

PATIENT

Lottie Davis

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

11 Years 5 Months

WEIGHT

6.34 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

16313

DATE

06/03/26

PRESENTING CLINICAL SIGNS

Unintentional weight loss, PU/PD, polyphagia, chronic V/D. On PE: BCS 3/9, severe muscle wasting, diffusely prominent and thickened small intestinal loops palpated.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 3.6 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** revealed multifocal hyperechoic lipid plaques with mild splenic enlargement measuring 1.05 cm.

Liver

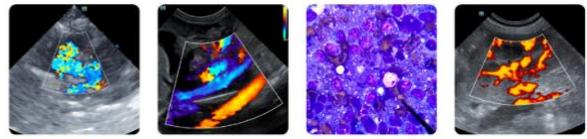
The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume 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 tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. 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. 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.



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Free Abdomen

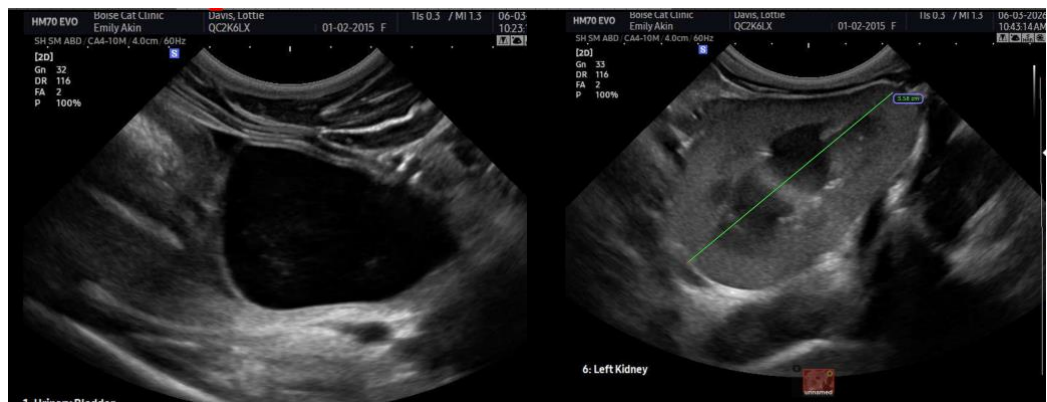
A mild amount of **free fluid** was noted in the abdomen. Mesenteric lymph nodes were present.

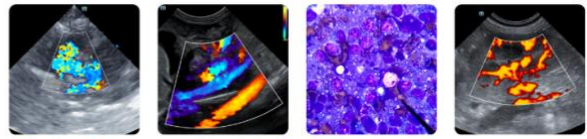
ULTRASONOGRAPHIC FINDINGS

- Minor micronodular splenomegaly.
- Mild intestinal thickening with slight free fluid.
- Mesenteric lymphadenopathy.
- Soft stool in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt neoplastic criteria in any of the gastrointestinal loops, however, cannot rule out emerging round cell neoplasia. Inflammatory bowel is likely with malassimilation, however, occult neoplasia, such as lymphoma, is always a potential in these presentations. FNA of the spleen is indicated to ensure this is a reactive state as opposed to an emerging round cell neoplasia. 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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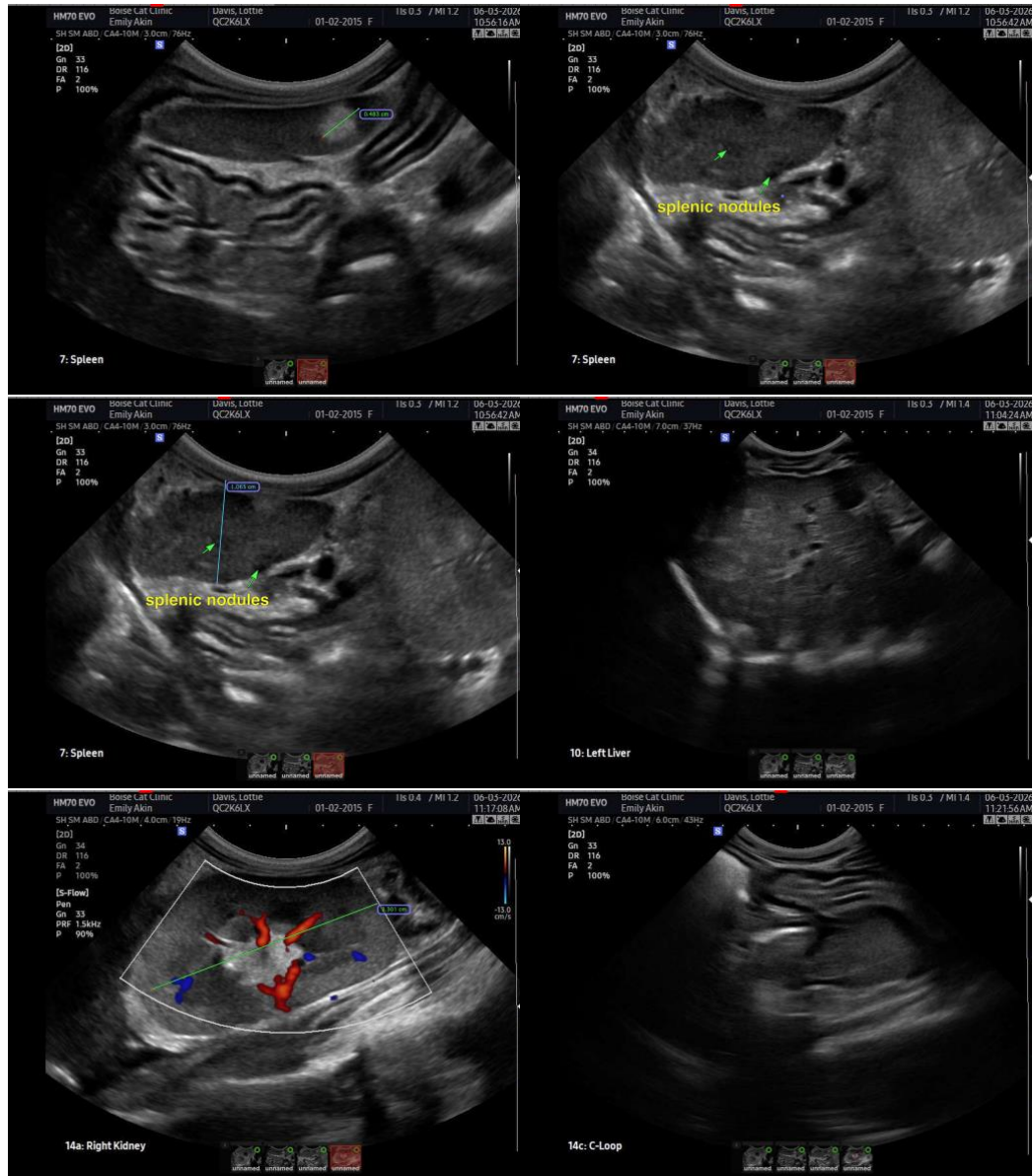
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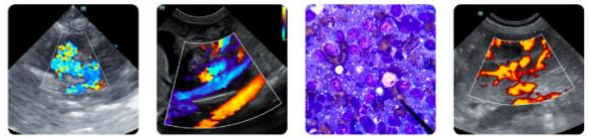
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



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