



**PATIENT**

Pickles Reylet

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

11 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ken Leal

**HOSPITAL NAME**

Hackettstown Animal  
Hospital

**REFERRING VET**

Dr. Dana Nause

**INVOICE**

72082

**DATE**

1/8/26

**PRESENTING CLINICAL SIGNS**

Rule out cranial abdominal mass Decreased appetite dark stools Medications: none  
Abnormal PE/Chem/CBC/UA Results: Not available.

**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. Minimal amount of urine present at the time of the sonogram. 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. Left kidney measured 4.6 cm. Right kidney measured 4.6 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 measured 0.38 cm.

The **right adrenal gland** was slightly enlarged at 0.64 cm.

**Spleen**

The **spleen** measured 0.55 cm. It 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** was mildly coarse in architecture with slight heterogeneous parenchymal changes. I cannot rule out micrometastasis. Hepatic lymph nodes were enlarged. The gallbladder was unremarkable.

**Gastrointestinal**

The **stomach** revealed concentric wall thickening, creating a circumferential mass. The largest portion of the mass measured approximately 5.0 cm. Wall thickness measured up to 2.0 cm. Regional lymph nodes were enlarged up to 2.0 cm. Secondary inflammation evident. Slight areas of free fluid noted. Gastric stasis was present.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed.



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Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Feline

**ULTRASONOGRAPHIC FINDINGS**

- Upper gastrointestinal neoplastic pattern with gastric mass and regional lymphadenopathy.
- Secondary slight ascites.
- Slightly enlarged right adrenal gland.
- Heterogeneous liver with enlarged hepatic lymph nodes.
- Age related renal and pancreatic changes.

**BREED**

Domestic Shorthair

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

Ultrasound guided FNA and immediate chemotherapeutic intervention warranted. FNA of the accessible lymph node and gastric wall indicated. Gastric lymphoma likely, fibroplasia or granulomatous disease possible yet less likely.

**AGE**

12 Years

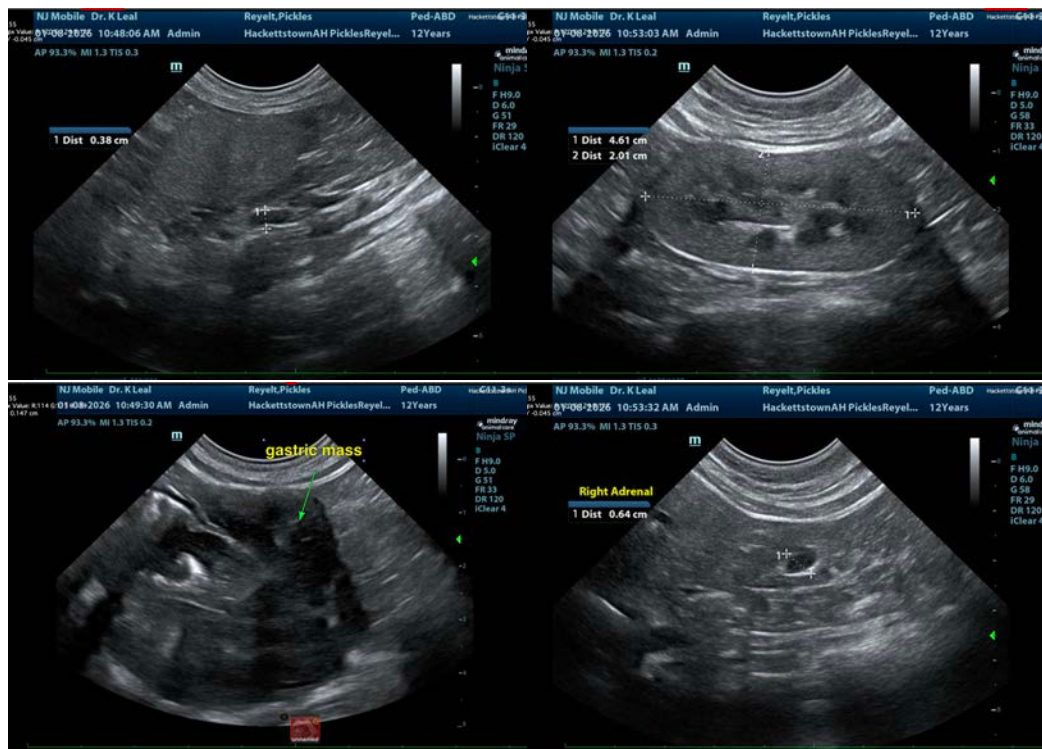
*Radiographs: Chronic bronchoalveolar pattern in the chest, irregular spleen, concentric gastric wall thickening.*

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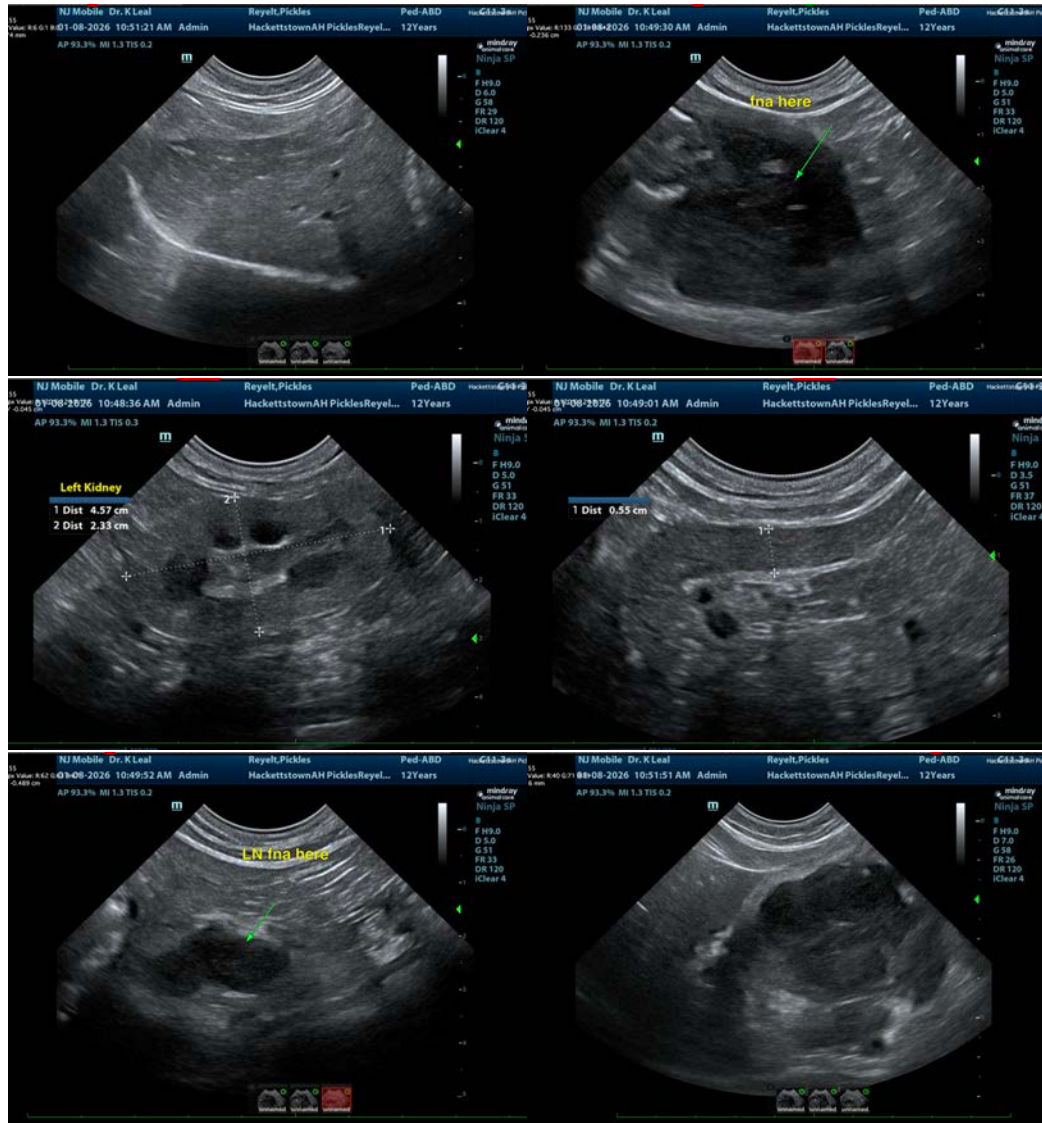
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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