



PATIENT

Nachos Wise

SPECIES

Feline

BREED

Domestic Shortair

SEX

Spayed female

AGE

16 years

WEIGHT

7.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beachy

HOSPITAL NAME

Linn VH

REFERRING VET

Dr. Beachy

INVOICE

75168

DATE

5/4/26

PRESENTING CLINICAL SIGNS

History: 16-year-old cat with long history of suspected inflammatory bowel disease and chronic intermittent vomiting and diarrhea.

Seen previously about 1 year ago, in 06/2025, including abdominal ultrasound at another clinic that was reported as normal.

Inflammatory bowel disease was suspected at that time and steroid therapy was started.

Since then, patient has remained on and off steroids, with recurrent episodes of diarrhea, and has been consistently managed with steroids through the present.

Seen today for diarrhea and lethargy.

An abdominal ultrasound was performed today and blood work was submitted.

Current concern is ongoing chronic gastrointestinal disease despite long-term steroid management; further interpretation pending current ultrasound and laboratory results.

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 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. Corticomedullary calculi and infarcts were noted. There was no evidence of active inflammation. Blood flow was subnormal to the kidneys.

Adrenal Glands

The **right 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 right adrenal gland measured 0.4 cm. The region of the **left adrenal gland** was 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 was noted.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver contour and structure. Mild hepatomegaly was noted. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. Reactive mesentery was noted around the small intestine. This is suggestive for subacute on chronic inflammatory bowel.

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

Mild, non-specific, intestinal thickening. No evidence of foreign bodies or neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness GI biopsy is necessary for a definitive diagnosis regarding inflammatory bowel vs suppressed round cell neoplasia or dry form FIP that may be in play.



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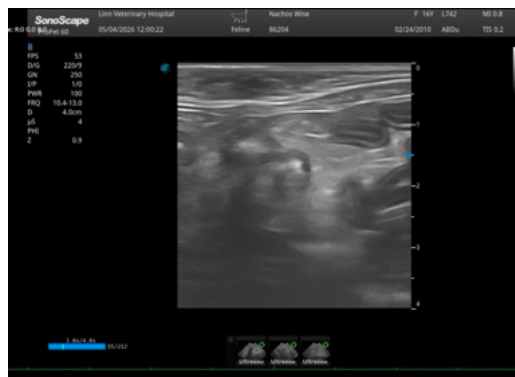
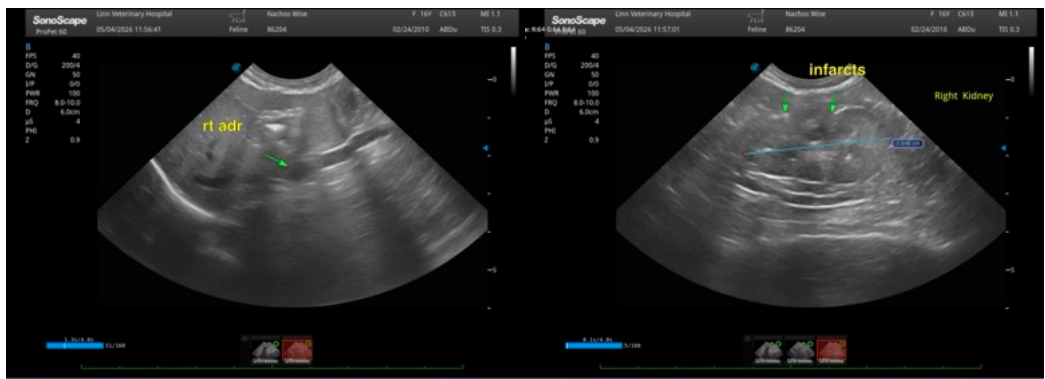
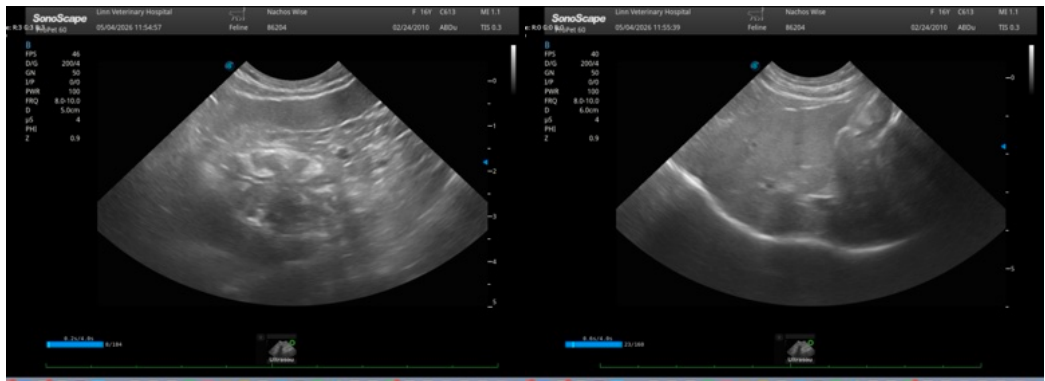
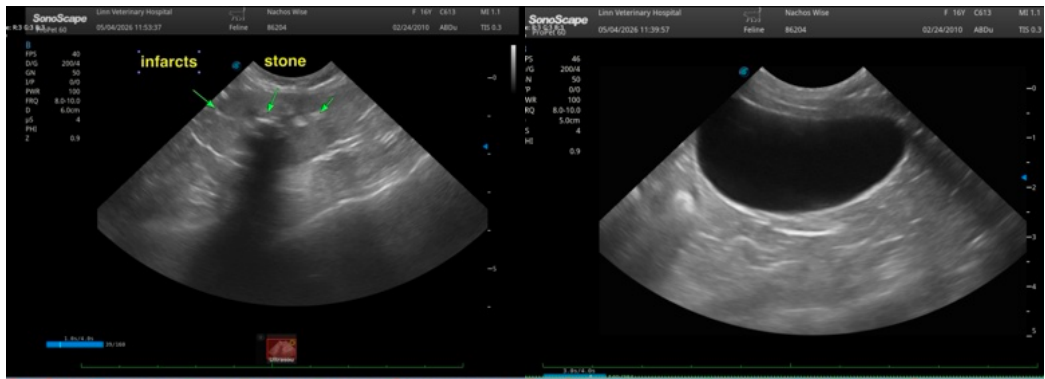
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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