



## PATIENT

Ricky Shiner

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

13.9 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brittany Wolfe

## HOSPITAL NAME

HomeVets

## REFERRING VET

Dr. Brittany Wolfe

## INVOICE

36721

## DATE

4/23/26

## PRESENTING CLINICAL SIGNS

History: P has a hx of chronic vomiting and intermittent anorexia. Sometimes will vomit up to 5x in one day. Has an episode in Nov where blood was noted in the vomit.

Abnormal PE/Chem/CBC/UA Results: Marked dental dz (dental procedure was performed on the same day as AUS) Basophilia 0.15, remainder of CBC WNL Chem, T4, UA WNL Fecal parasite test negative.

## 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 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. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

### *Adrenal Glands*

The **left adrenal gland** was 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 0.4 cm.

The region of the **right adrenal gland** revealed no evident pathology.

### *Spleen*

The **spleen** was mildly enlarged (1.05 cm) yet uniform.

### *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 slight disruption of the normal 1:3 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



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such as lymphoma. Full thickness 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. This is a minor change.

## Pancreas

The **pancreas** was mildly hypoechoic and slightly irregular with slightly surrounding mesentery.

## Free Abdomen

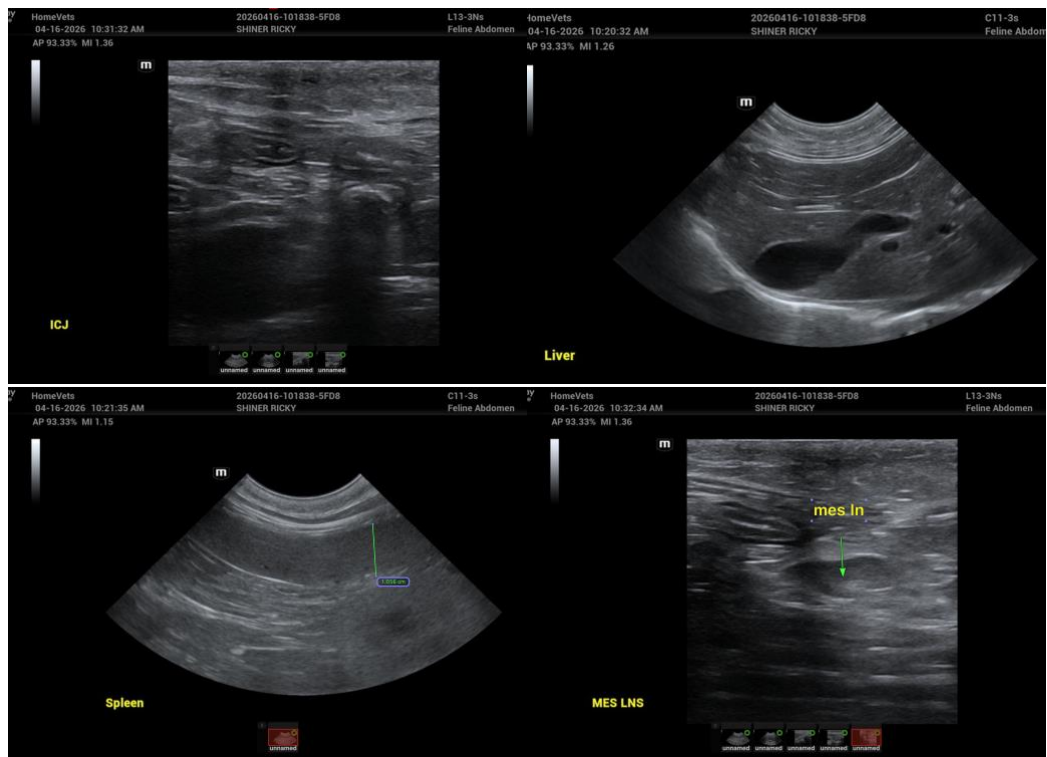
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example of lymph node measured 1.0 cm.

## ULTRASONOGRAPHIC FINDINGS

- IBD-GI pattern- underlying inflammatory bowel.
- Prominent pancreas- minor pancreatitis is possible.
- Mildly enlarged spleen, uniform
- Reactive mesenteric lymph nodes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management should prove effective. Full thickness GI biopsies would be necessary for further definition. Hydrolyzed diet, anti-parasitic protocol, prednisone trial are all valid actions unless full thickness GI biopsies are an option.





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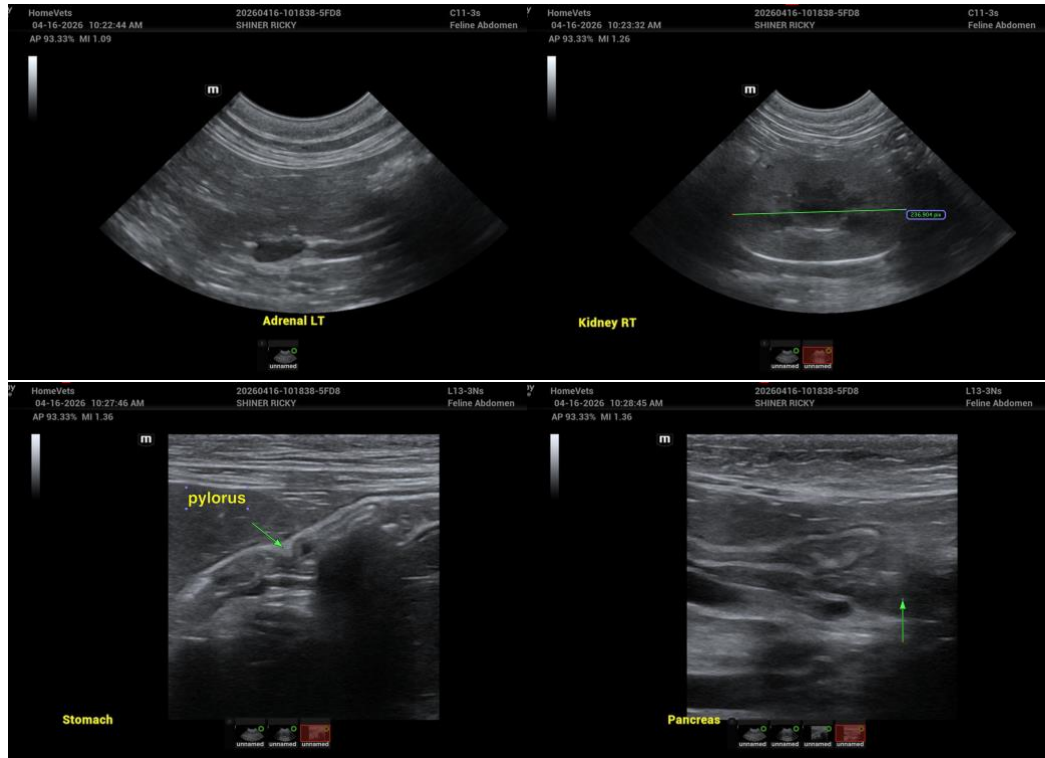
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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