



PATIENT

Buttons Torrado

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 10 Months

WEIGHT

8.84 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Ridge Road Animal
Hospital

REFERRING VET

Dr. Pathak

INVOICE

72950

DATE

1/2/26

PRESENTING CLINICAL SIGNS

Elevated liver values/Lethargic past two weeks/Wt. loss Clinical findings: pu/pd, chronic vomiting (mostly hairballs). 12/29/25- dehydration/painful abdomen/MCS 2/4

Abnormal PE/Chem/CBC/UA Results: ALT 246 AST 153 SDMA 18 Creat 2.4

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** were enlarged with thickened, irregular contour and slight subcapsular halo. Left kidney measures 5.04 cm. Right kidney measures 4.43 cm.

Adrenal Glands

The **left adrenal gland** was 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. Left measures 0.30 cm.

The region of the **right adrenal gland** was unremarkable.

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** presented mildly irregular, swollen contour. Parenchyma was uniform. The gallbladder and common bile duct were unremarkable.

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

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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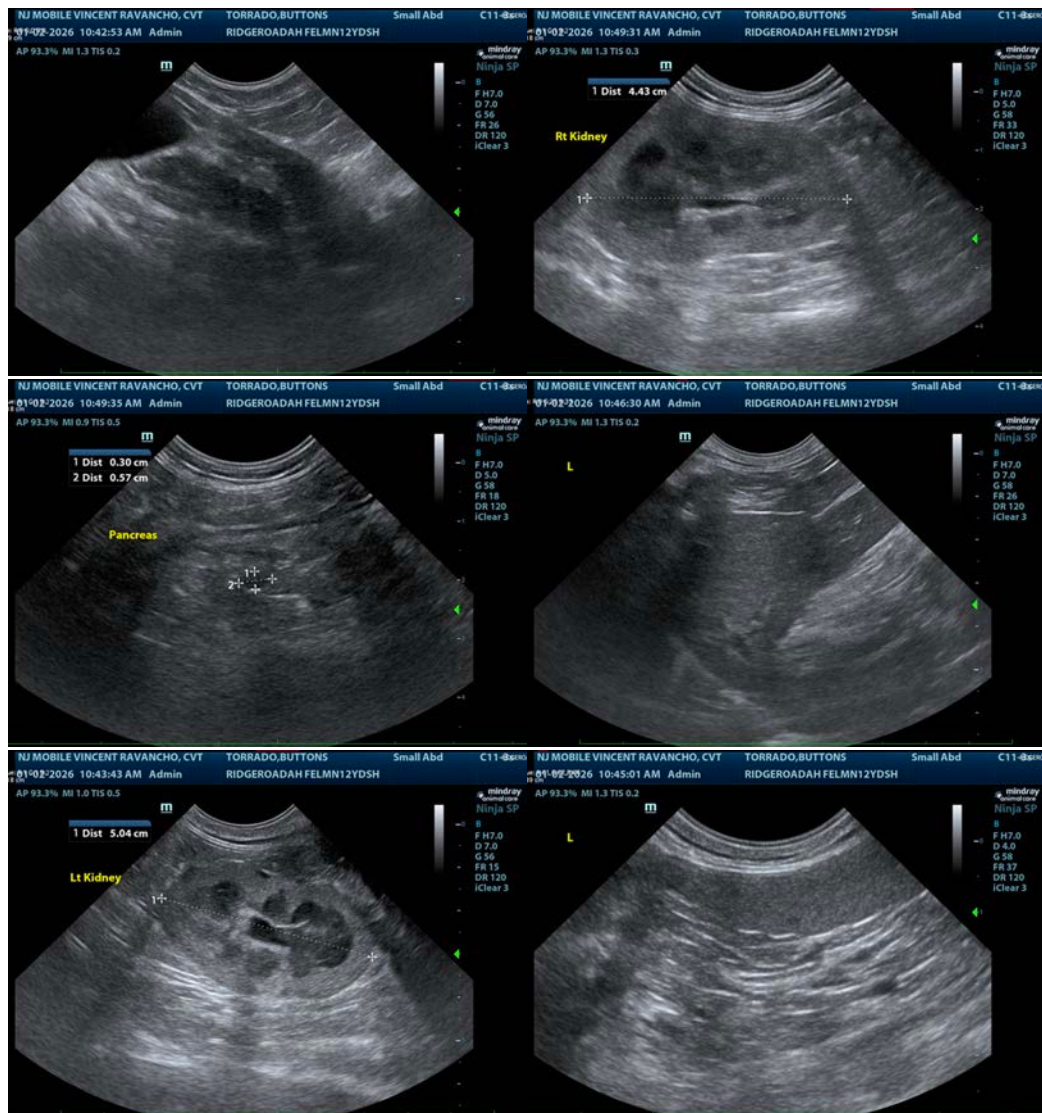
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ULTRASONOGRAPHIC FINDINGS

- Mild renomegaly with distorted architecture and subcapsular halo, potential emerging round cell neoplasia.
- Mild non-specific hepatic swelling, concern for inflammatory hepatopathy versus hepatic neoplasia/lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history there is a strong concern for renal lymphoma. Coagulation panel and 25-gauge FNA of either renal cortex and the liver recommended. Chest radiographs also warranted +/- maldigestion assessment, given the weight loss issues. No evidence of hairballs noted or GI disease at the time of the sonogram.





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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.

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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.

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Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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