

## PATIENT

Whiskey Penner

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

8.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Carlie Koltek RVT

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. R. Knudson  
(Southglen Vet)

## INVOICE

12662

## DATE

12/10/25

## PRESENTING CLINICAL SIGNS

Approx 7-10 day history of lethargy and anorexia. -No vomiting or diarrhea. -History of urinary obstruction years prior -Coughing over the last year which subsided around 1 month ago. DDX neoplasia, severe liver disease, FIP, right sided heart failure, severe pancreatitis -Being treated as out patient on Cerenia 12 mg PO q 24 hr, buprenorphine ~0.11 mg/kg oral transmucosal q 12 hr, mirtazapine transdermal started, continued on 15 mg PO q 3 days

PE: mild ascites noted, occasional hypersalivating Vital parameters wnl. CBC: MONOS =  $0.69 \times 10^9/L$  (0.05 - 0.67) NEUT =  $11.19 \times 10^9/L$  (2.30 - 10.29) LYMPHS =  $0.72 \times 10^9/L$  (0.92 - 6.88) PLT = 141 K/uL (151 - 600) CHEM: BUN = 5.4 mmol/L (5.7 - 12.9) GLU = 11.37 mmol/L (3.95 - 8.84) Abdominal xrays: peritoneal effusion - decreased serosal detail, no obvious masses appreciated Peritoneal fluid analysis: high protein transudate, no neoplastic cells or microbes seen

## 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** presented with mild uniform swelling and hyperechoic medullary rim sign. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

### Adrenal Glands

The **right 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. The right adrenal gland measured 0.50 cm width.

The **left adrenal gland** was not visualized.

### Spleen

The **spleen** presented severely enlarged measuring 1.4 cm width with scalloping contour.

### Liver

The **liver** revealed generalized enlargement with minor heterogenous isoechoic nodular changes in the midst of the hypoechoic parenchyma. The gallbladder and common bile duct were unremarkable.

### Gastrointestinal

The **stomach** was dilated with fluid and static consistent with ileus. Structurally, the GI tract was 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.



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## Free Abdomen

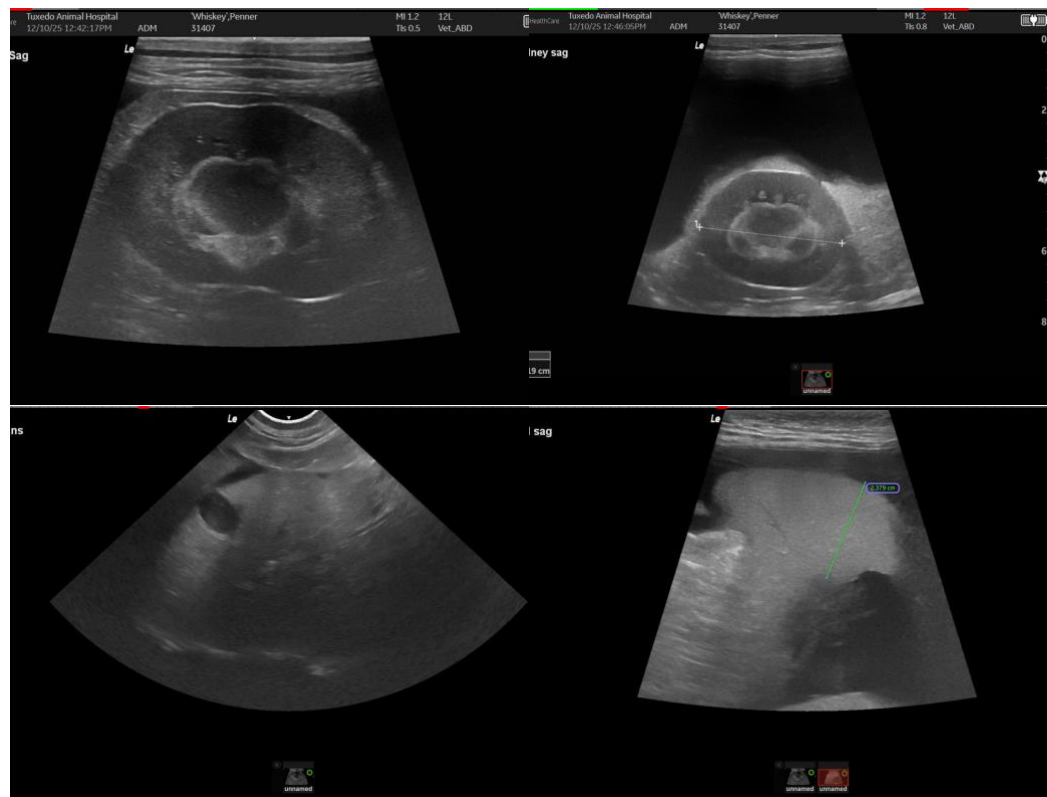
A large amount of free fluid was noted. Heterogenous nodular omental changes were also noted around the pancreas enveloping the upper gastrointestinal tract.

## ULTRASONOGRAPHIC FINDINGS

- Ascites.
- Splenomegaly.
- Hepatomegaly.
- Nodular omentum.
- Medullary rim kidneys.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for round cell neoplasia/lymphomatosis, mastocytosis or similar with carcinomatosis also possible. FIP possible yet thought less likely given the age of the patient. Cytospin of the abdominocentesis sample or immediate slide preparation recommended to conserve cellular integrity and optimize the cellular interpretation.





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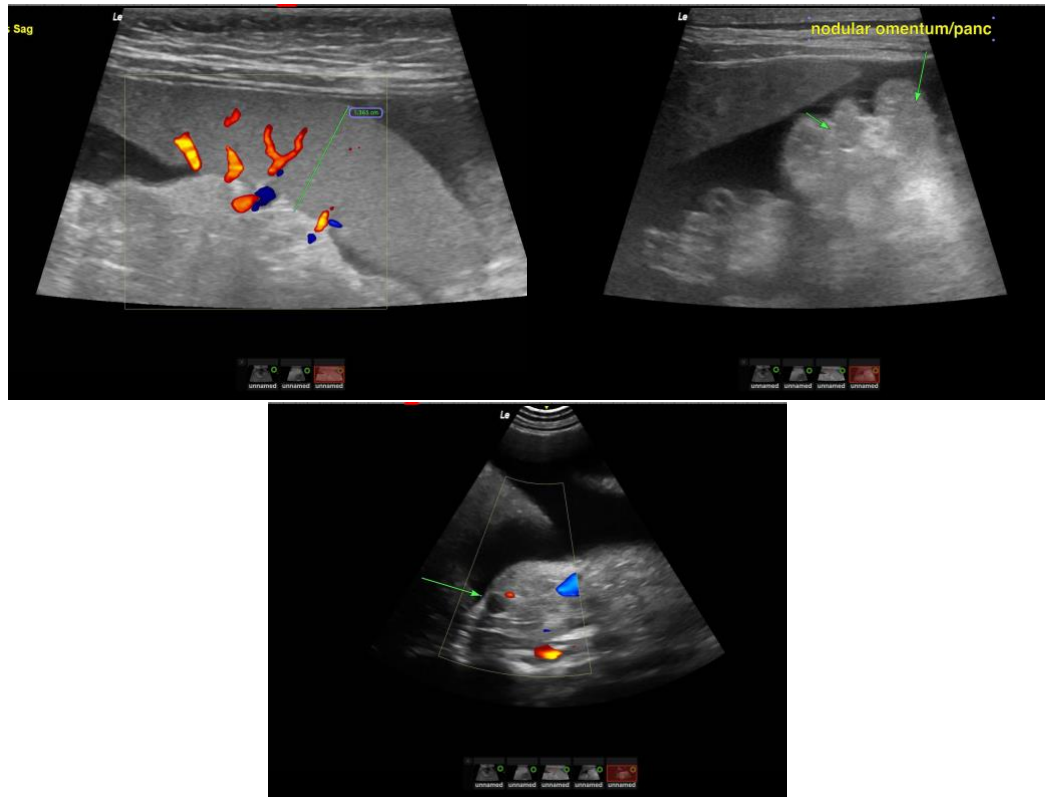
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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