



PATIENT

Nuhai Gollub

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

10.73 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Craig

INVOICE

77864

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History: Chronic pancreatic (elevated SFPL levels). Cat clinic clinically back to normal without abdominal pain and eating better. Chronic constipation issues. Miralax, catlax, occasionally gives maropitant.

Abnormal PE/Chem/CBC/UA Results: Most recent sFPL 15.5 (was 6.3 on 4/28/26)

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. The right kidney measured 4.2 cm. The left kidney measured 3.74 cm.

The iliac trifurcation was unremarkable.

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 0.27 cm. The right adrenal gland measured 0.4 cm.

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.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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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. Reactive mesentery was noted in the distal small intestine.

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Pancreas

Spayed female

The **pancreas** was largely unremarkable.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

Distal small intestinal thickening, potential emerging round cell neoplasia.

10.73 lbs

Reactive mesentery.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subacute on chronic inflammatory bowel is likely. Some of the mesenteric inflammation may be involving portions of the caudal aspects of both pancreatic lobes. However, the pancreas does not appear to be the primary issue. Distal small intestinal thickening and reactive mesentery is the primary issue in this patient. Full thickness intestinal biopsies at the level of reactive mesentery would be ideal from a surgical perspective. Underlying dry FIP and occult emerging round cell neoplasia are potentials. Subacute on chronic inflammatory bowel is most likely. A clinical trial of hydrolyzed diet, parasite management and broad spectrum antibiotics such as Enrofloxacin and Clindamycin could be considered to treat for infectious agents that may be playing a role. If surgical biopsies are not an option and the primary medical management does not achieve the desired results, then low dose Prednisone trial can be considered. Recheck sonogram is recommended after 2-3 weeks of empirical measurements.

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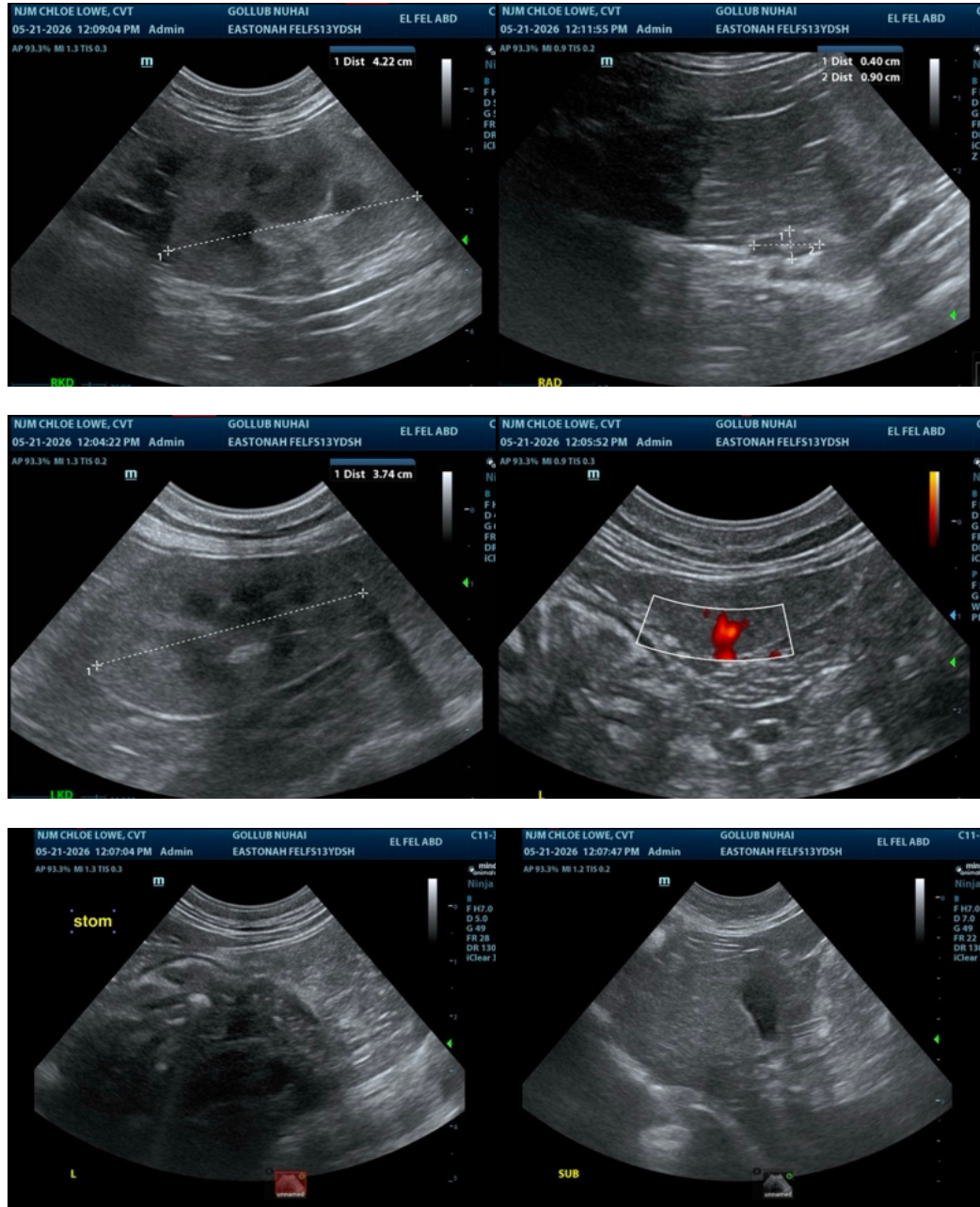
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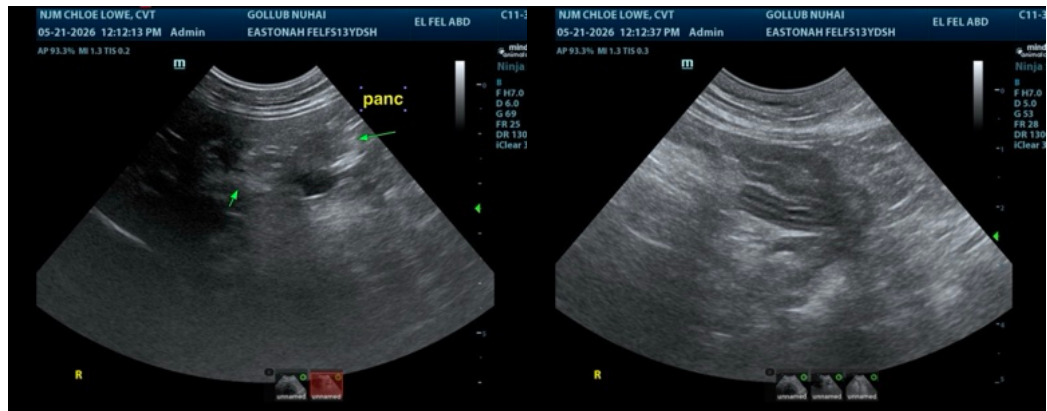
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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