



## PATIENT

Herman Gore

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12

## WEIGHT

12

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Cassels-Conway

## HOSPITAL NAME

Central Broward  
Animal Hospital

## REFERRING VET

Dr. Lara Oms

## INVOICE

72426

## DATE

1/23/26

## PRESENTING CLINICAL SIGNS

Feral cat- indoor/outdoors. Weight loss noted over the course of 1 year. Unregulated diabetic, FIV +, heart dz (possible cardiomyopathy), Dental dz, renal dz, slight anemia (non-regenerative), lbdz.

Abnormal PE/Chem/CBC/UA Results: Cbc- Rbc- 5.9 L HGB- 9 L HCT- 29 NL Rouleaux slight Chem- Alt 103 h Creat 1.6 H Sdma-19.5 mild inc Glucose 377 H Chol- 230 H Cpk- 47 L T4- 2.1 N U/a- Sp G 1.029 L Glucose 3+ quiet sediment Fecal PR- undetected Ret count-7200-- slight regenerative Fructosamine-454 fair regulation Urine c/s fastTract- no growth

## 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 bilaterally enlarged with thickened, irregular cortices and loss of corticomedullary detail. Slight pyelectasia noted in the left kidney at 0.22 cm. The left kidney measured 4.8 cm. The right kidney measured 4.9 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 adrenal gland measured 0.31 cm. Right adrenal gland measured 0.39 cm.

### Spleen

The **spleen** presented severe enlargement up to 17 cm in width. Micronodular changes noted with scalloping contour.

### Liver

The **liver** was significantly enlarged, hypoechoic and irregular. The gallbladder was 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. Th stomach was filled with ingesta. 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.



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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.

## Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour, measuring up to 0.73 cm. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

Enhanced mesentery noted.

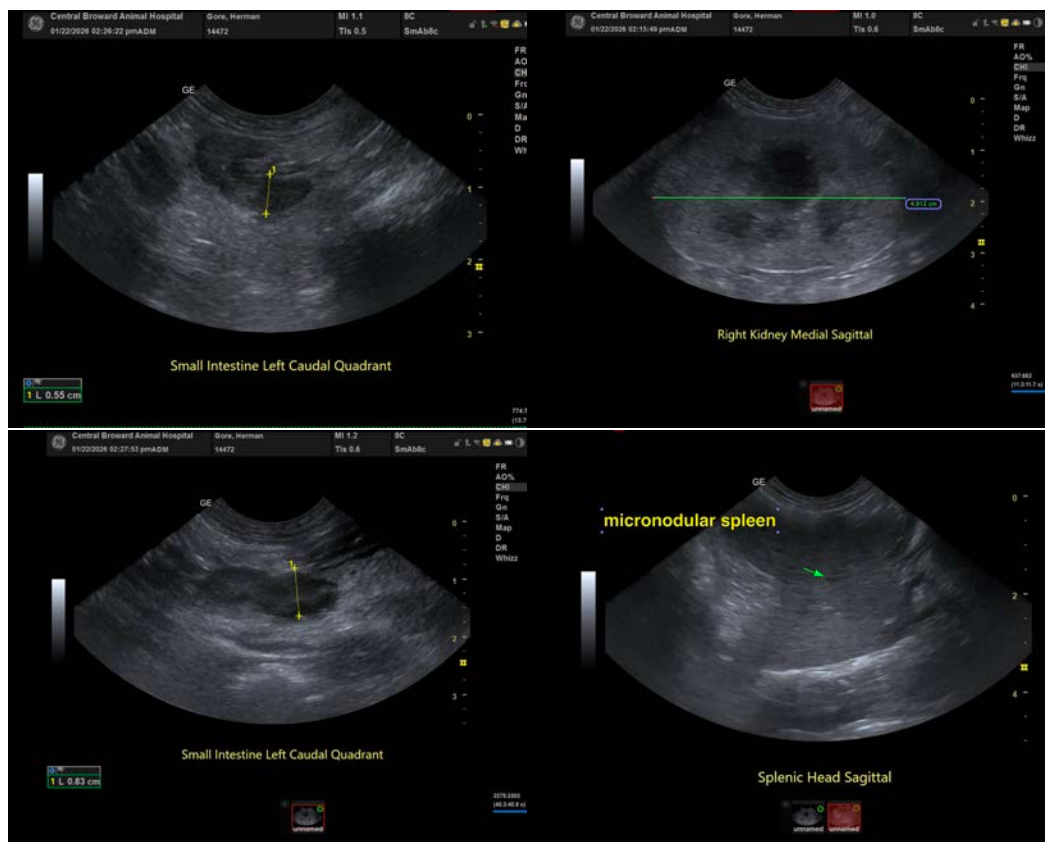
Minimal falciform fat noted in this patient.

## ULTRASONOGRAPHIC FINDINGS

- Multifocal infiltrative pattern involving the spleen, liver, lymph nodes, and likely kidneys.
- IBD GI pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen and liver should prove diagnostic. Round cell neoplasia suspected.





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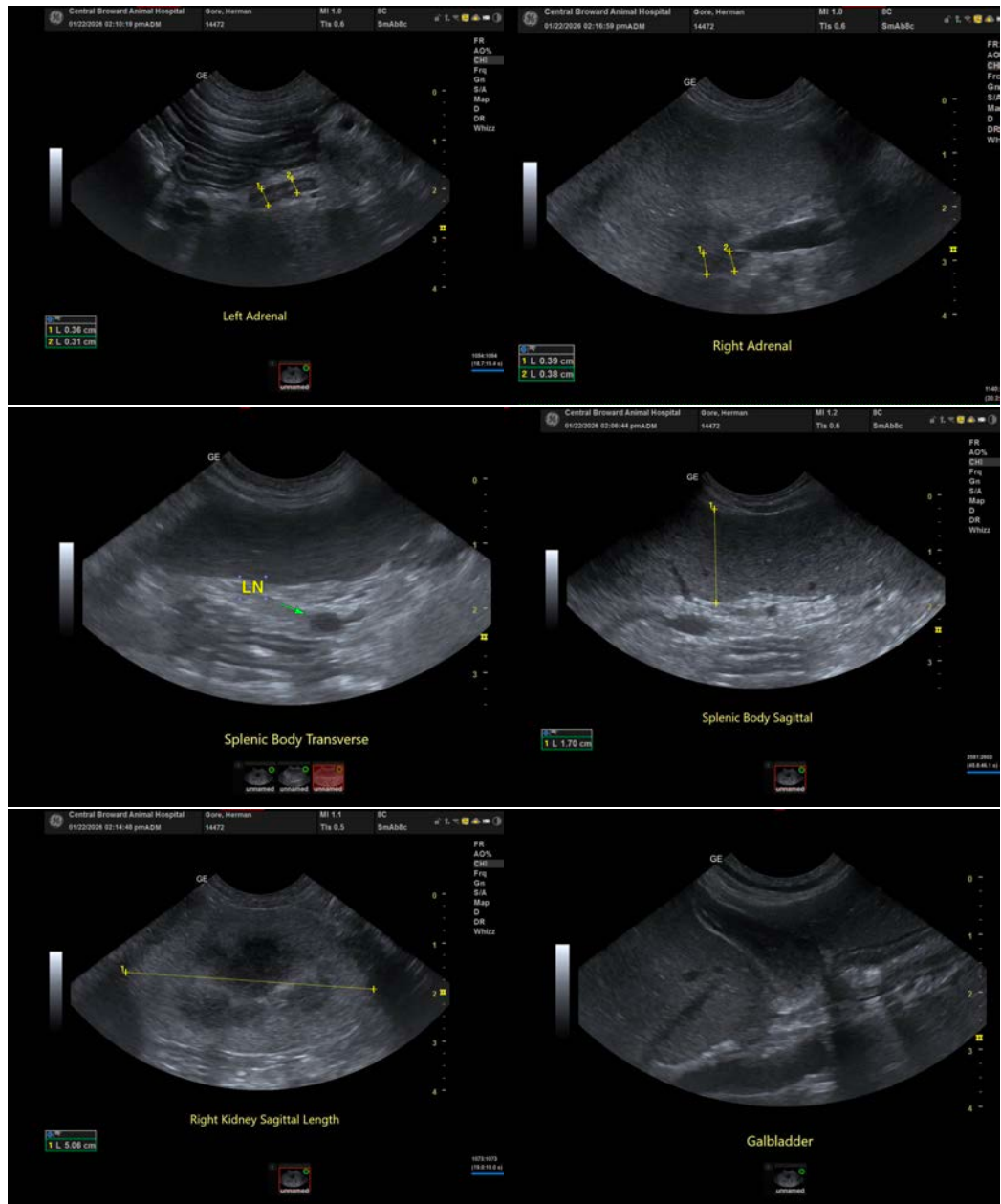
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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