



## PATIENT

Ellie Hunter

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

4.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Alicia Walter, DVM

## HOSPITAL NAME

Alicia Walter, DVM

## REFERRING VET

Alicia Walter, DVM

## INVOICE

74407

## DATE

4/10/26

## PRESENTING CLINICAL SIGNS

Presented today for anorexia, lethargy, weight loss, and potential diarrhea. History of G.I. symptoms, October 2025, proper response to supportive care and transition to Z/D diet.

Abnormal PE/Chem/CBC/UA Results: Quiet/depressed, otherwise physical exam NSF. Vitals normal. CBC and chem NSF. FPL abnormal.

## 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 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 3.51 cm. The cranial pole of the right kidney revealed cortical infarct and collapse. Right kidney measured 3.08 cm.

### *Adrenal Glands*

The regions of the **adrenal glands** were 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 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** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness



**PATIENT**

Ellie Hunter

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

4.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Alicia Walter, DVM

**HOSPITAL NAME**

Alicia Walter, DVM

**REFERRING VET**

Alicia Walter, DVM

**INVOICE**

74407

**DATE**

4/10/26

tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

**Pancreas**

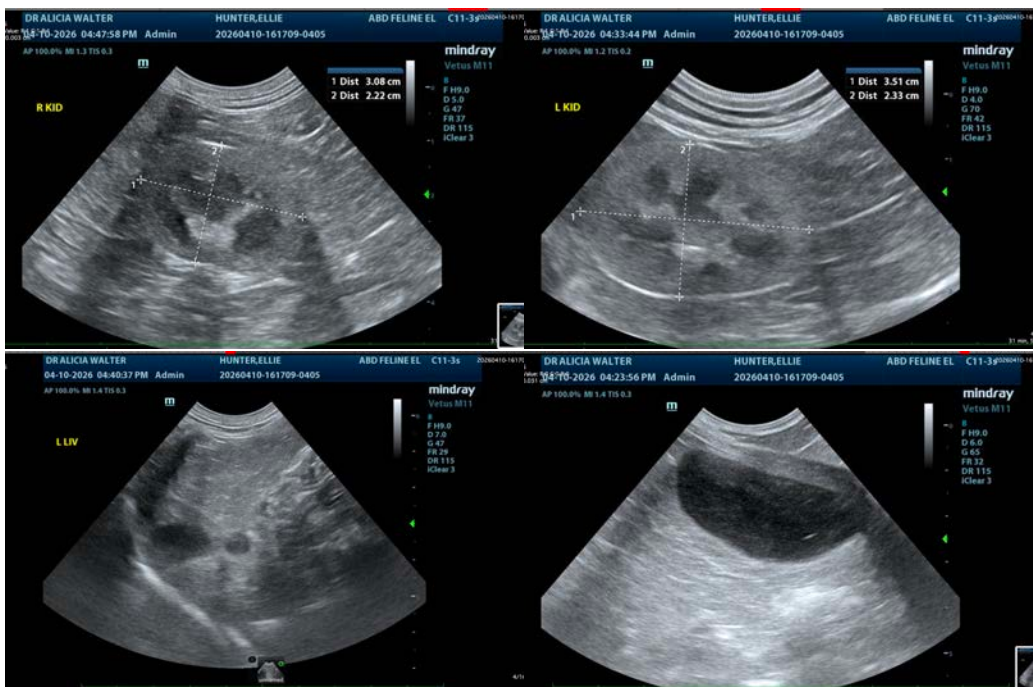
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Diffuse intestinal thickening - inflammatory bowel likely. This may represent a preneoplastic state. Dry form FIP is a minor potential.
- Age related renal changes with cortical infarct in the right kidney.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full thickness intestinal biopsies would be necessary for definitive diagnosis, yet the abdomen appears to be stable otherwise. 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.





## PATIENT

Ellie Hunter

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

4.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Alicia Walter, DVM

## HOSPITAL NAME

Alicia Walter, DVM

## REFERRING VET

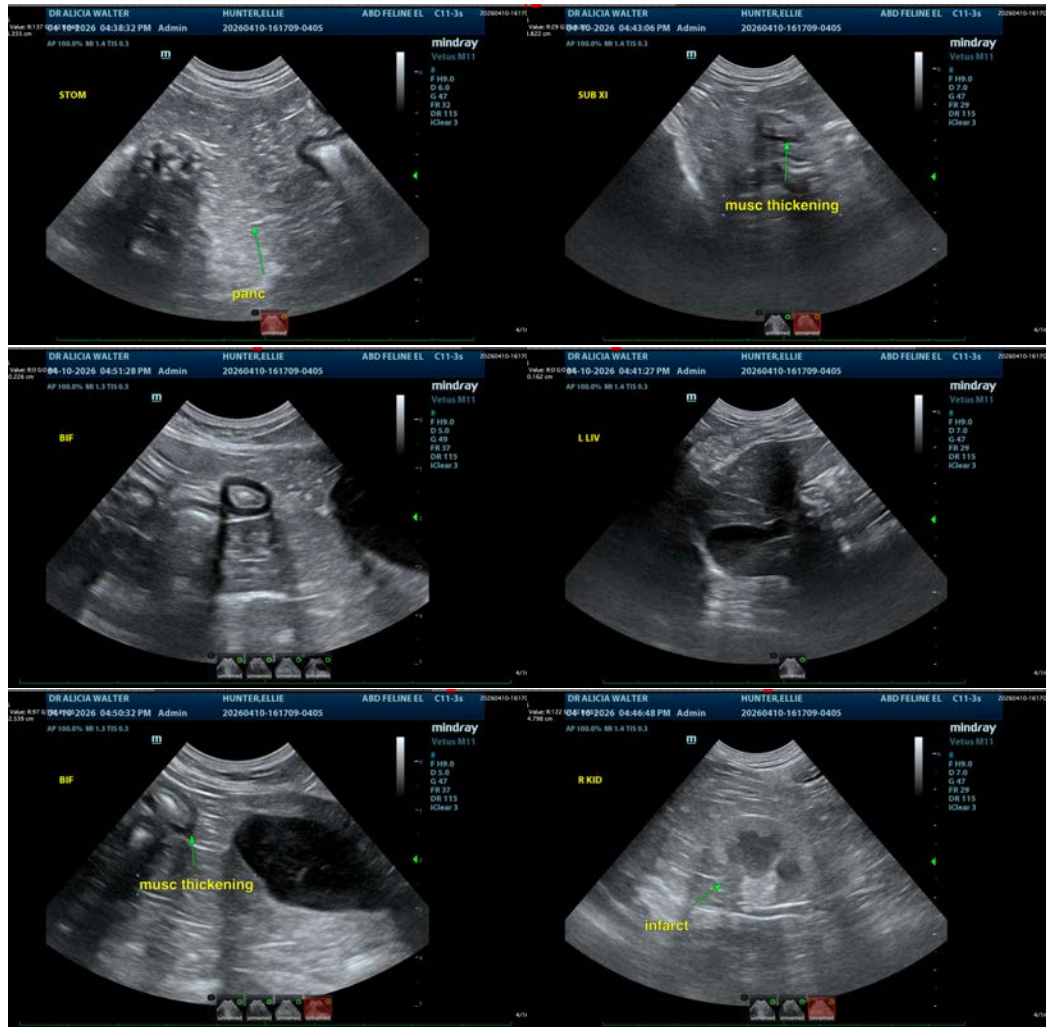
Alicia Walter, DVM

## INVOICE

74407

## DATE

4/10/26



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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)