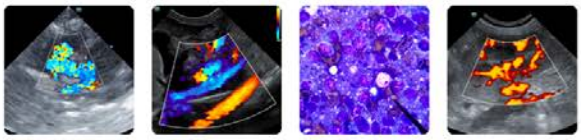


DATE

1/22/26

PATIENT

Nazca Swanson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3/21/21

WEIGHT

10.63 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

HOSPITAL NAME

Everhart Veterinary Hospital

REFERRING VET

Dr. McDonald

INVOICE

72403

PRESENTING CLINICAL SIGNS

Patient History: 4.5 y/o MN DSH with acute liver enzyme elevations (labs run on 1/2, then confirmed with repeat labs on 1/12). P has had 3lbs weight loss over the last year and had changes in vocalization/upper respiratory stridor (suspected nasopharyngeal polyp).

Current Medications: AZITHROMYCIN SUSPENSION 40MG/ML 30ML BOTTLE 1/2/2026, ENISYL PUMP 100ML BOTTLE 1/2/2026
Labwork Results: Labwork attached, reported as: ALT 1523 on 1/2, and 1807 on 1/12. Also, low albumin (2.3) on 1/12, and low lymphocytes with high monocytes.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Left kidney measured 3.9 cm. Right kidney measured 4.33 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. Left measured 0.44 cm. Right measured 0.40 cm.

Spleen

The **spleen** was significantly enlarged with scalloping contour and hypoechoic parenchyma, measuring 1.86 cm.

Liver

The **liver** presented uniform parenchyma. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. Hepatic lymph nodes were enlarged and rounded, measuring up to 0.85 cm.

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.

Free Abdomen

The mid abdomen revealed an undifferentiated hypoechoic 1.7 cm x 4.4 cm mass, likely of lymph node origin.

The heart revealed no evident pathology, with normal volumes and contractility.

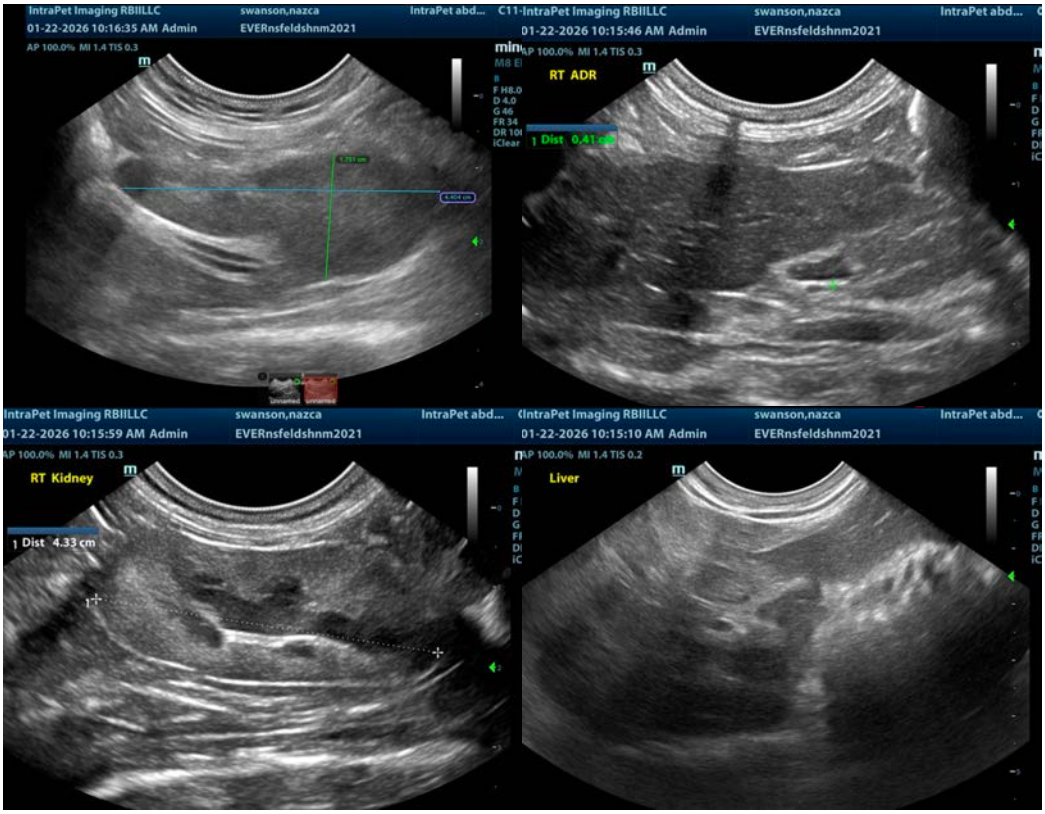
A cranial mediastinal mass was noted with similar echotexture to that of the abdominal pathology.

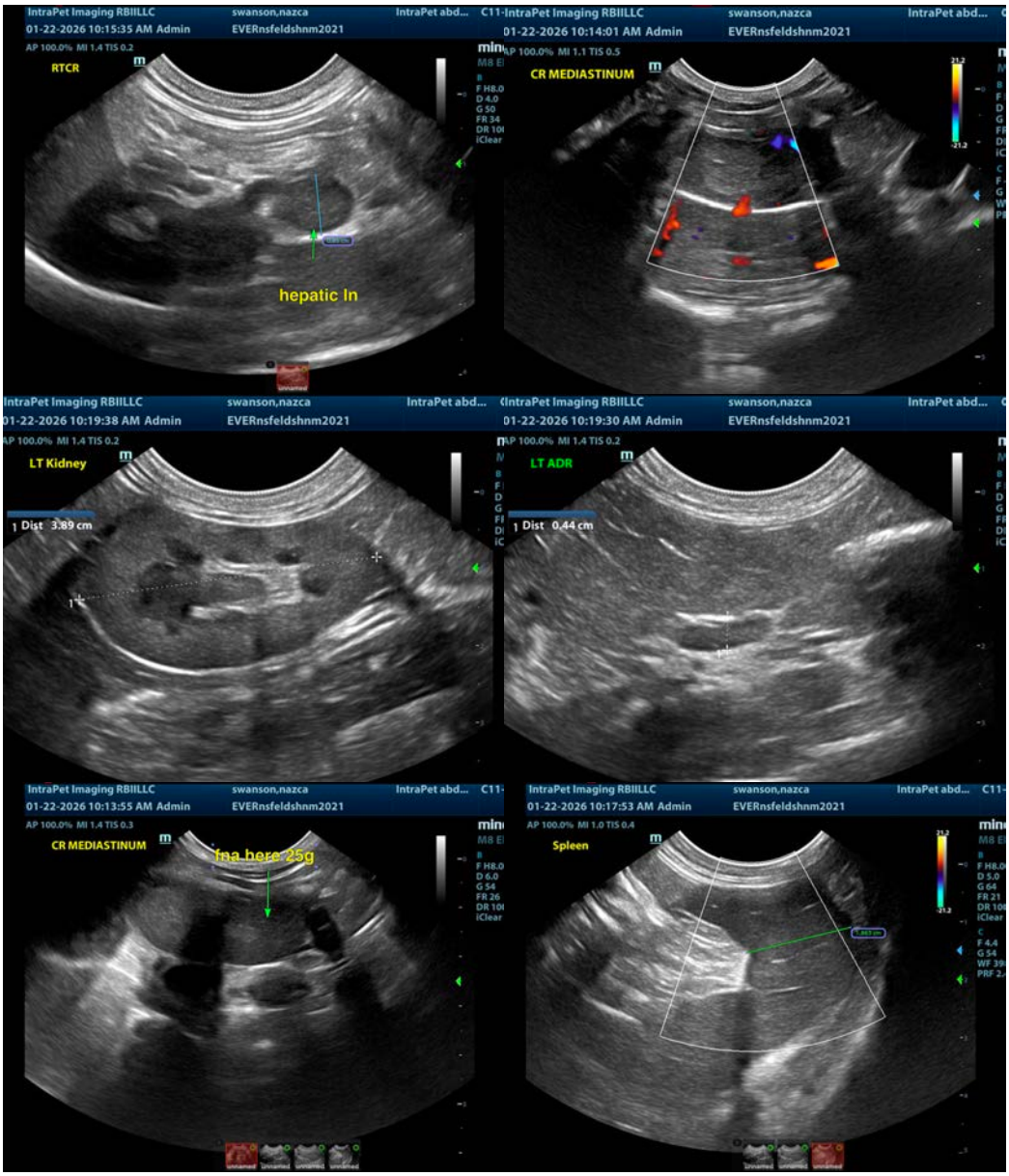
ULTRASONOGRAPHIC FINDINGS

- Multicentric round cell neoplastic pattern involving spleen, mesenteric lymph node mass, hepatic lymph nodes, likely liver, and cranial mediastinum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the cranial mediastinal lesion, spleen, mesenteric lymph node mass, and liver all indicated.





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, Owner, Founder -- SonoPath.com
info@SonoPath.com