



PATIENT

Cece Straw

SPECIES

Feline

BREED

Norwegian Forest

SEX

Neutered male

AGE

13 years

WEIGHT

6.59 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kari Lemanski, DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Lemanski

INVOICE

68542

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: Patient is a historical diabetic. per owner, patient ate this morning normally and they administered 5U vetsulin. they found him under the bed, stretched out and acting off this afternoon
Abnormal PE/Chem/CBC/UA Results: CBC. leukocytosis with neutrophilia Chemistry. calcium 8.4 EPOC. potassium 3.3, iCa 1.17 FpLi. normal UA. spg 1.028, quiet sediment

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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Hyperechoic medullary rim sign. The left kidney measured 4.3 cm. The right kidney measured 4.7 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.

Spleen

The **spleen** was mildly enlarged 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. The spleen measured 6.0 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations



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regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Pleural effusion was noted through the diaphragm.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Enhanced mesentery was noted with variable minor intestinal thickening. The mesenteric lymph nodes were enlarged and measured up to 2.0 cm.

Pancreas

The cranial abdomen in the region of the right **pancreatic** base and portal hilus revealed a 1.8 cm rounded mass with regional lymph nodes also enlarged.

Free Abdomen

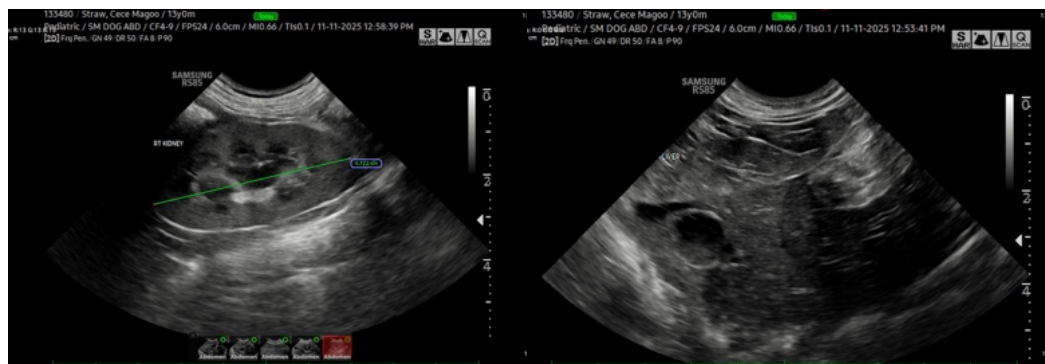
A moderate amount of anechoic free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Multi-focal round cell neoplastic pattern.
- Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the accessible lymph nodes, spleen, pleurocentesis and abdominocentesis with cytopsin is all indicated. Pleural effusion renders metastatic disease to the chest through lymphatic duct is likely. Multi-centric neoplasia, lymphoproliferative pattern, potential pancreatic involvement. Lymphomatosis, carcinomatosis or similar is suspected.





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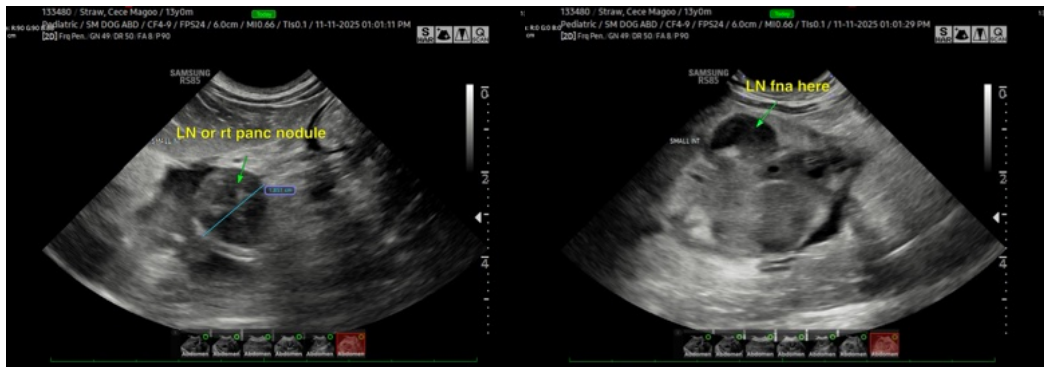
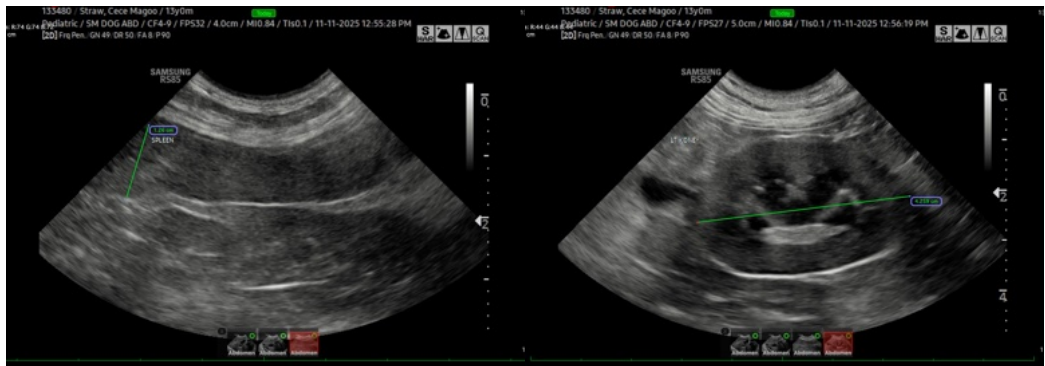
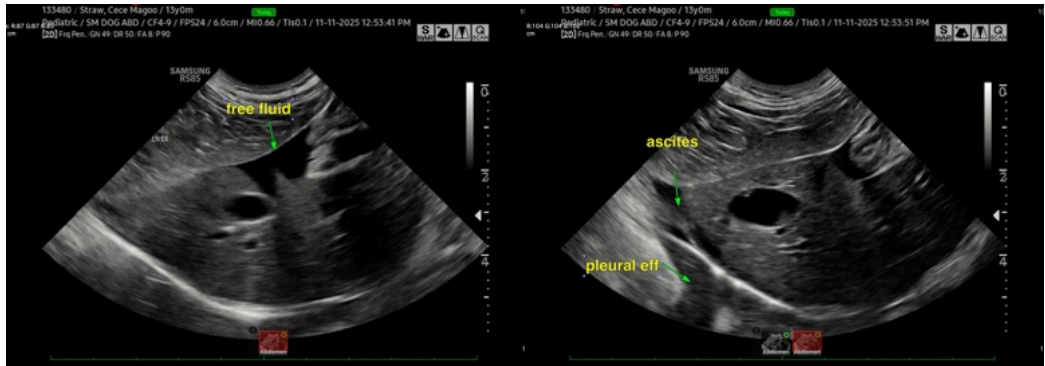
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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