



PATIENT

Louie Morris

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

14.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ginny Dodd DVM,
 DABVP (CFP)

HOSPITAL NAME

Steele Creek AH

REFERRING VET

Dr. Brewbraker

INVOICE

70871

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- Prior H/O AUS in 2020 with a diagnosis of IBD. He has been on Pred intermittently since then. He has ha hematemesis and vomiting intermittently and a h/o hairballs.
- Yesterday the owner noted dark bloody diarrhea then overnight it has become bloody, watery gelatinous diarrhea but no vomiting.
- Vet has given Sucralfate slurry and Cerenia this AM.
- PE: intestines feel ropey on palpation, no masses palpated CBC and CHEM- pending Vet concerned about a gastric ulcer, IBD, LSA, MCT No sedation needed

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 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. Slight pinpoint mineralization was noted. The left kidney measured 4.7 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 0.4 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.33 cm.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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 **stomach** revealed progressively shadowing luminal material that measured up to 1.4 cm. Hairball density was noted in the stomach. Variable intestinal thickening was noted with muscularis hypertrophy and inversion of the muscularis to mucosa ratio. The mesenteric lymph nodes were slightly enlarged and measured up to 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

- Mild splenic enlargement.
- Variable intestinal thickening with reactive mesenteric lymph nodes. Inflammatory bowel with partial suppression with reactive lymph nodes and spleen, possible emerging round cell neoplasia or partially suppressed round cell neoplasia is also possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the Prednisone therapy I am concerned for partially suppressed round cell neoplasia in this patient. 25-gauge FNA of the spleen or full thickness intestinal and lymph node biopsies are indicated. Hairball management is indicated. Cytology of the spleen may necessitate PARR and PCR for assessment for lymphoma. There is a minor potential for dry form FIP in this patient which would necessitate surgical biopsies. However, this is not suspected. The prognosis is guarded.



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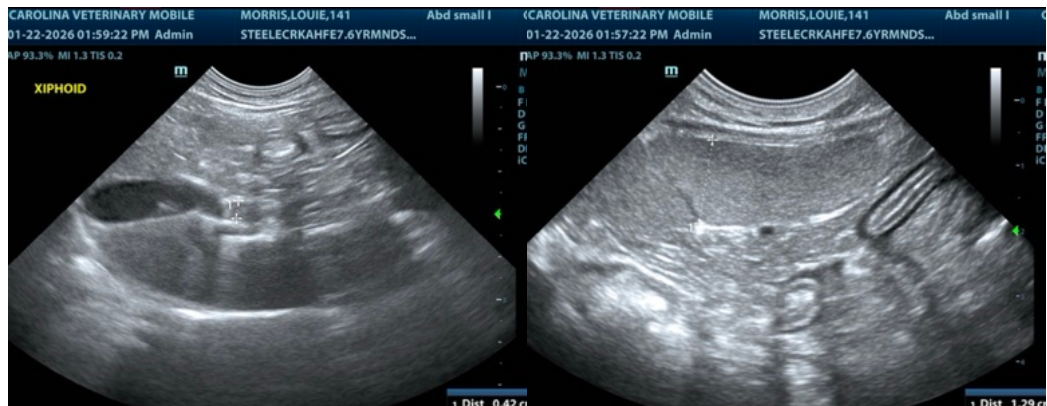
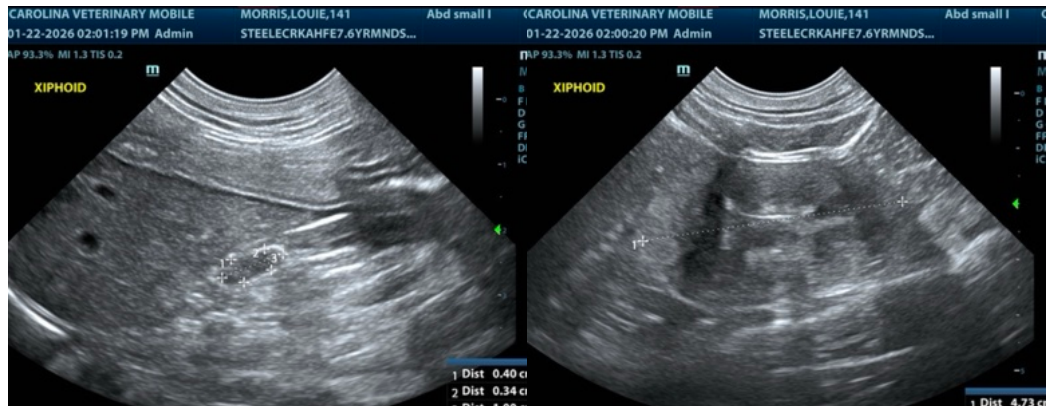
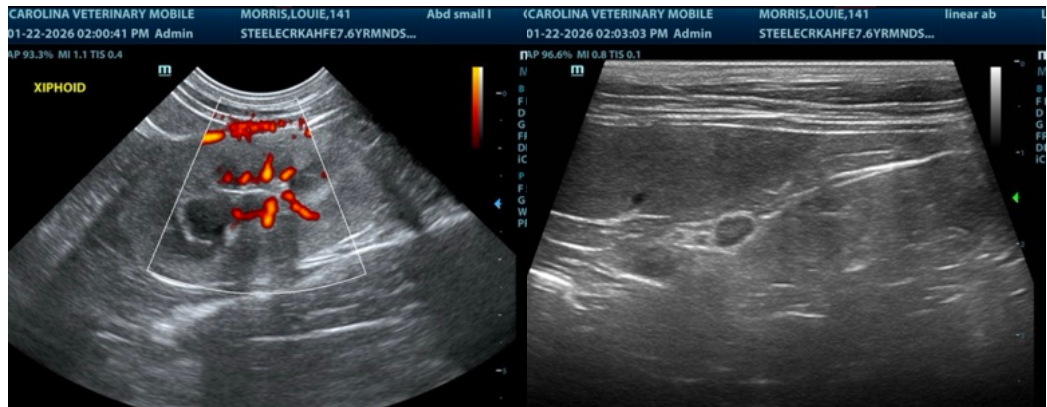
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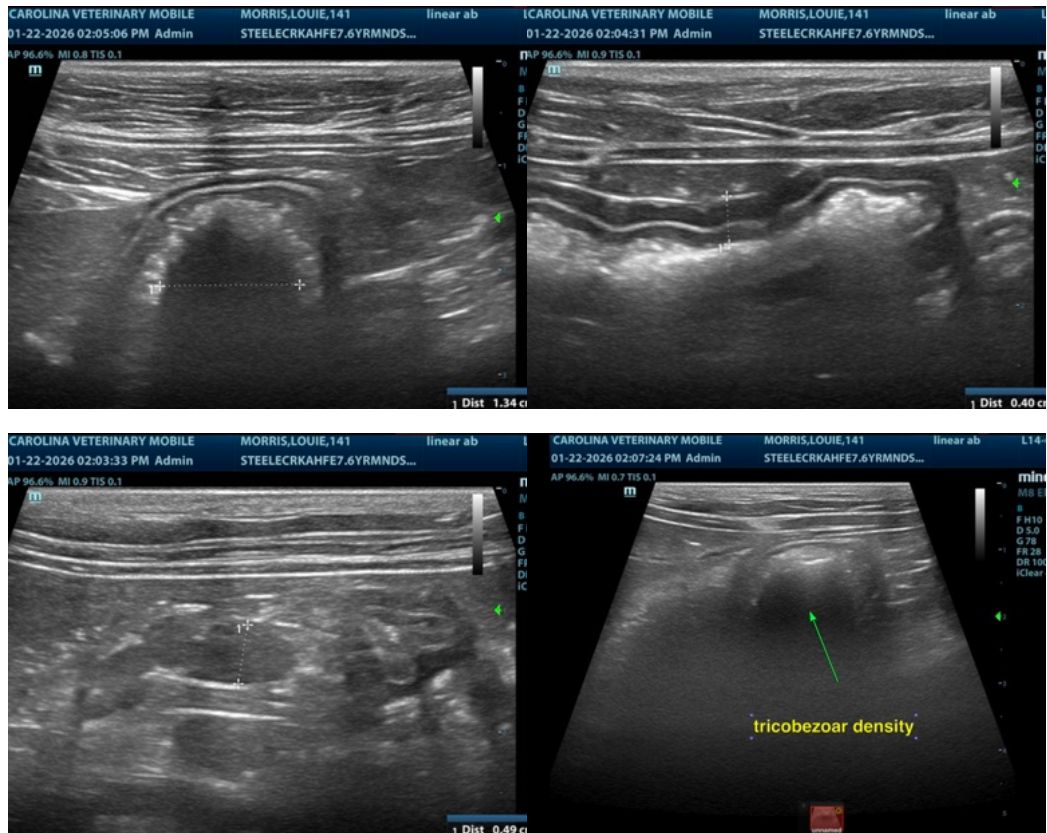
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com