



PATIENT

Sammy Engel

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

10 Years 8 Months

WEIGHT

5.3 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Tiffany Moore

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Tiffany Moore

INVOICE

35480

DATE

1/18/26

PRESENTING CLINICAL SIGNS

History of vomiting since april 2025. Elevated folate and TLI in apr 25. Went to ER on 1/3/26 for vomiting. Fed z/d and d/d diets. Currently on omeprazole 10mg.

Abnormal PE/Chem/CBC/UA Results: Rads from that visit suspicious of intestinal neoplasia. BW was unremarkable.

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 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 4.0 cm. The left kidney measured 4.4 cm. Mineralization was present in the kidneys. Slight hyperechoic medullary rim sign was noted in both kidneys.

Adrenal Glands

The regions of the **adrenal glands** was imaged, no evident pathology.

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** was slightly swollen with mild irregular contour and minor increased portal markings. The gallbladder and common bile duct were unremarkable.

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 evidence of obstruction was 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 noted in the colon.



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Pancreas

The **pancreas** was mildly enlarged (up to 1.0 cm in width), hypoechoic, and irregular with undulating contour, dilated duct, and enhanced surrounding mesentery, suggestive for pancreatitis.

Free Abdomen

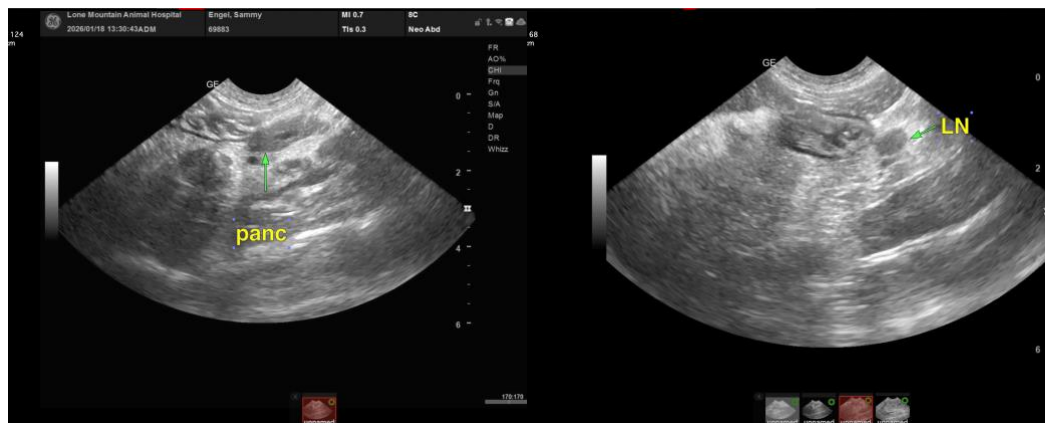
The mesenteric **lymph node** (up to 1.0 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. Pancreatic lymph nodes were also mildly enlarged and somewhat rounded.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis/inflammatory bowel presentation with lymphadenitis- cannot completely rule out emerging round cell neoplasia
- Mildly swollen liver
- Age-related renal changes with slight hyperechoic medullary rim sign and mineralization bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for pancreatitis and assessment for underlying infectious agents, such as toxoplasmosis and bartonella is indicated if patient has been exposed. Full thickness GI and pancreatic lymph node biopsies would be ideal from a surgical perspective.





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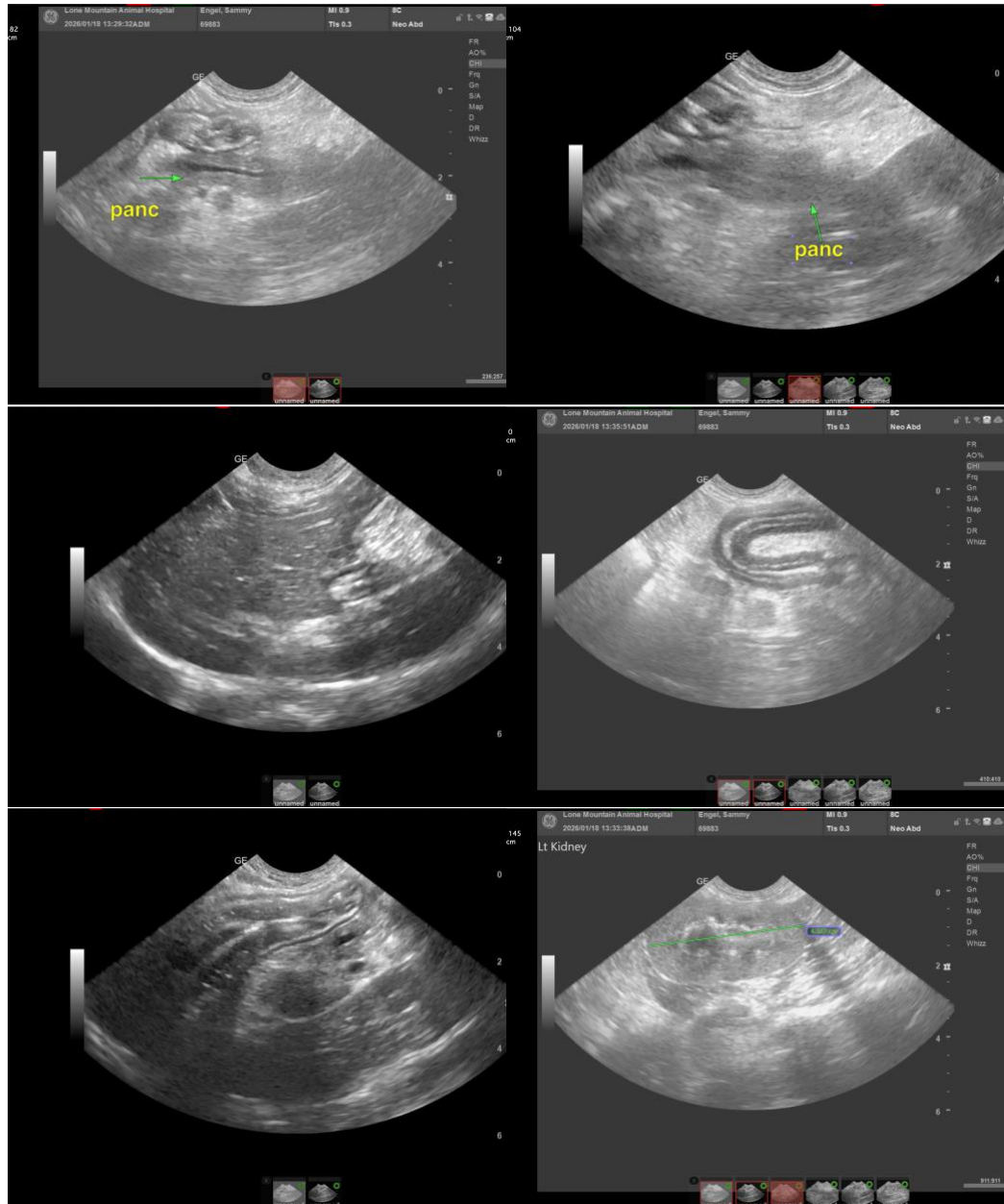
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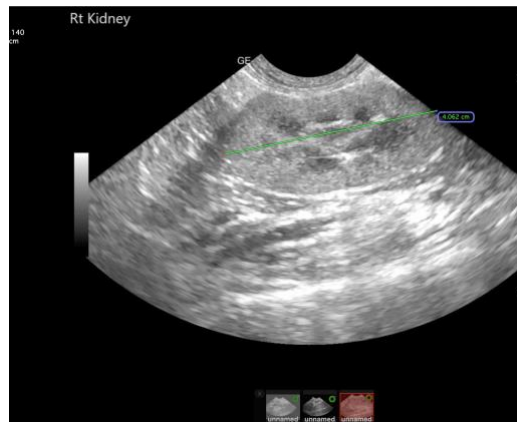
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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