



PATIENT

Whitten Griger

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

10 years

WEIGHT

9.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IUUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

INVOICE

69225

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Vomiting, poor appetite, 10 lb weight loss over 4 years, muscle atrophy
Abnormal PE/Chem/CBC/UA Results: NEUTROPHILS 32.31, WBC 35.13, BILI 1.2

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 right kidney measured 4.4 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.5 cm. The left adrenal gland measured 0.55 cm.

Spleen

The **spleen** was slightly heterogenous with scalloping contour.

Liver

The **liver** was swollen with irregular contour. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable. The hepatic lymph nodes were unremarkable.

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.



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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

Age related abdominal changes with prominent adrenal glands.

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Slight irregular splenohepatic changes were noted.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the bilirubin value is persistently elevated and not artifactual then I recommend FNA of the liver or direct FNA of the spleen and liver in this patient to ensure that occult neoplasia is not an issue. Otherwise, supportive care should prove effective if cytology samples are benign in the spleen and liver. The cause of weight loss is unclear. If the splenohepatic cytology samples are benign maldigestion or malassimilation or neoplasia in other organ systems should be considered.

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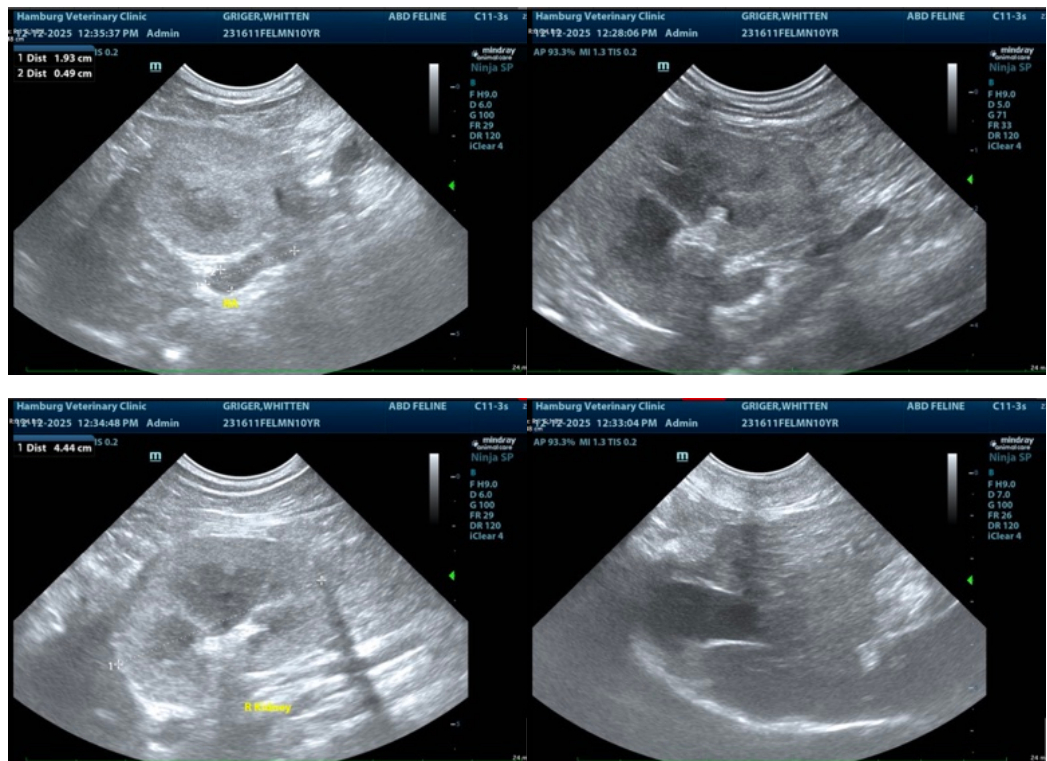
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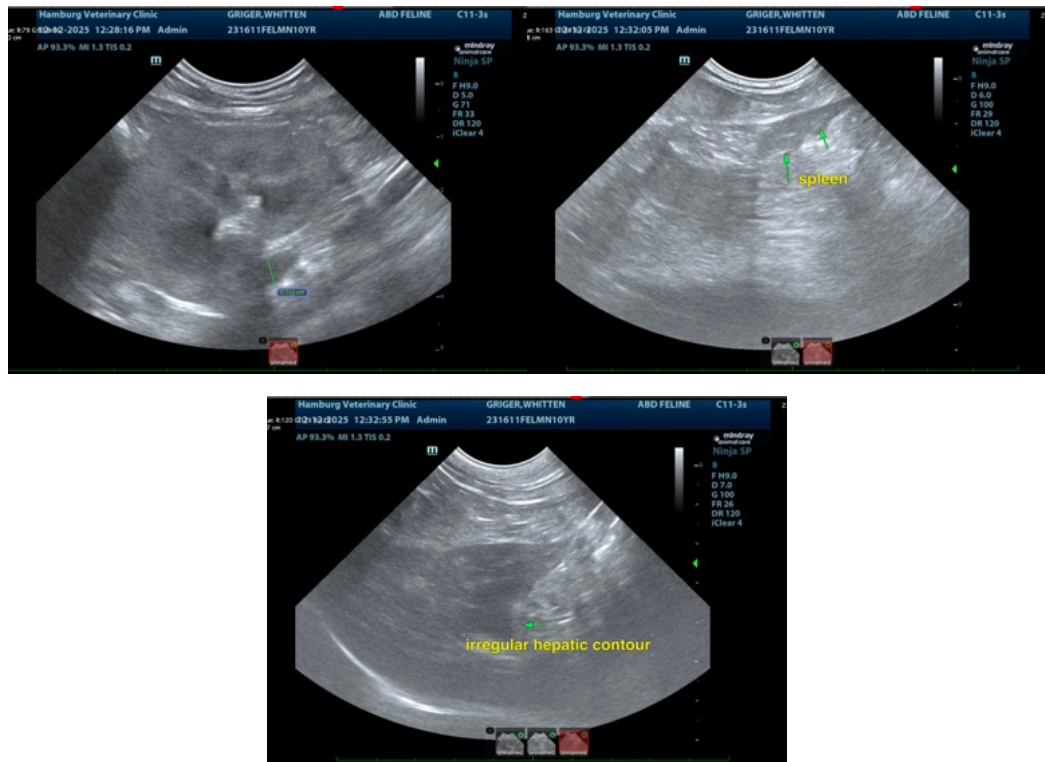
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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