



## PATIENT

Grund Iroh

## SPECIES

Feline

## BREED

DLH

## SEX

Neutered Male

## AGE

10 Years 8 Months

## WEIGHT

6.08 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Emily Akin

## HOSPITAL NAME

Boise Cat Clinic

## REFERRING VET

Dr. Layna Irwin

## INVOICE

16311

## DATE

06/03/26

## PRESENTING CLINICAL SIGNS

Weight loss, chronic D+ (managed with prednisolone, improved w/ Hill's z/d) and IBM, polyphagia. On PE: BCS 2/9, severe muscle wasting, possible intra-abdominal lymphadenopathy palpated, significantly thickened small intestinal loops and a doughy feel throughout, and kidneys felt small, grade 2/6 HM. Medications: prednisolone 5mg QOD, FortiFlora 1 packet SID-QOD, B12 1000mcg/mL 0.25mL SC q1wk x4 weeks, now giving q2wk, gabapentin 25mg given before AUS.

## 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. Anechoic urine was present with a minor amount of dependent debris. No evidence of inflammatory or neoplastic changes were 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 mild 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. The left kidney measured 3.7 cm in length. The right kidney measured 4.3 cm in length. Blood flow to the kidneys appeared to be adequate.

### *Adrenal Glands*

Both **adrenal glands** were not visualized.

### *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 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



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present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event 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. Soft stool was present in the colon.

### *Pancreas*

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### *Free Abdomen*

The mildly enlarged 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. The lymph nodes measured up to 1.9 cm x 0.8 cm.

## ULTRASONOGRAPHIC FINDINGS

- Chronic GI thickening.
- Soft stool in colon.
- Age-related abdominal changes otherwise.
- Mesenteric lymphadenopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prednisone therapy may be suppressing a more significant presentation. Full thickness GI biopsies would be necessary for definitive diagnosis, however, inflammatory bowel is suspected. Partially suppressed lymphoma is a strong potential as well as dry form FIP in this patient.

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.





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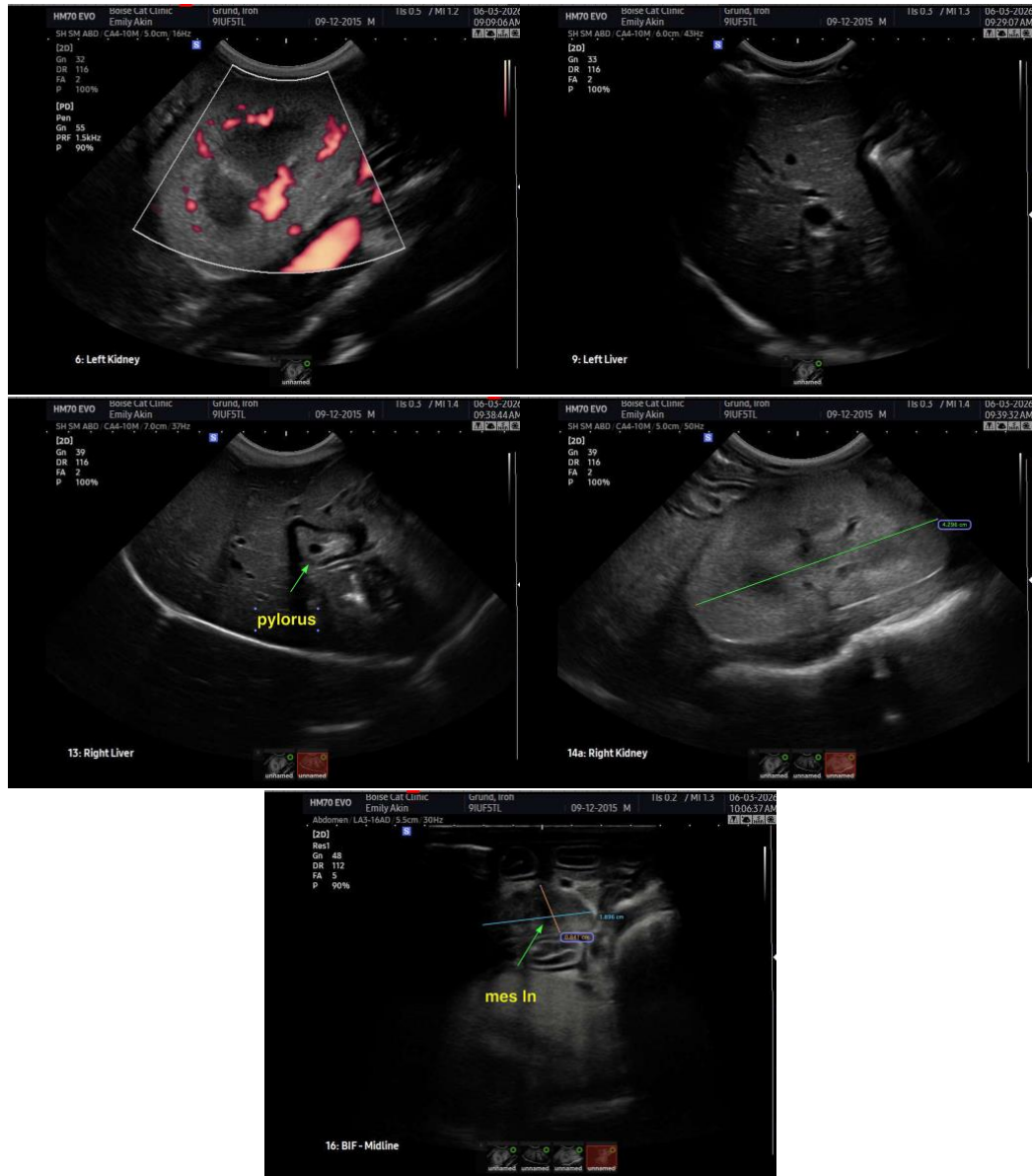
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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