



PATIENT

Edison Droessler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

12.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Arehart

INVOICE

69033

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting for past several months
Abnormal PE/Chem/CBC/UA Results: 10/4/25: elevated fpli; chem/cbc/urine unremarkable. Fecal neg. Dewormed in July. GI Panel pending.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney revealed hyperechoic surrounding fat. This is suggestive for inflammation. Slight irregular contour was noted. The left kidney measured 3.6 cm. The right kidney measured 3.98 cm. Blood flow to the kidneys appeared to be adequate on power Doppler assessment.

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.

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,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The **pancreas** revealed extensive, mixed, hypoechoic parenchymal changes. Enhanced, surrounding mesentery was noted around the left pancreatic limb that was enlarged and measured up to 1.8 cm. Isoechoic nodular changes and a 1.0 cm cyst or abscess was noted in the base of the left pancreatic limb. Extensive, mixed echogenic inflammatory pattern was noted in the cranial abdomen associated with the pancreas.

Free Abdomen

Slight areas of free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Extensive pancreatitis.

Inflammatory bowel presentation.

Steatitis.

Age related liver.

Left nephritis, likely an extension from the pancreatic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided 25-gauge FNA of the left pancreatic limb, drainage of the cyst or abscess, cytology and culture is indicated. 25-gauge FNA of the spleen and liver is also indicated. I am concerned for underlying carcinoma. However, acute on chronic pancreatitis with reactive spleen or splenitis is suspected. Debridement or removal of the left pancreatic limb may be in this patient's best interest as long as underlying neoplasia is not an issue given the extent of the pathology. Aggressive treatment for



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pancreatitis with plasma expanders and broad spectrum antibiotics would be warranted. Cortisones can be utilized if lymphoplasmacytic inflammation is a primary issue. Pain management and supportive care is all indicated. Coagulation panel is warranted prior to FNA.

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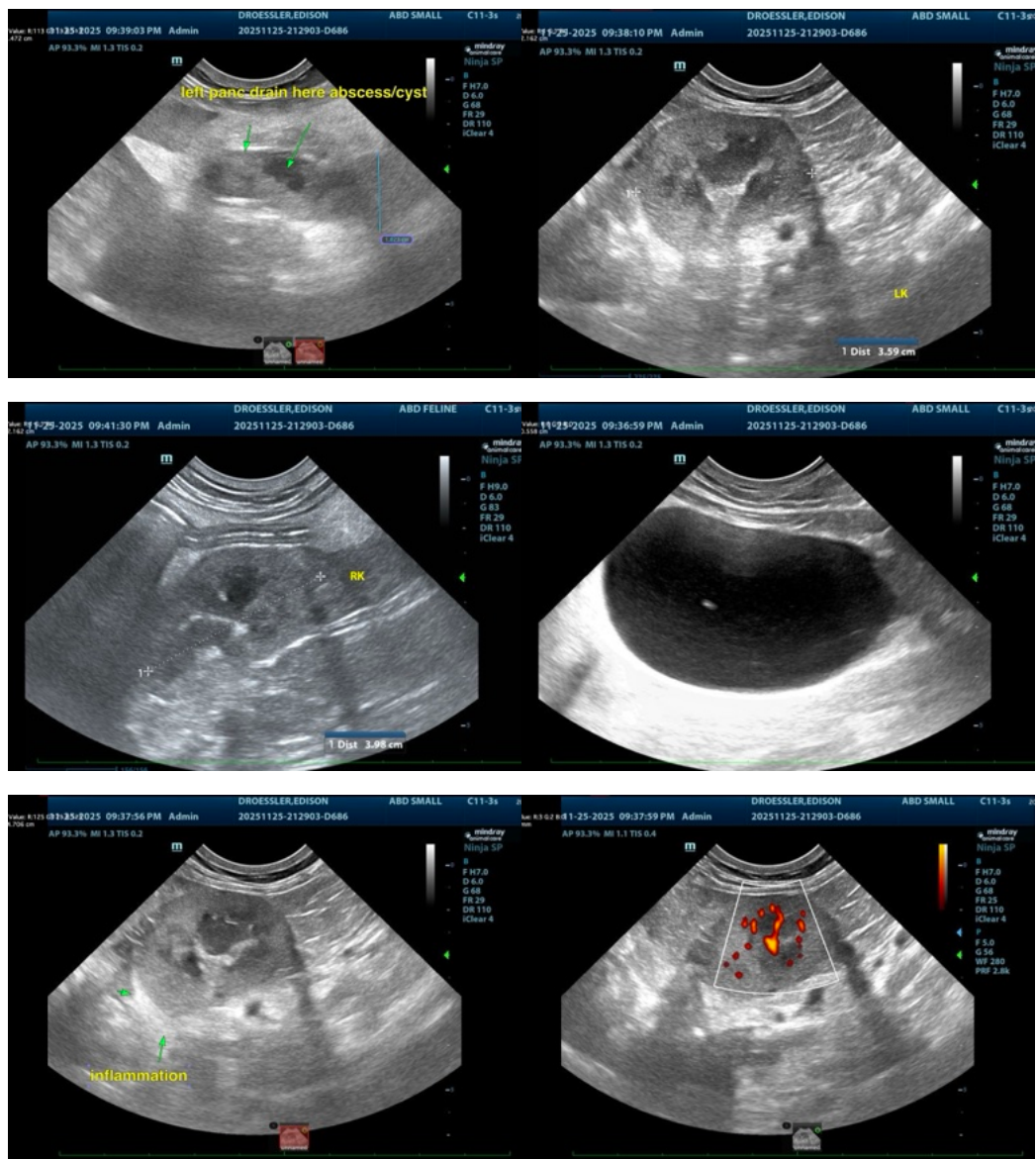
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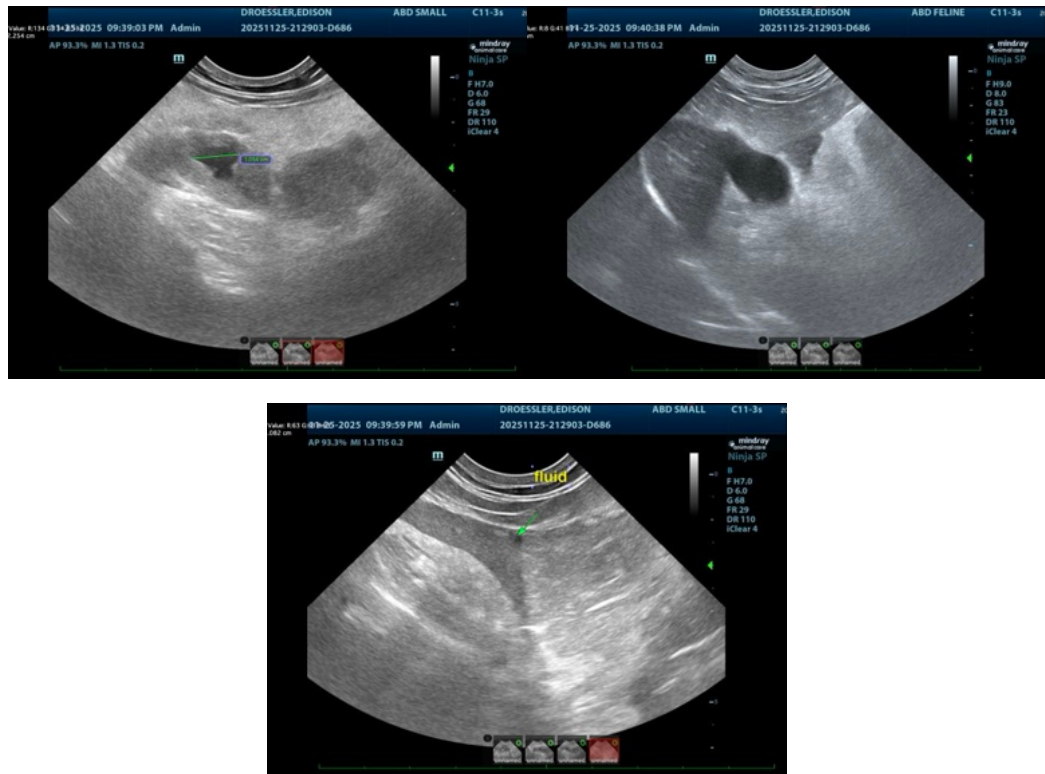
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com