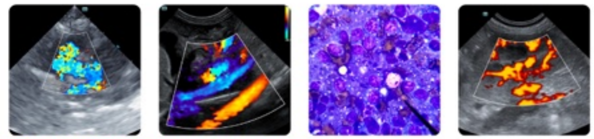




**PATIENT**
Butters Montiel

**SPECIES**
Feline

**BREED**
Domestic Shorthair

**SEX**
Male

**AGE**
7 months

**WEIGHT**
4.2 kg

**INTERPRETED BY**
Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Juli Sorenson

**HOSPITAL NAME**
Emergency Veterinarians Idaho

**REFERRING VET**
Dr. Schacher

**INVOICE**
77912

**DATE**
5/25/26

## PRESENTING CLINICAL SIGNS

History: vomiting, not eating lethargic
Abnormal PE/Chem/CBC/UA Results: X-rays concerning for linear foreign body, Globulins 5.8, HCT 53%, inflammatory leukogram, otherwise unremarkable

## 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 kidneys measured 3.5 cm each.

### *Adrenal Glands*

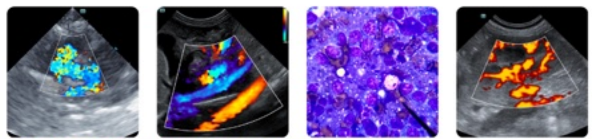
The regions of the **adrenal glands** were imaged with no evidence of pathology.

### *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** 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.





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### *Gastrointestinal*

The upper **gastrointestinal tract** was unremarkable. The curvilinear patterns were maintained and the stomach was empty. Submucosal layer and mucosal remodeling and ulcerative type changes were noted. The majority of the descending colon was significantly thickened and measured up to 0.66 x 0.8 cm. The colic lymph node was reactive and measured up to 1.0 x 0.5 cm.

### *Pancreas*

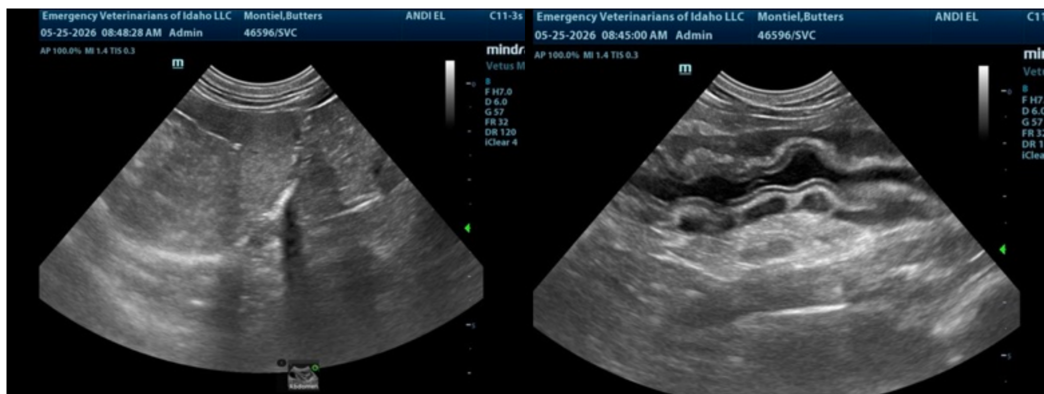
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

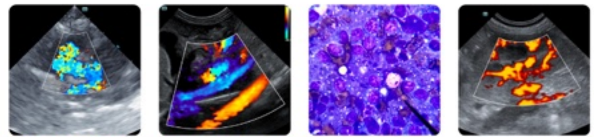
## ULTRASONOGRAPHIC FINDINGS

Severe colitis pattern with reactive colic lymph node.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Parasitic disease, eosinophilic colitis, round cell neoplasia and dry form FIP are all potentials. Colonoscopy with mucosal biopsies would be ideal. Ultrasound-guided FNA of the colonic wall could be considered as well. Otherwise, surgical biopsies would be ideal. Empirical medical management with Clindamycin or similar antibiotic with spectrum for infectious agents and enterotoxins are warranted. Anti-parasitic protocol is also recommended. If sampling is not an option then Prednisolone protocol can also be considered. Recheck sonogram is recommended in 7-10 days.







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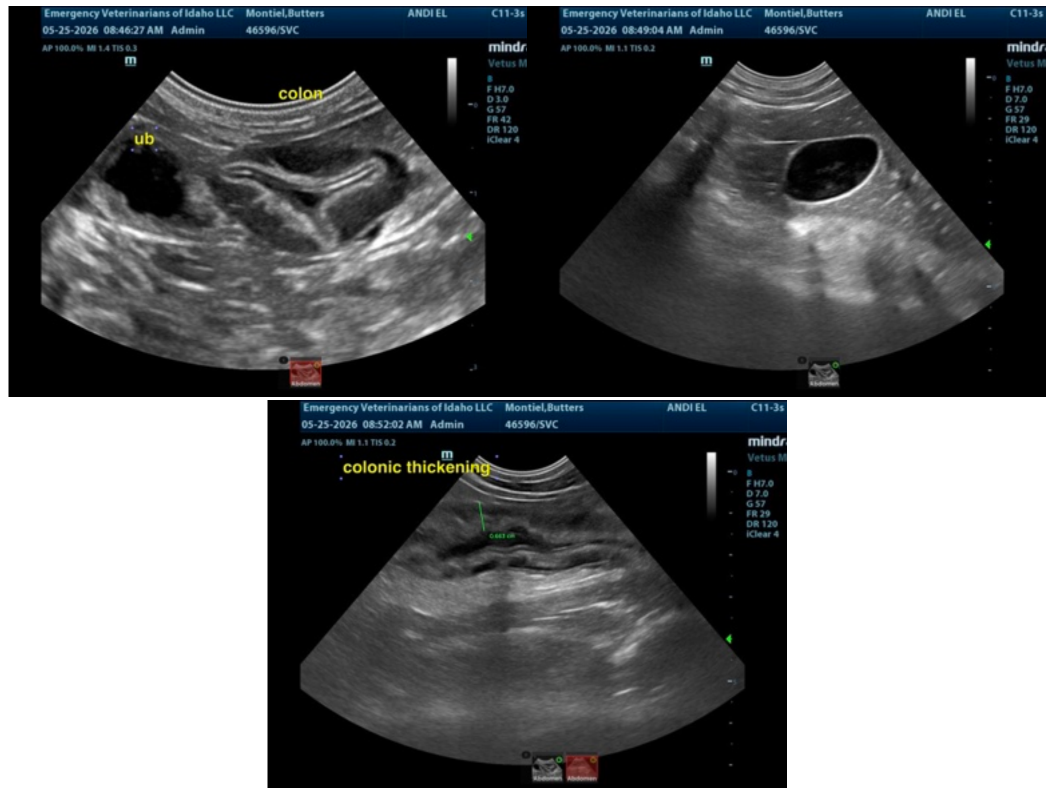


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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