



## PATIENT

Smudge Boyda

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

13 years

## WEIGHT

4.4 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

72180

## DATE

3/3/26

## PRESENTING CLINICAL SIGNS

- Chronic intermittent vomiting for past 6+ months. Frequency is sometimes 2-3x/week, sometimes no vomiting for 2-4 weeks.
- Vomitus is fluid. Sometimes hair is also in the vomitus. Sometimes partially digested food is mixed with the fluid.
- If given access to grass, Smudge will be very focused on eating it. She vomits the grass a short time later.
- Intermittent, inappropriate defecation outside of the litterbox. These stools are formed, with mucus and small amount of bright red blood.
- Stools in the litterbox are formed, but w/o mucus or blood.
- Food trial for past 6 weeks with novel, single protein diet. Frequency of vomiting has decreased. Inappropriate defecation continues at similar frequency.
- Physical exam normal other than very reactive to abdominal palpation. Smudge can be feisty, but my impression is that her response to abdominal palpation today is more pain response than behavioral. Sedation used for AUS. Smudge is healthy BCS and MCS and she has been maintaining her weight. Lab work from December 2025 - Normal Chemistry, fPL, T4. USG 1.036, otherwise normal UA.

## 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. The left kidney measured 3.63 cm. The right kidney measured 3.72 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.

### 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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was 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** 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. A minor amount of gastric fluid was noted. Some echogenic material was noted with slight acoustic shadowing measuring up to 0.8 cm. This may represent medications. The pylorus was patent. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

Minor intestinal thickening, likely low grade inflammatory bowel and age related changes.

Age related pancreatic and renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If clinical signs persist then endoscopy is indicated or full thickness GI biopsies, yet subjectively appears benign. There is a potential for low-grade pancreatitis given the clinical exam. GI protectants and Prednisolone trial may be necessary in this patient if sampling is not an option.



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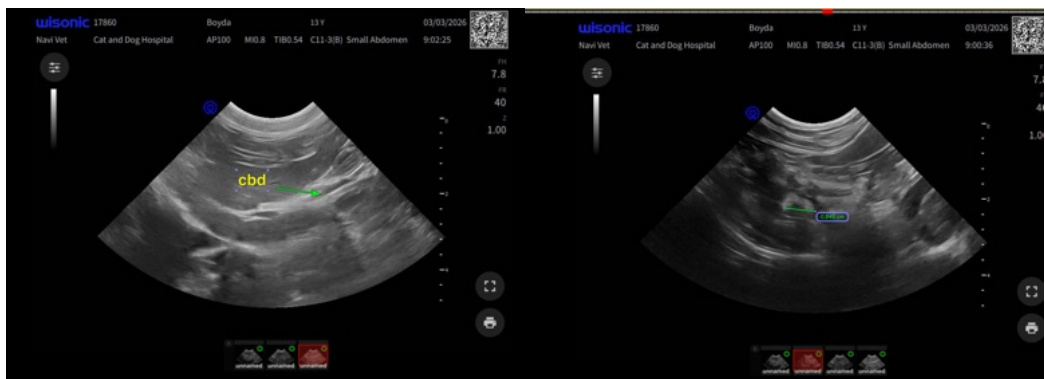
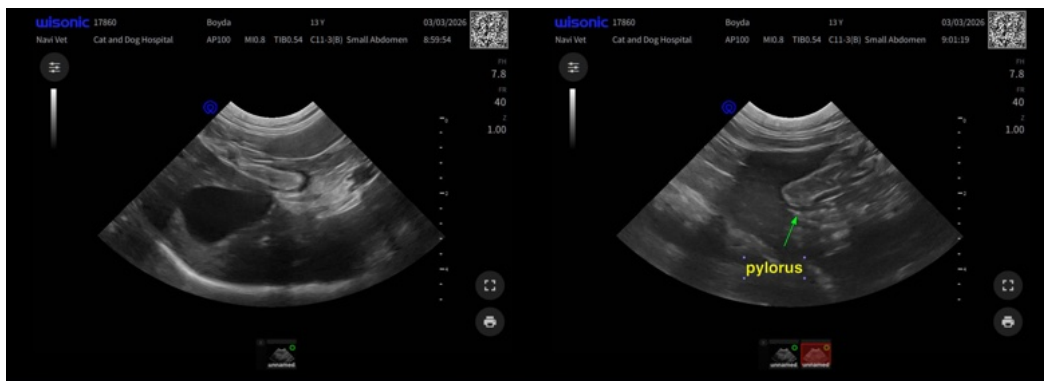
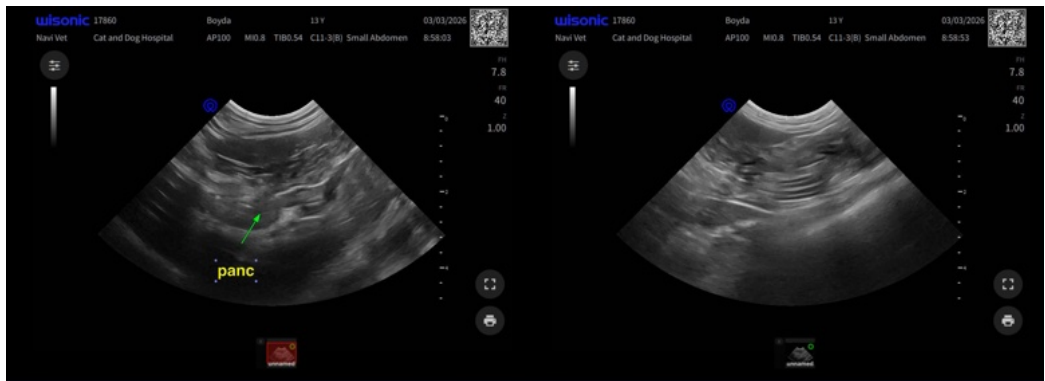
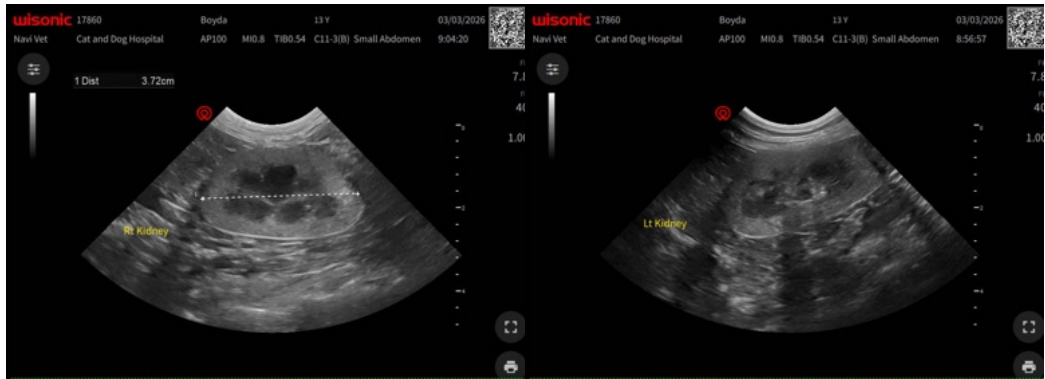
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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