

PATIENT

Vincent Hawkins

SPECIES

Feline

BREED

Bombay

SEX

Neutered Male

AGE

11 Years 1 Month

WEIGHT

Not Provided

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Salt Marsh Animal
Hospital

REFERRING VET

Not Provided

INVOICE

72043

DATE

1/8/26

PRESENTING CLINICAL SIGNS

None provided.

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. Right kidney measured 4.7 cm. Left kidney measured 4.7 cm.

Adrenal Glands

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

Spleen

The **spleen** was mildly enlarged (1.4 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** presented hypoechoic multifocal nodular changes. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** in this patient revealed progressively shadowing luminal material consistent with hairball density. The distal small intestine revealed a 1.5 cm vascular luminal mass with partial obstructive pattern. Variable small intestinal thickening noted throughout the small intestine. A 3.0 cm separate jejunal mass was noted with loss of structural detail. Reactive mesentery noted.

Pancreas

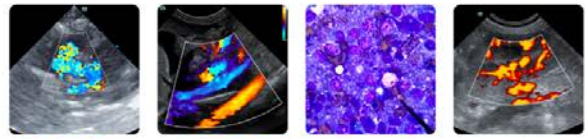
The **pancreas** presented heterogeneous changes.

Free Abdomen

Pleural effusion noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Multicentric round cell neoplastic pattern involving multiple intestinal masses, spleen, liver, and likely thorax given the pleural effusion.



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- Hairball density in the stomach.
- Heterogeneous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of any of the lesions with immediate chemotherapeutic intervention recommended.

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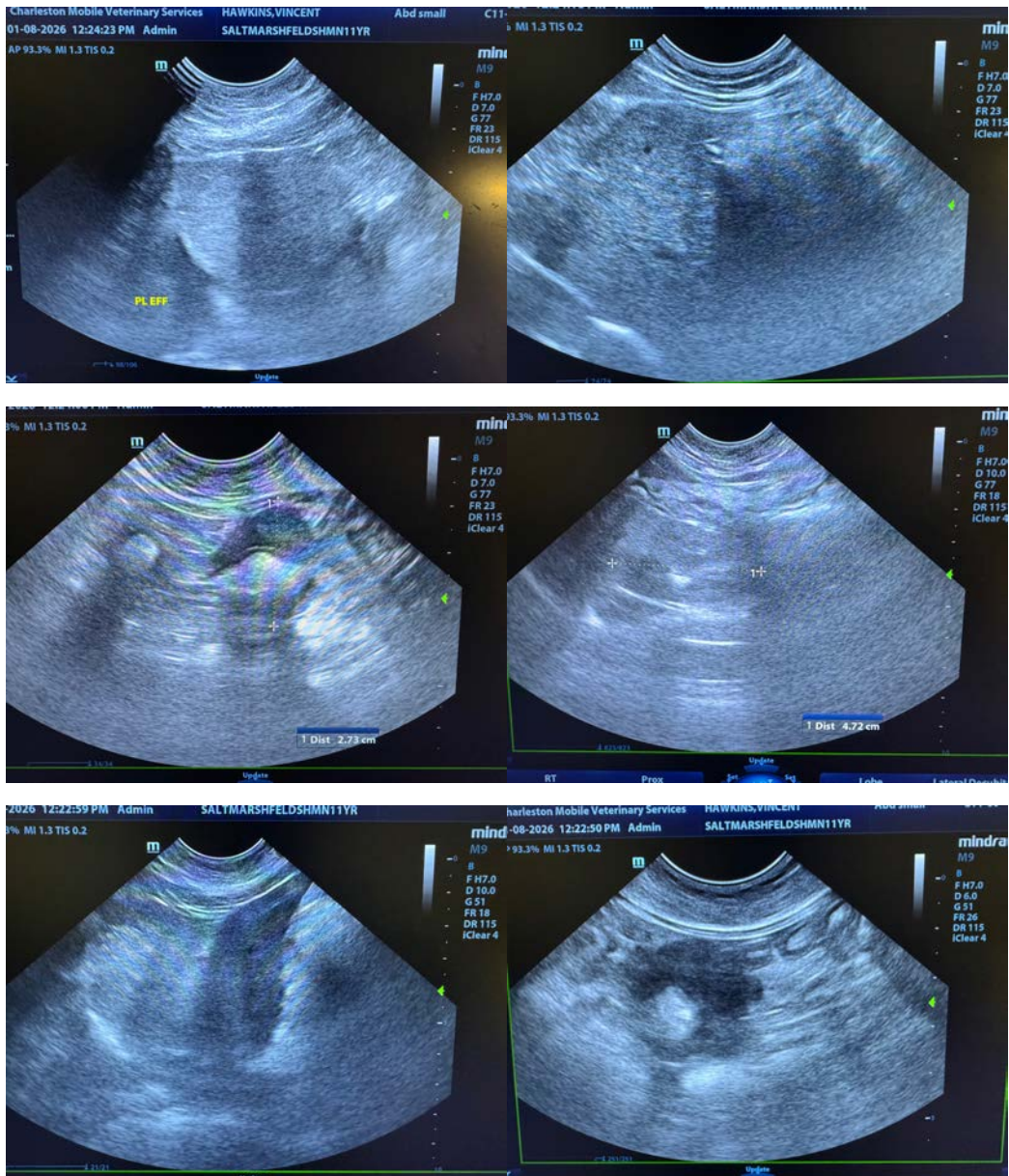
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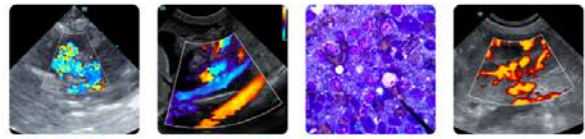
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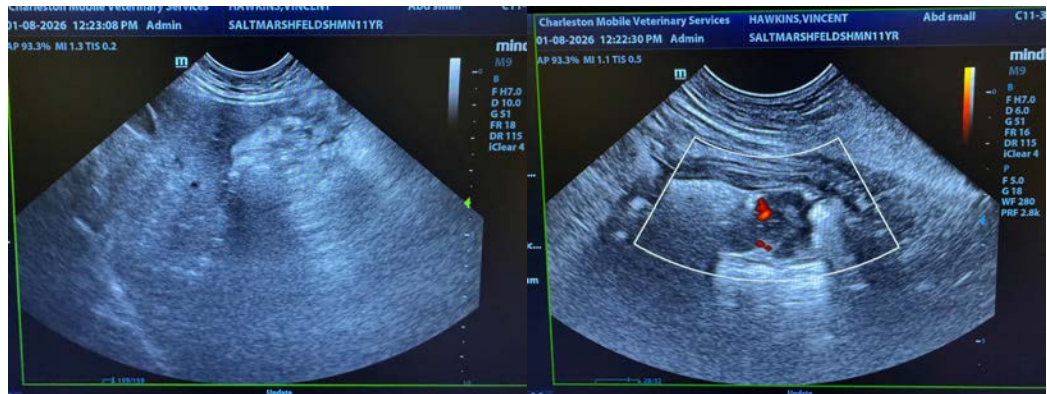
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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