



PATIENT

Shamus Pecht

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

8.8 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. Sarah Moser

INVOICE

72197

DATE

11/30/25

PRESENTING CLINICAL SIGNS

Ongoing hx of waxing/waning anorexia with chronic vomiting since sept, no weight loss, on miralax daily and mirataz PRN, eats c/d diet due to hx of crystalluria - vomited 3x yesterday and cried out before vomiting food today QAR, generally unremarkable, tense on abdominal palpation

Abnormal PE/Chem/CBC/UA Results: Current diagnostics - Glob 6, TP 9.3, pancreatic lipase 6.4 Sept diagnostics - Glob 5.8, TP 9.3, Chol 249, HCT 52.6, lact 10.27, Glu 188; Rads - mild partially desiccated fecal material in colon, mild ingesta/material in stomach GI panel to texas 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 4.4 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 adrenal gland measured 0.40 cm.

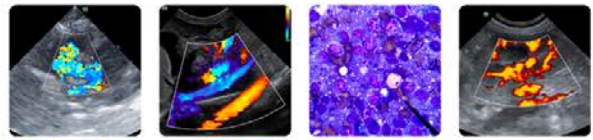
The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** was mildly enlarged (up to 1.1 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The **gastric** fundus presentation concentric thickening with regional thickening. Wall thickness measured up to 1.5 cm. Hypoechoic infiltrative pattern noted in the pyloric outflow as well as the gastric fundus. Small intestine and colon were unremarkable.

Pancreas

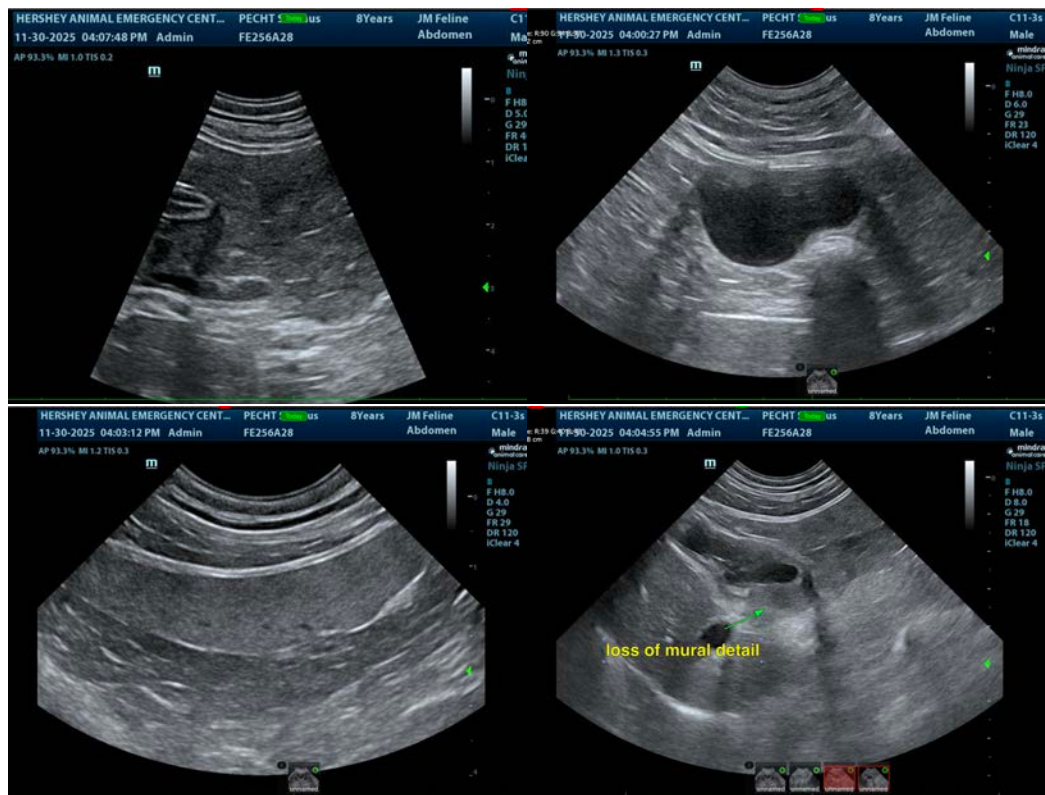
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged, micronodular spleen.
- Age related renal changes.
- Infiltrative gastric pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA could be considered. However, full thickness biopsy is likely the best option in this patient, as ultrasound guided FNA will likely not readily exfoliate. Strong concern for gastric lymphoma versus gastritis or granulomatous disease such as FIP. Fibroplasia less likely. Sampling is essential.





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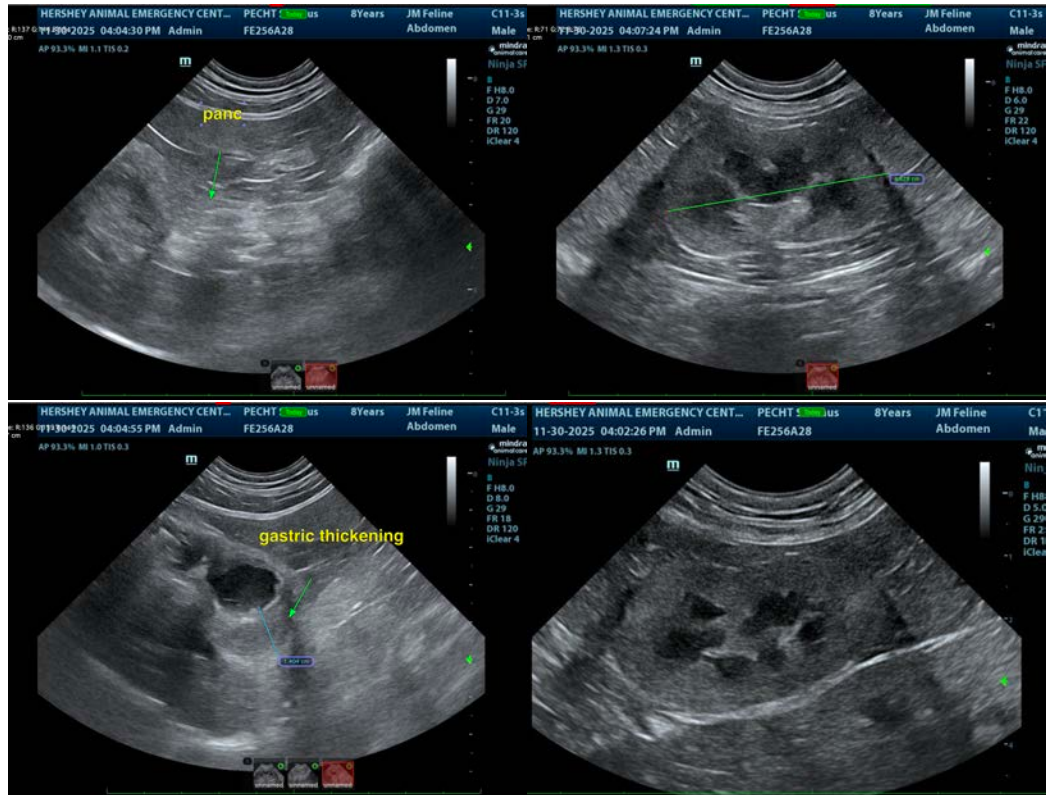
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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