



## PATIENT

Abbie Thompson

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

14 years

## WEIGHT

5.77 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IUUSS

## IMAGING PERFORMED BY

Laurel Arvidson

## HOSPITAL NAME

Lacombe VC

## REFERRING VET

Dr. Arvidson

## INVOICE

69590

## DATE

12/11/25

## PRESENTING CLINICAL SIGNS

History: Abbie was first seen on Nov 28, for not eating/ADR/constipation. Rads were declined at that time, blood work showed hyperbilirubinemia. Rads a week later showed significant constipation, repeat blood work was declined, Abbie was reported to be eating small amounts. Abbie has been in/out of our local emergency clinic for about 3-4 days, where she was noted as mildly icteric. She has received an enema/deobstipation and short term IV fluids, owner has so far declined a feeding tube placement or longer term hospitalization but would like to assess Abbie further to try and ascertain the cause of her abdominal discomfort and partial anorexia. Post deobstipation, her constipation seems improved, but appetite remains very poor, with minimal to no response to mirtazapine and cerenia.

Abnormal PE/Chem/CBC/UA Results: As of Dec 10, Abbies PE findings and current problem list are as follows: 1. Mildly Icteric: fatty liver, cholangiohepatitis, biliary obstruction (stone, mass, pancreatitis, other) 2. Lethargic with abdominal discomfort: pancreatitis? mass? other? 3. Ongoing persistent dehydration, est 3-5% 4. Partial anorexia: ongoing. 1 vs 2ndry GI 5. Overweight but relative loss of MCS and BCS 6. Emerging anemia of chronic disease--no hemolysis, neg agglutination Repeated lab work Dec 10, 2025: CBC: Normal WBC, platelets and low normal HCT at 36%, but 10% lower vs labs 2 weeks prior--presumed anemia of chronic disease. Neg agglutination. CHEM (vs labs Nov 27): -alk phos: 133 (10-90) was 149, -ALT: 184 (20-100) was 93 -bili: 54 (2-10) was 66,

## 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 4.2 cm. The right kidney measured 4.1 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** 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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted. The spleen measured 1.3 cm.

### *Liver*

The **liver** was hypoechoic and swollen. The gallbladder and common bile duct were unremarkable.

### *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The stomach was filled with progressively shadowing luminal material, suggestive for hairball accumulation. Variable areas of intestinal thickening were noted. The mesenteric lymph nodes were enlarged and measured 1.9 x 0.5 cm.

### *Pancreas*

The **pancreas** was hypoechoic and irregular. A region of 2.0 cm in the left pancreatic base was noted.

### *Free Abdomen*

Cranial abdominal lymph nodes are enlarged and rounded. The lymph nodes measured up to 1.0 cm. Reactive surrounding mesentery was noted.

Heterogenous omental changes were noted.

Slight free fluid was noted adjacent to the spleen.

## ULTRASONOGRAPHIC FINDINGS

Lymphadenitis and pancreatitis pattern with potential emerging round cell neoplasia or carcinoma.

Reactive mesentery noted associated with the pathological lymph nodes and pancreas.

Free fluid adjacent to the spleen.

Heterogenous omental changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the lymph nodes, spleen, liver, pancreas and free fluid are all valid. However, the spleen, lymph nodes and liver are essential to assess for round cell neoplasia. Some level of pancreatitis is likely. However, pancreatic lymphoma or dual neoplasia such as pancreatic carcinoma



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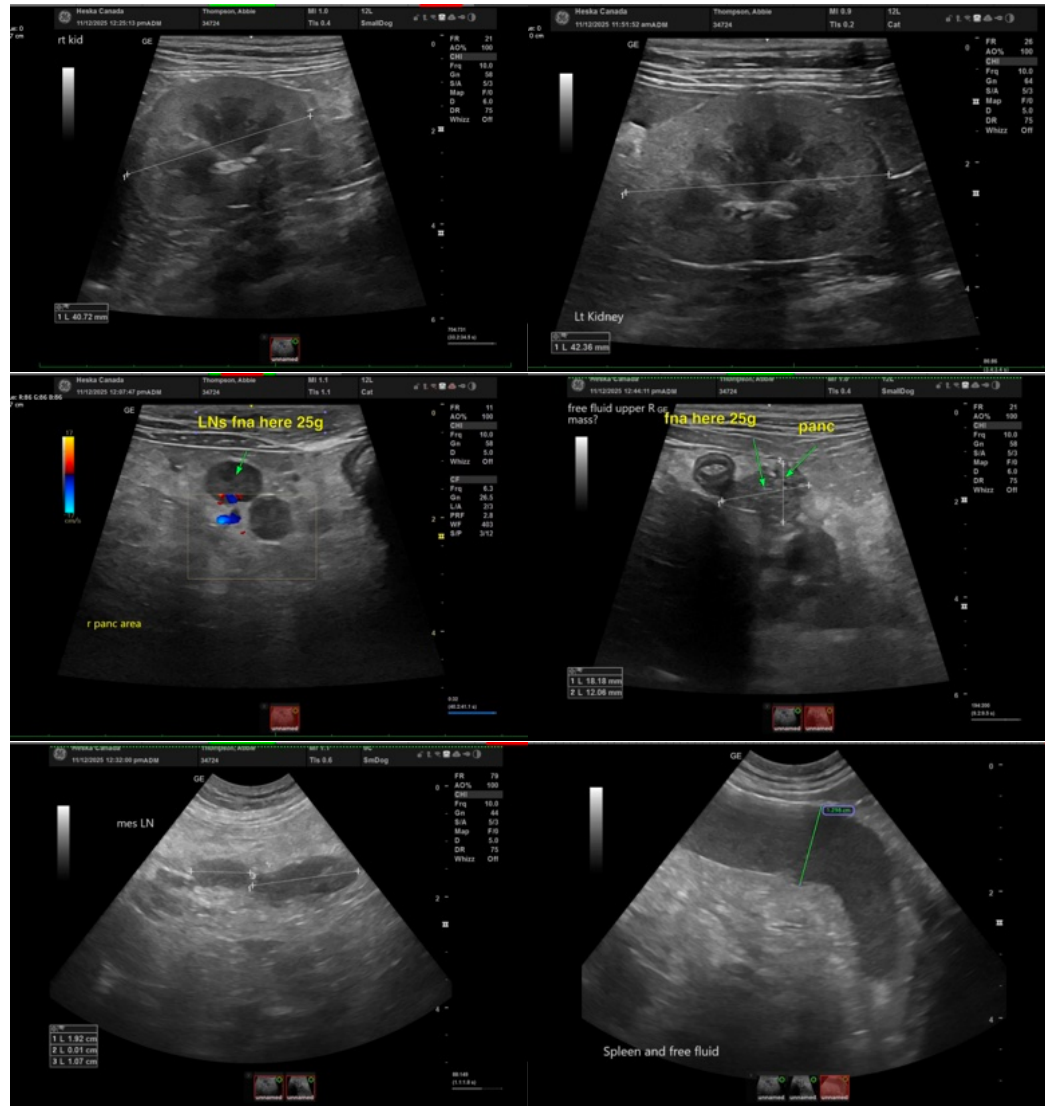
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along with round cell neoplasia is a potential. The heterogenous, hypoechoic, swollen, irregular changes in the pancreas coalesced with regional lymph nodes and omentum creating a mass effect.





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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](mailto:info@SonoPath.com)