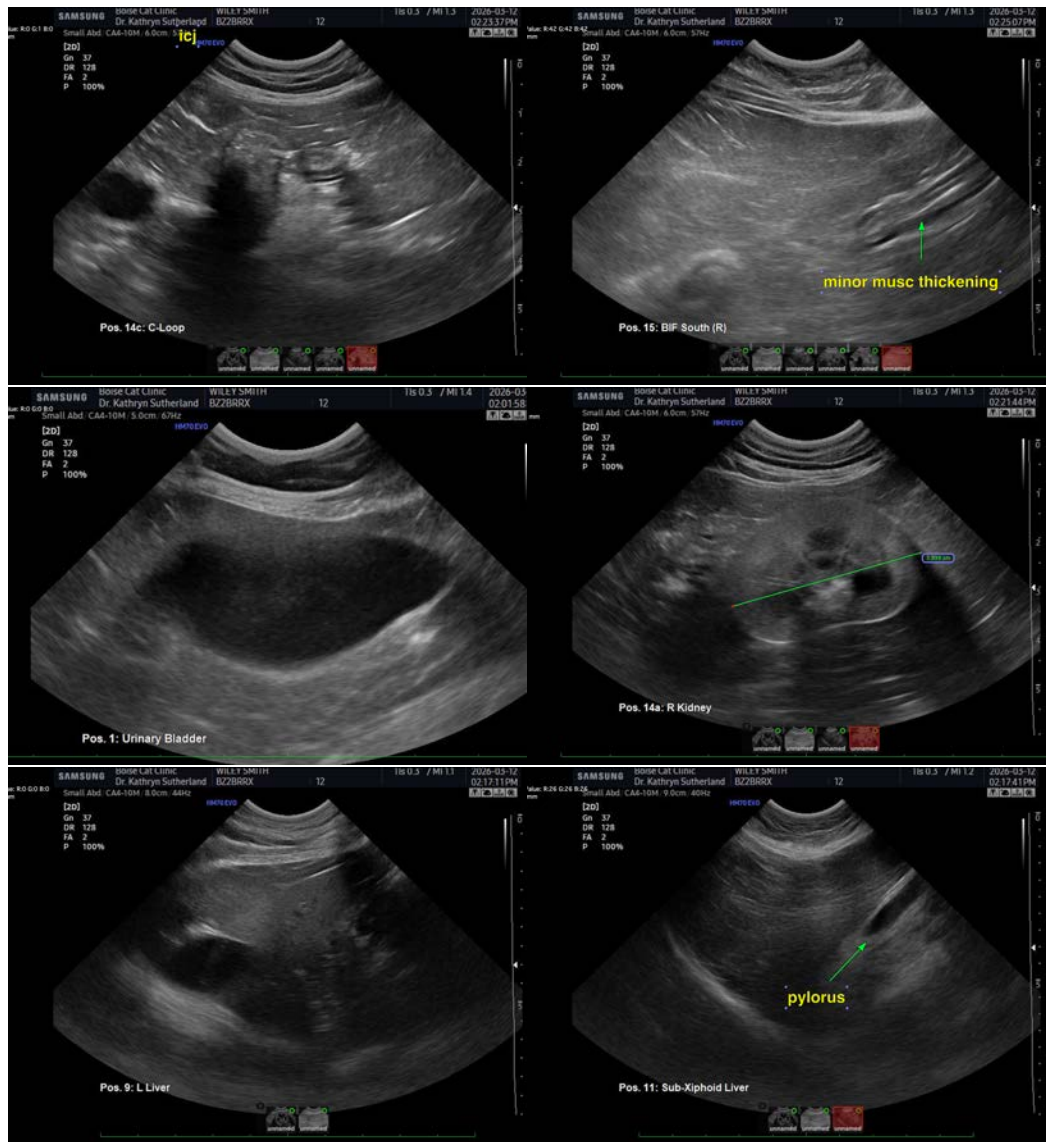
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ULTRASONOGRAPHIC FINDINGS

- Minor distal small intestinal thickening, inflammatory bowel type presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign bodies or neoplasia. Dietary and parasitic management indicated. The cortisone treatment may be suppressing a more significant presentation. Full thickness intestinal biopsies would be necessary for definitive diagnosis. However, changes appear to be benign or in remission from cortisone treatment.





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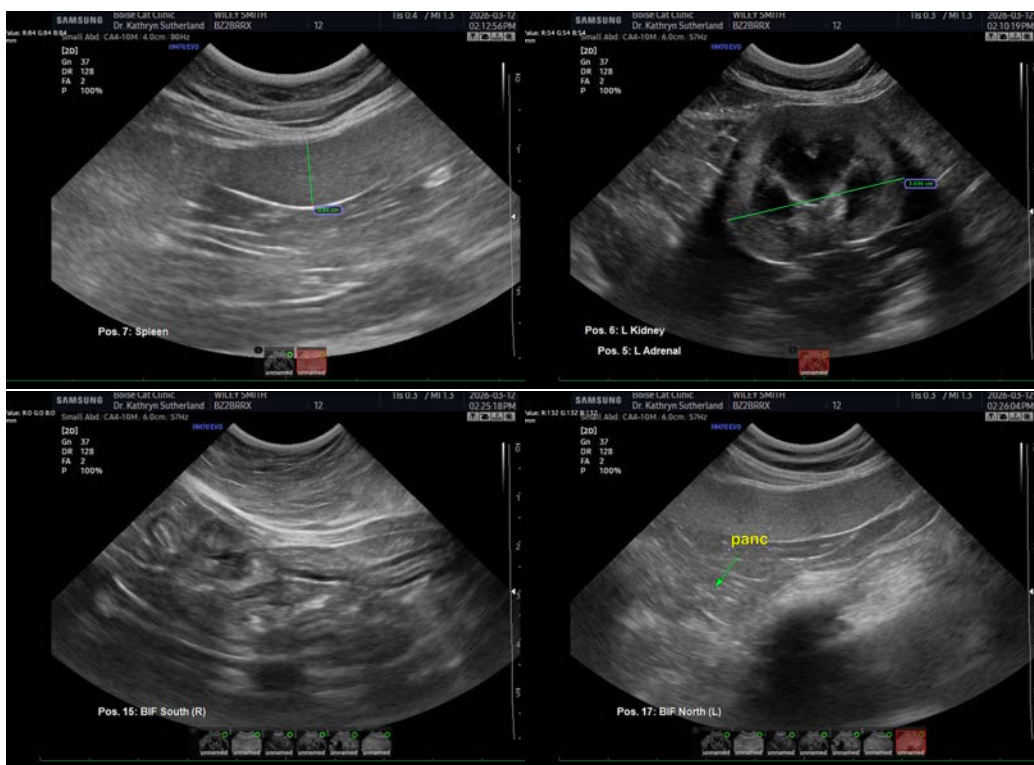
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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