



## PATIENT

Khan Christian

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Neutered male

## AGE

13 years

## WEIGHT

8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Sandra Jimenez

## HOSPITAL NAME

Bramer AH

## REFERRING VET

Dr. Jimenez

## INVOICE

68361

## DATE

11/5/25

## PRESENTING CLINICAL SIGNS

History: 1 year history of weight loss from 9lbs to now 7.75lbs otherwise behaving as usual with no other concerns. After the blood test results on Sept 19, Khan was given clavamox 62.5mg/ml - 1ml PO BID and denamarin 90mg PO SID then re-check in 2 weeks with abdominal ultrasound.  
Abnormal PE/Chem/CBC/UA Results: Sept 19 2025 CBC/Chem/T4: WBC 42.8 K/uL, Neut 25.25 K/uL, Lympho 13.26, Mono 2.14, Eosino 2.14; SDMA 19, Crea 2.4, BUN 38, ALT 197, AST 73 Oct 23 2025 CBC/Chem/T4: WBC 39.6, Neut 27.72, lympho 7.92, Mono 2.37, Eosino 1.58, SMDA 15, ALT 290, AST 118, ALP 84, T.Bili 0.4 UA: USG 1.016, pH 6, rest neg

## 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. The left kidney measured 3.6 cm. The 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.

### 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 1.2 cm.

### Liver

The **liver** revealed mild, uniform enlargement with swollen contour. The liver parenchyma was structurally unremarkable, yet hypoechoic. The gallbladder and common bile duct were unremarkable.



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## Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. 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 more significant disease than IBD.

## Pancreas

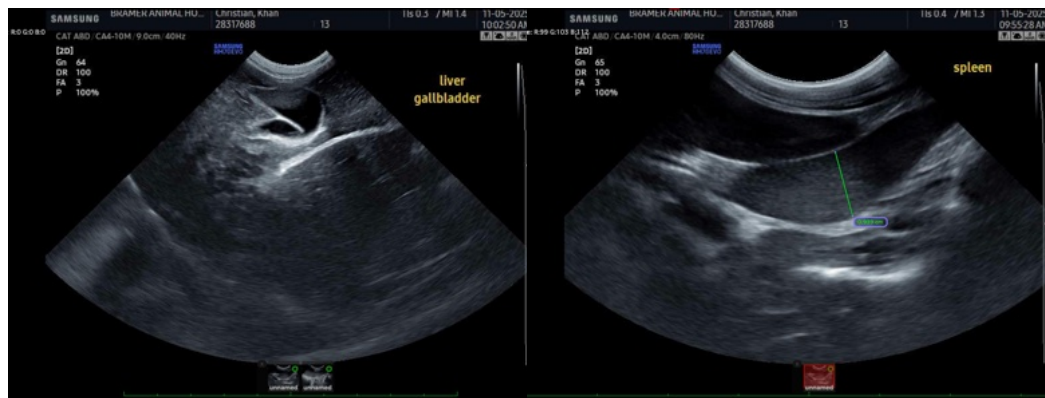
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening.
- Splenohepatomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen and liver is recommended to assess for potential underlying round cell neoplasia/lymphoma versus reactive spleen and benign hepatopathy. Given the weight loss there is a strong concern for emerging occult round cell neoplasia.





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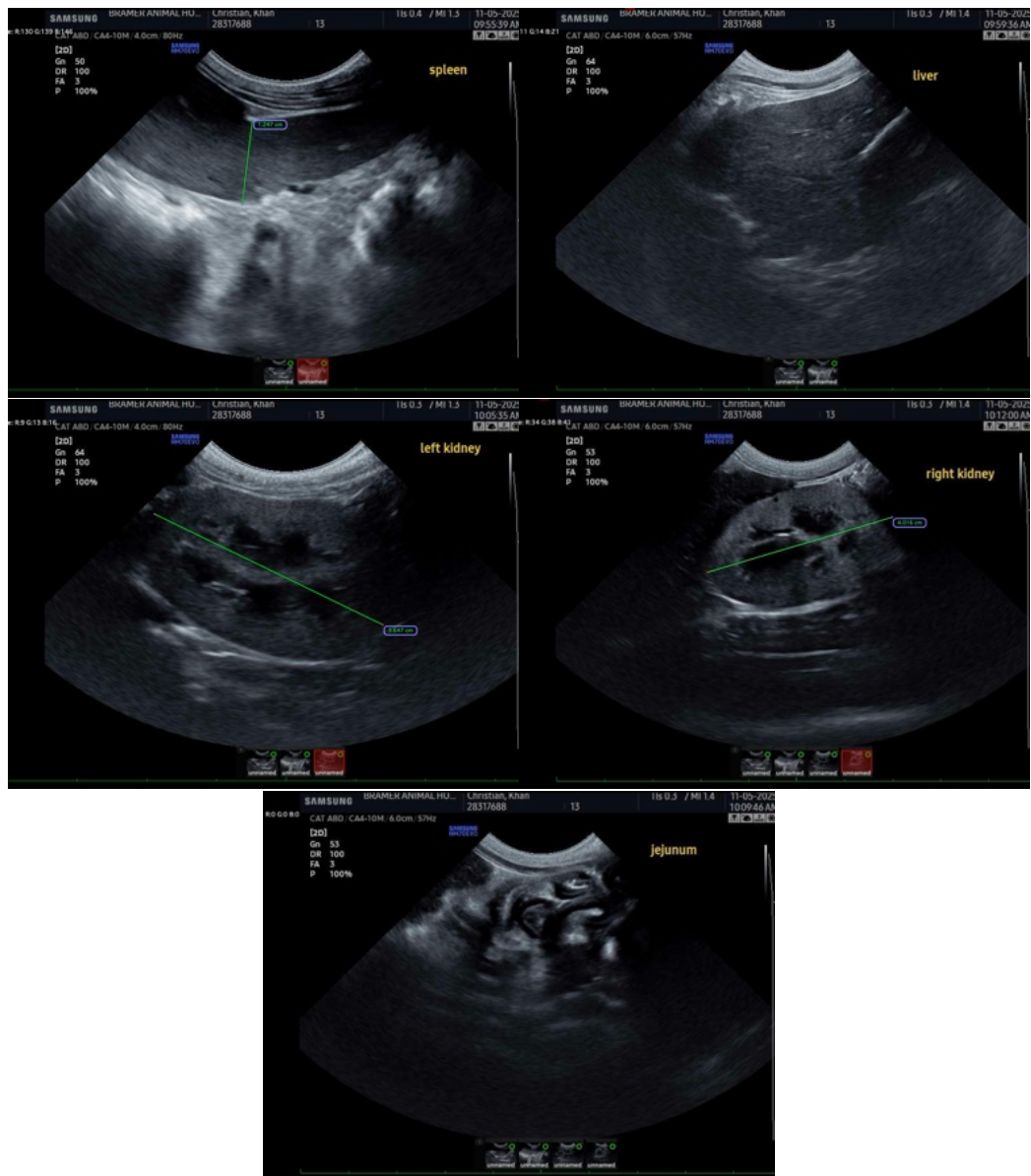
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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