



## PATIENT

Felix Wright

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

14.5 Years

## WEIGHT

5.9 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

72196

## DATE

11/30/25

## PRESENTING CLINICAL SIGNS

Vomiting for several days (food, bile) - 3 day anorexia - Temperature at home yesterday 2pm: 99°F; - Pet sitter gave 100 ml warmed SQ fluids and applied Karo syrup orally - On cyclosporine (Atopica) q 3 days for allergic dermatitis Urogenital: Normal external genitalia; neutered; urinated in carrier, small soft empty bladder Integument: Normal skin/haircoat, no evidence of ectoparasites; facial excoriations Musculoskeletal: Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL, MCS 2/3

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 9.75 H, Hct 42.9, MCV 44 L, MCHC 30.5 L, Retic 38, WBC 3.89 L, Neu 2.99 L, Lym 0.73 L, Mon 0.14 L, Eos 0.01 L, Plt 157\* Re-ran CBC due to abnormalities - repeatable findings Chem15+Lyte4: Glu 115, BUN 18, Creat 1.3, TP 9.1 H, Glob 5.4 H, ALT 205 H TT4: 1.3 BP: 100 doppler; oscillometer 131/92 (101) (on presentation) - getting rechecked now PCV/TS: 38/9.0 Pancreatic lipase: pending Imagyst Blood smear with clin path review: 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 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 4.85 cm. Right kidney measured 4.0 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. Left adrenal gland measured 0.50 cm. Right adrenal gland measured 0.50 cm.

### Spleen

The **spleen** 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** revealed a significant amount of coarse architecture and remodeling with tortuous cystic duct. Mildly echogenic, thickened gallbladder noted. Slight free fluid noted between the liver lobes.



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## 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. Reactive mesentery noted around portions of the intestinal tract.

## Pancreas

The **pancreas** revealed extensive mixed hypoechoic parenchymal changes with enhanced surrounding fat, consistent with pancreatitis. Reactive mesentery noted around the pancreas.

## Free Abdomen

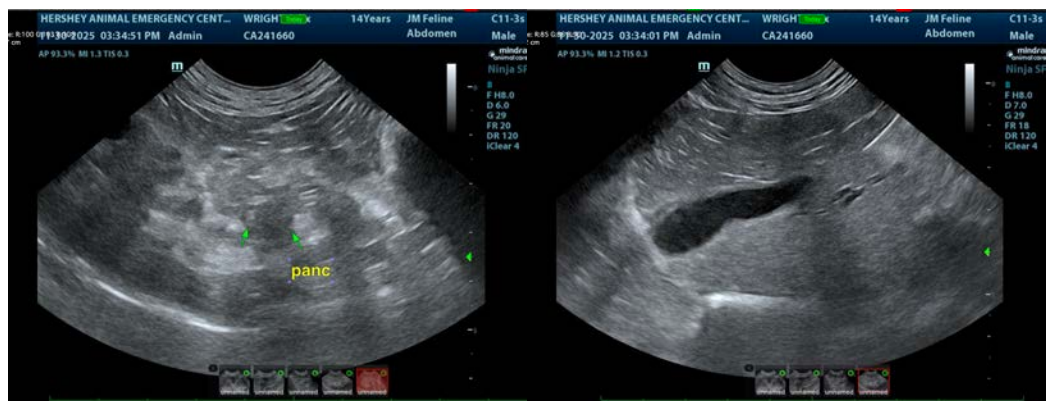
The **mesenteric lymph nodes** were slightly enlarged, measuring up to 0.50 cm.. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

## ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis, potential underlying pancreatic carcinoma.
- Reactive mesenteric lymph nodes.
- Hepatic remodeling.
- Age related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for pancreatitis warranted with FNA of the pancreatic +/- hepatic tissue for further definition.





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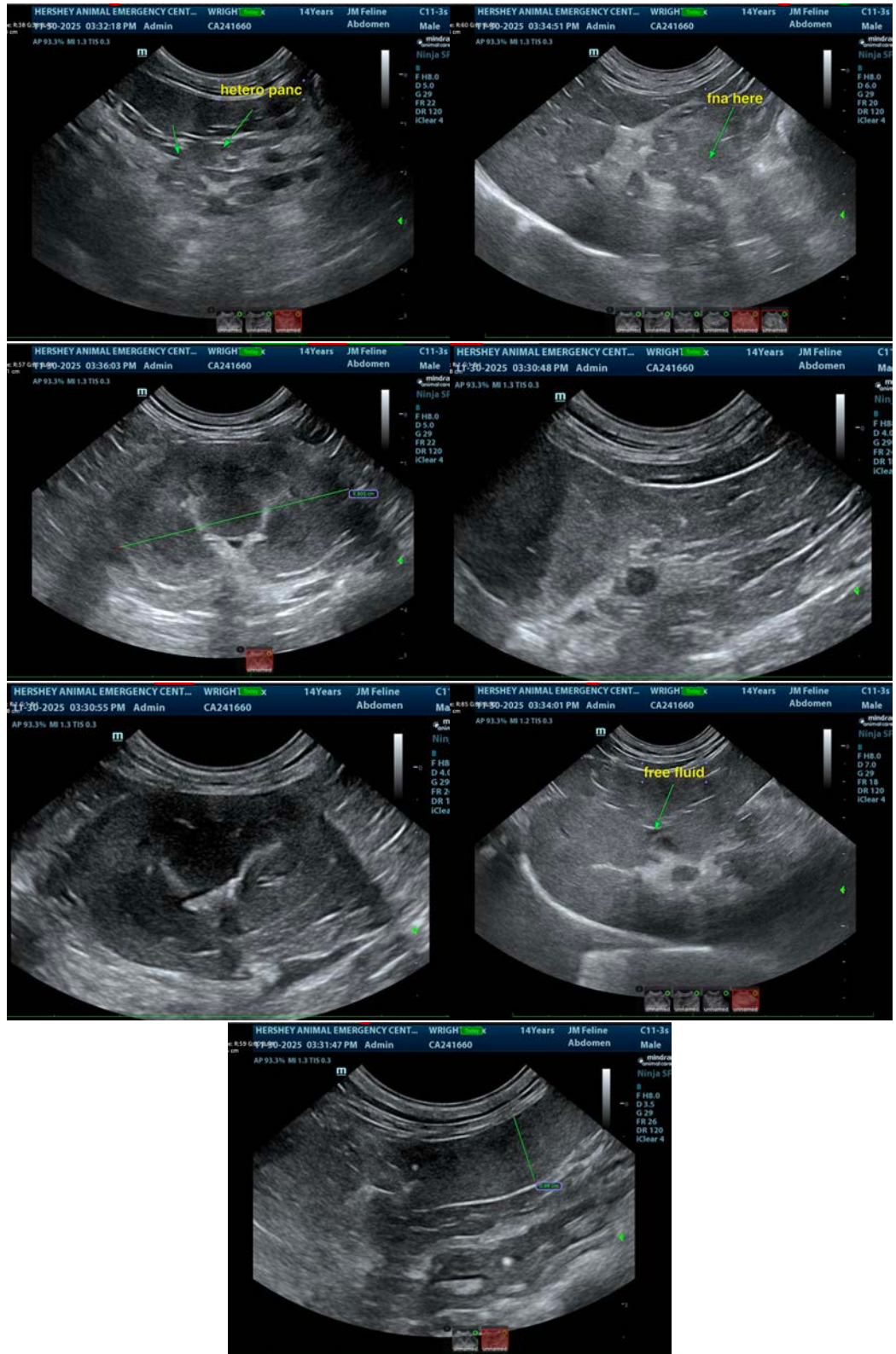
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

## BREED

DSH

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