



PATIENT

Bandit Lawley

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Watts

INVOICE

72989

DATE

1/6/26

PRESENTING CLINICAL SIGNS

12/31 - pt seen for vomiting, blood in stools, and bloody nasal discharge.

Abnormal PE/Chem/CBC/UA Results: 12/31 - Rads - renomegaly CBC - regenerative anemia, thrombocytopenia CHEM - WNL T4 - low

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight hyperechoic medullary rim sign noted. Right kidney measured 4.36 cm. Left kidney measured 3.4 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. Right measured 0.48 cm. Left measured 0.41 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 were 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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was unremarkable. An undifferentiated mid abdominal intestinal mass was noted with regional lymphadenopathy. The entire pathology measured approximately 5.0 cm. This does not appear surgical. There is a significant amount of inflammation associated with the pathology.



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Pancreas

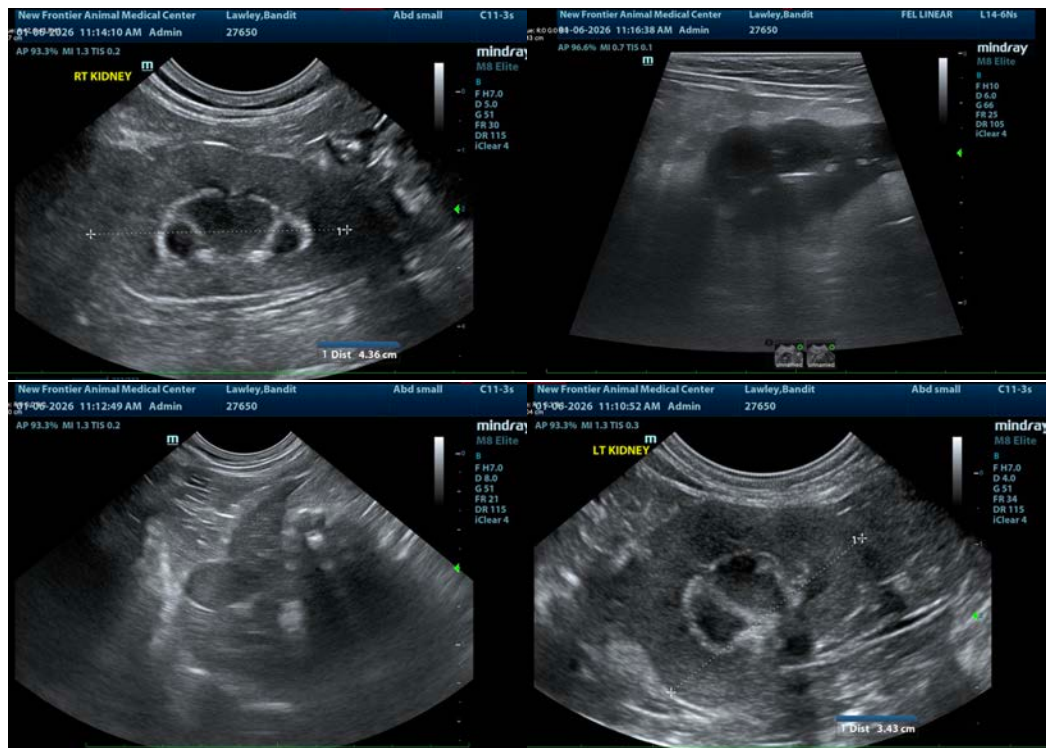
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Intestinal and lymph node mass with regional peritonitis – differentials include round cell neoplasia/lymphoma, carcinoma or granulomatous disease less likely. FIP also possible.
- Medullary rim kidney – May be idiopathic or related to FIP.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and FNA indicated. Sampling is essential and immediate chemotherapeutic intervention. Chest radiographs warranted if not already performed.





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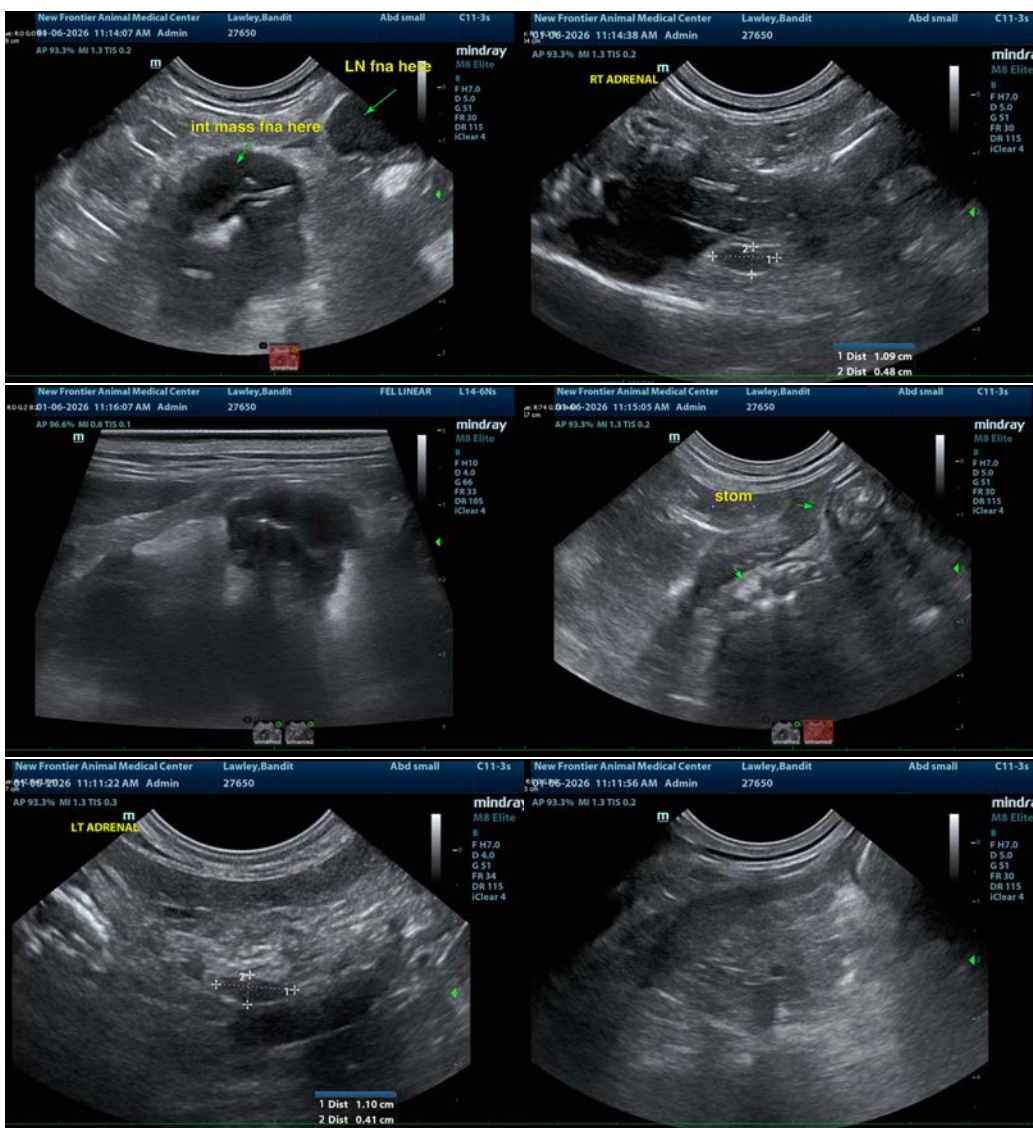
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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