



PATIENT

Maui DiEugenio

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

7 years

WEIGHT

6.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Crawford

HOSPITAL NAME

Countryside
Veterinary Services
Champion

REFERRING VET

Dr. Crawford

INVOICE

75561

DATE

5/14/26

PRESENTING CLINICAL SIGNS

History: Recent history of weight loss (about 2 lbs) and picky eating
Abnormal PE/Chem/CBC/UA Results: Elevated lymphocytes, monocytes and eosinophils
Decreased T4 (0.7) and TCO2
User Name: CountrysideVSChampionSonoreport

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 was 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 3.3 cm. The right kidney measured 3.4 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. The left adrenal gland measured 0.34 cm. The right adrenal gland measured 0.4 cm.

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 was noted.

Liver

The **liver** was slightly heterogenous. The gallbladder and common bile duct were unremarkable. There were no evident masses noted.



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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. 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 more significant disease than IBD.

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.

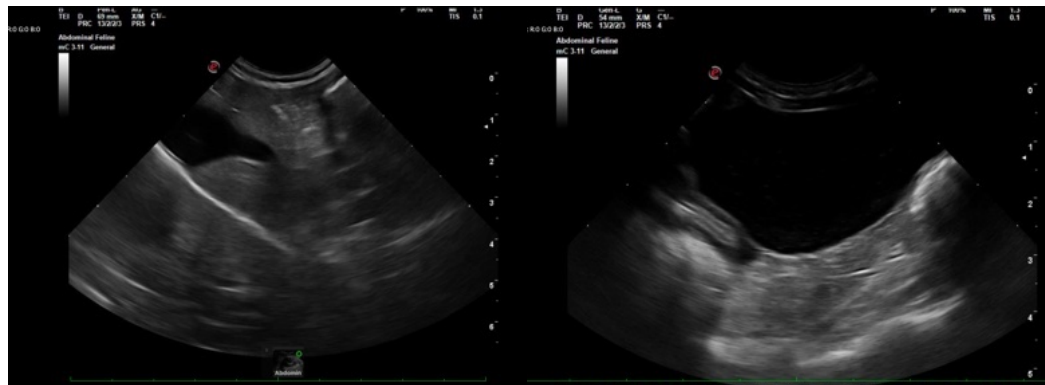
ULTRASONOGRAPHIC FINDINGS

Heterogenous liver, significance of this finding is unknown.

Diffuse intestinal thickening. Muscularis hypertrophy without loss of mural detail.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nearfield was excessively dark in this patient. I recommend assessing gain settings. If any liver enzyme elevations occur then FNA of the liver is indicated. Full thickness GI biopsies would be ideal in this patient with liver inspection and biopsy. There is concern for a preneoplastic or potential early neoplastic state even though no overt neoplastic criteria is present on the GI tract. The muscularis hypertrophy is significant. Dry form FIP is also a remote potential.





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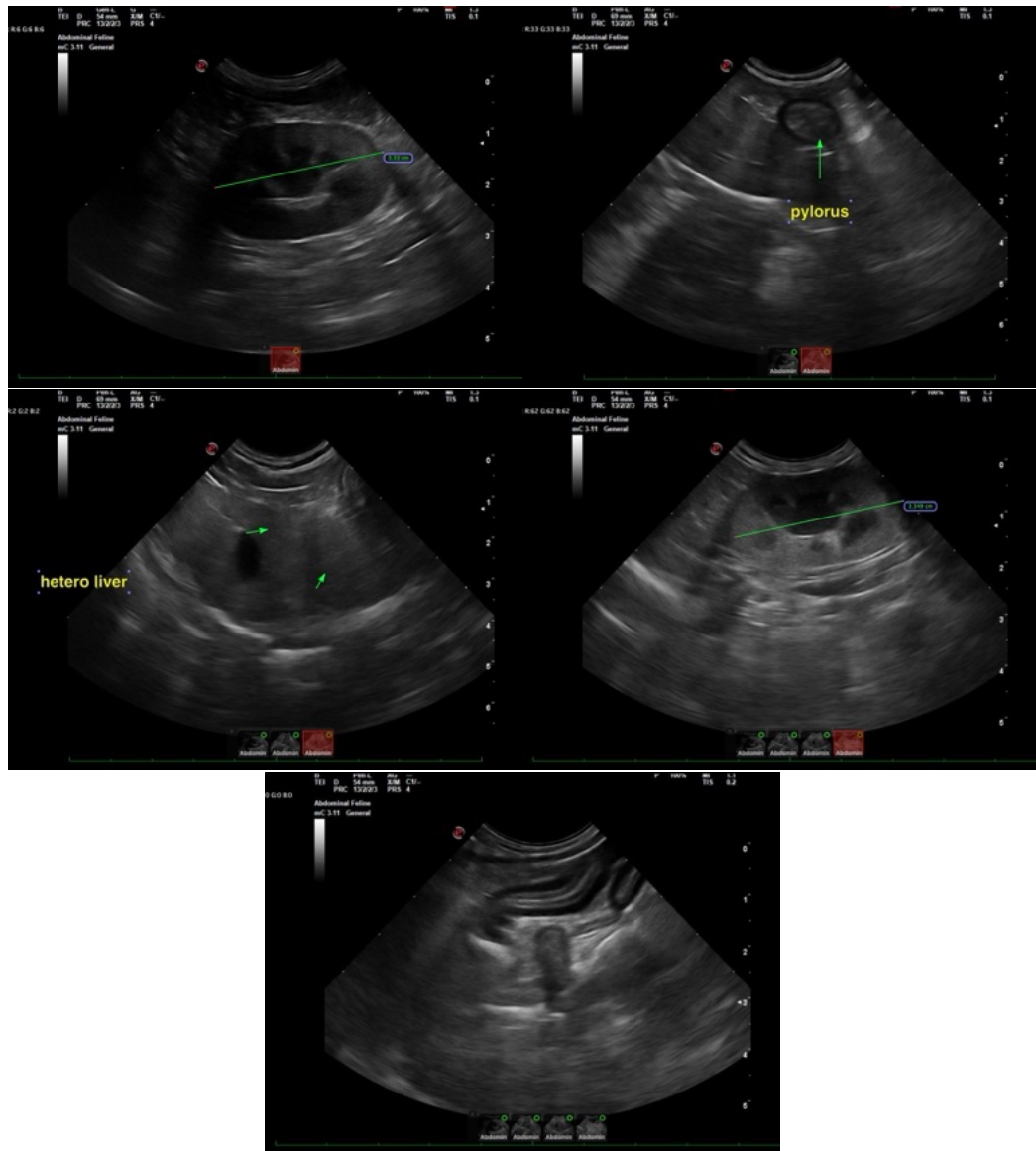
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com