



## PATIENT

Cheese Puff Ehret

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Male

## AGE

7 months

## WEIGHT

5.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS, CEO of  
SonoPath.com

## IMAGING PERFORMED BY

Chloe Lowe

## HOSPITAL NAME

Smithfield AH

## REFERRING VET

Dr. Boe

## INVOICE

71647

## DATE

2/17/26

## PRESENTING CLINICAL SIGNS

- Chronic Diarrhea
- fortiflora, metoclopramide, doxy
- Crea <0.1, BUN11, GGT 2, Neu 10.59, Mono 1.49

## 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. A mild amount of dependent debris was noted with no evidence of calculi. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** were mildly enlarged and hyperechoic with a medullary rim sign noted. The medullary rim sign is idiopathic, but may be related to underlying FIP. The left kidney measured 3.95 cm. The right kidney measured 4.94 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 right adrenal gland measured 0.37 cm. The left adrenal gland measured 0.29 cm.

### *Spleen*

The **spleen** was slightly enlarged measuring up to 1.0 cm.

### *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*

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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***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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Domestic Shorthair

**SEX**

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**ULTRASONOGRAPHIC FINDINGS**

Idiopathic medullary rim sign. Potential occult FIP.

**AGE**

7 months

Structurally unremarkable GI tract.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinalysis is warranted +/- 25-gauge FNA of the spleen and kidney to assess for granulomatous disease. There was no free fluid noted. Other causes of diarrhea should be managed medically, yet the only structural abnormalities are the kidneys and spleen in this patient. The prognosis is guarded depending upon response to therapy and progression of time.

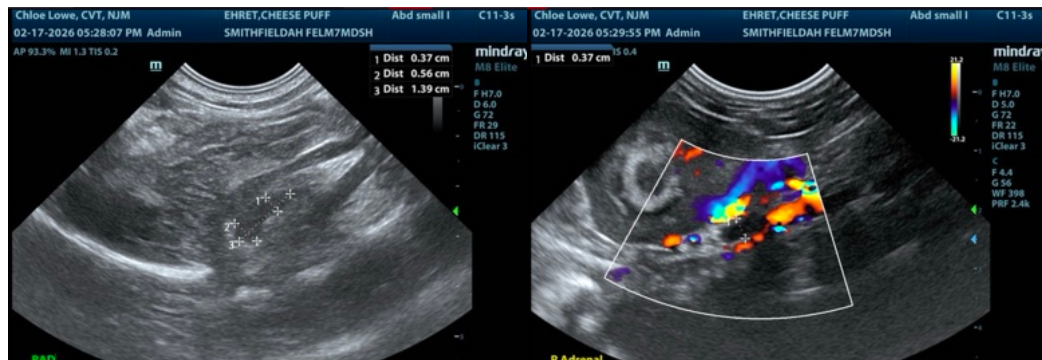
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Differentials for diarrhea include occult parasitism. Dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed

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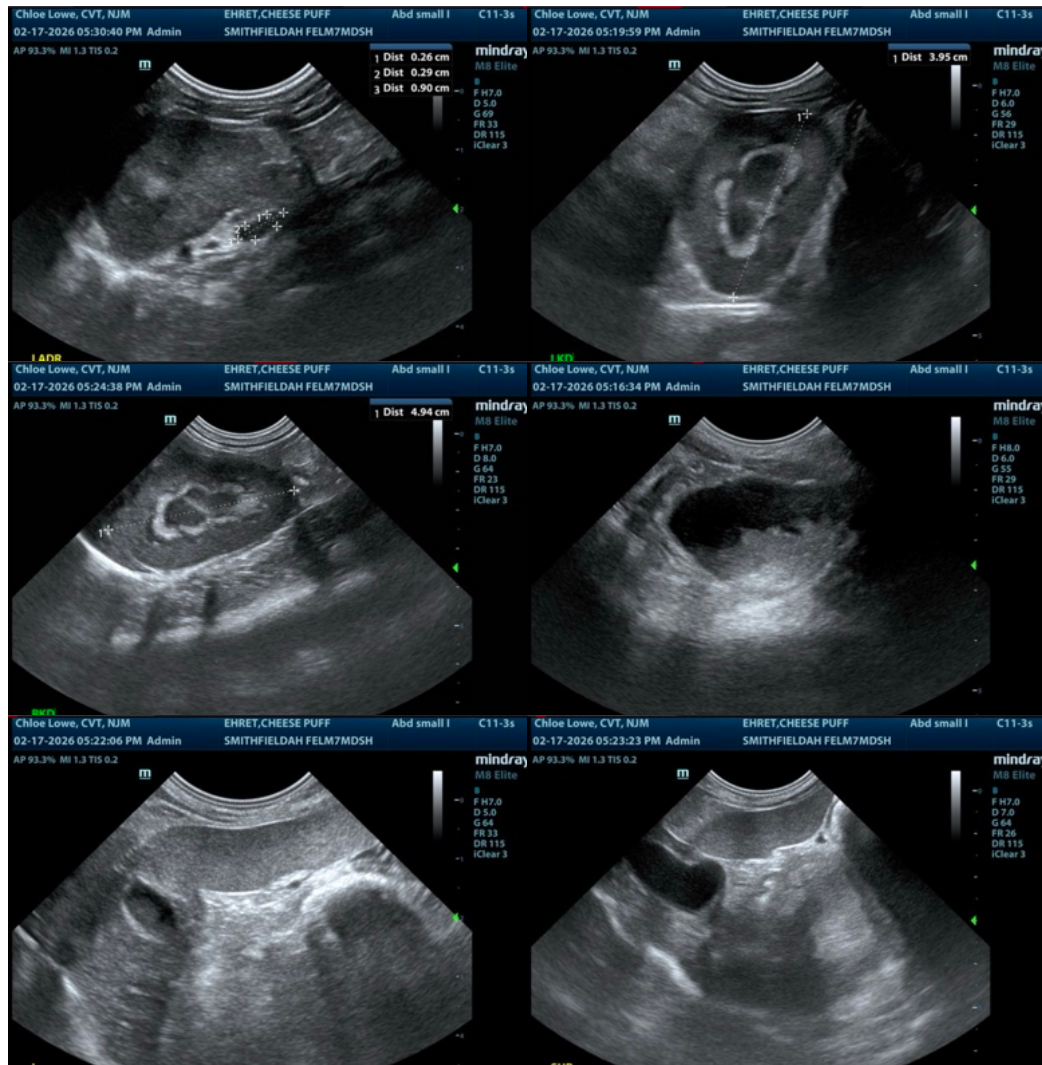
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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