

PATIENT

Earl Crum

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

7 years

WEIGHT

N/a

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

The Cat's Meow

REFERRING VET

Dr. Kate Gibson

INVOICE

11043

DATE

1/7/2026

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** in this patient presented increased cortical echogenicity and thickening with mild, irregular contour. Microcystic cortical changes were noted. This is secondary cystic formation consistent with degenerative changes and remodeling. There was no suspicion or evidence of abscessation. There was no suspicion of neoplasia. The renal pelvises were acceptably closed. No obstructive disease was noted. Left kidney measures 3.5 cm and the right kidney measures 3.5 cm.

Adrenal Glands

The region of the **adrenal glands** were unremarkable.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen was displaced dorsally owing to severe amount of ascites noted.

Liver

The **liver** was slightly heterogenous. No evidence of hepatic vein dilation. 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

*See other.

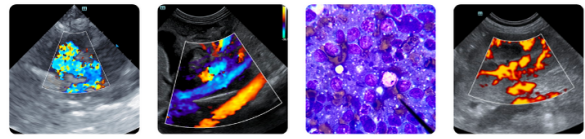
Free Abdomen

A 6.5 cm undifferentiated mid abdominal mass noted in this patient. Likely of lymph node origin however, possibly of pancreatic origin as it appears to have continued into the area of the pancreas with coalescing omental changes and nodular pancreas. The upper gastrointestinal tract was enveloped by the pancreatic and mid abdominal pathology.

ULTRASONOGRAPHIC FINDINGS

- Abdominal neoplasia with mass and nodular omental changes primarily involving pancreas and mid abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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Carcinomatosis, lymphomatosis, mastocytosis or similar. FIP is a remote potential. Abdominocentesis and cytospin of the free fluid could be considered for further definition, yet prognosis is poor.

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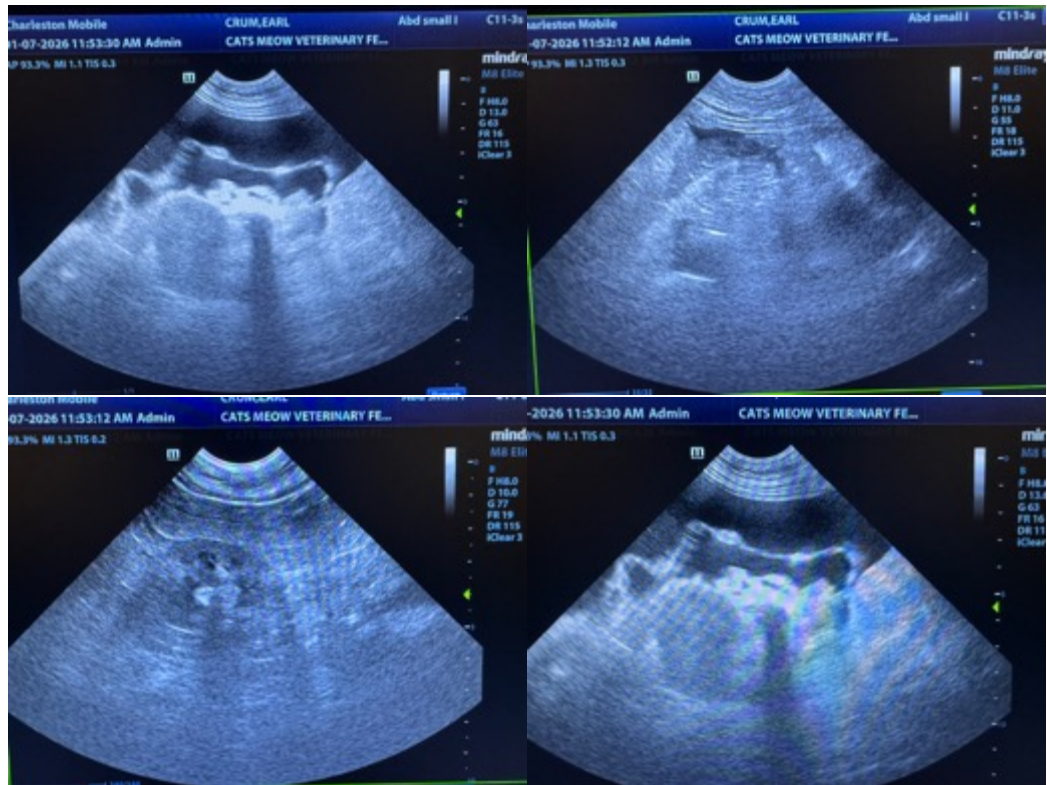
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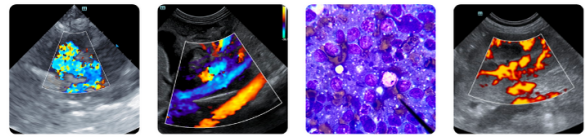
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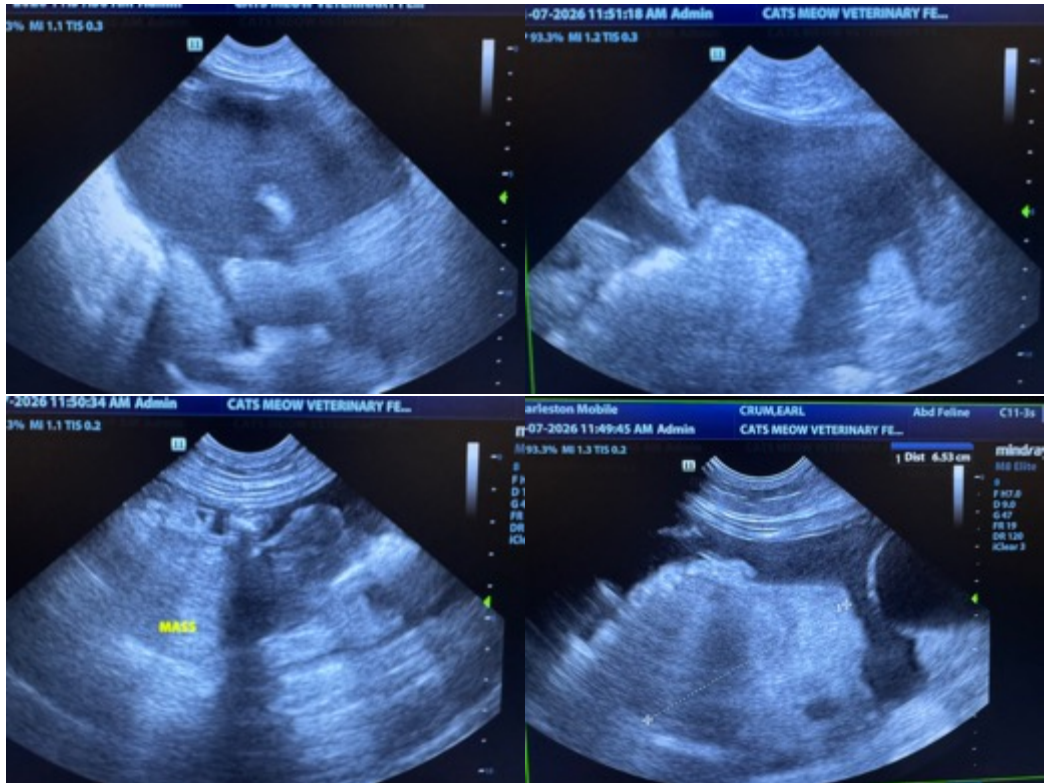
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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