



PATIENT

Ollie Murray

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years 10 Months

WEIGHT

7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Long Valley Animal
Hospital

REFERRING VET

Dr. Emily Stanton

INVOICE

12703

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Bladder nodule? (noted when went to do cysto) Inappropriate urination. Had abdominal wall hernia repair in September 2025. Seemed to heal fine.

Medications: Solensia, gabapentin.

Abnormal PE/Chem/CBC/UA Results: All labwork wnl Urine Specific gravity = 1.018 (not 1st am).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 3.0 cm) 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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The right kidney measured 3.77 cm in length. The left kidney measured 3.77 cm in length.

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. The left adrenal gland measured 0.60 cm width. The right adrenal gland measured 0.37 cm width.

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 congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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.

Gastrointestinal

A 3.7 cm x 2.3 cm mixed hypoechoic undifferentiated mass was noted deriving from the **small intestine**. Minor variable small intestinal thickening was noted without loss of detail other than the



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mass region. The mass was occupying the region of the left pancreatic base. This may be intestinal origin or pancreatic origin. Soft stool was noted in the colon. The stomach was unremarkable.

Pancreas

See small intestine.

Free Abdomen

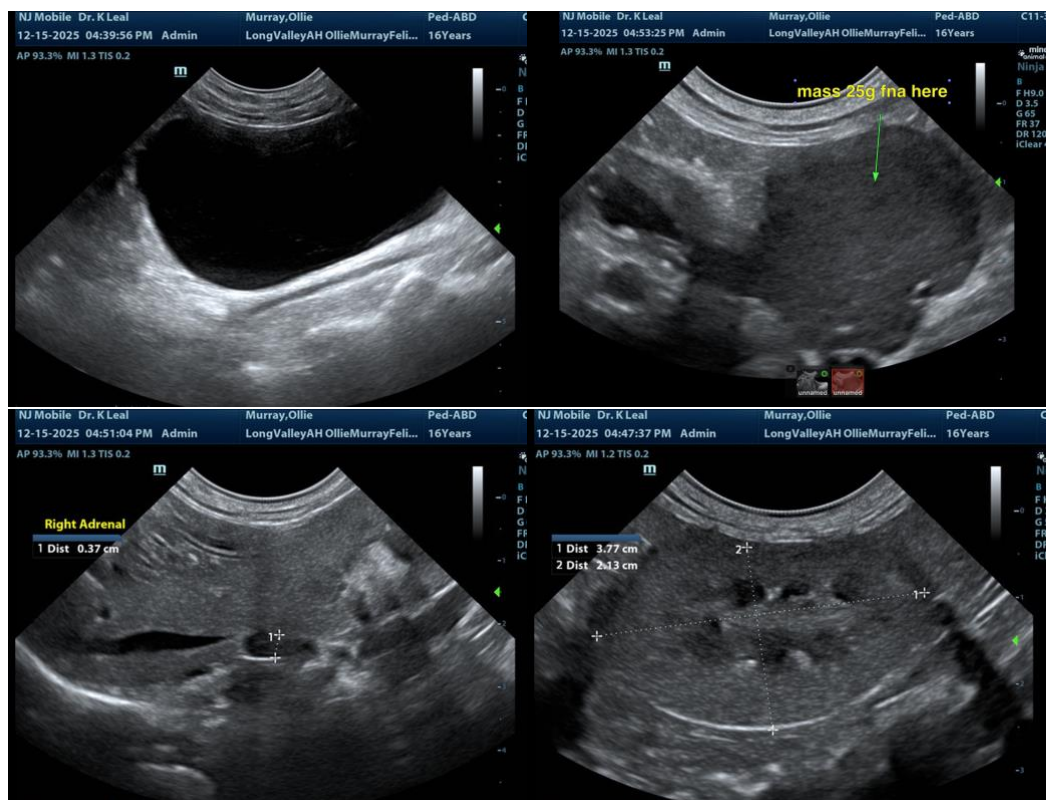
Enlarged rounded mesenteric lymph nodes were visualized and presented regionally inflamed.

ULTRASONOGRAPHIC FINDINGS

- Undifferentiated hypoechoic mass- suspected to be deriving from the small intestine or pancreas.
- Age-related renal changes.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for surgical planning could be considered, however, ultrasound guided FNA of the mass and mesenteric lymph nodes are warranted to assess for related lymph node spread versus lymphadenitis or reactive lymph nodes. Prognosis is guarded.





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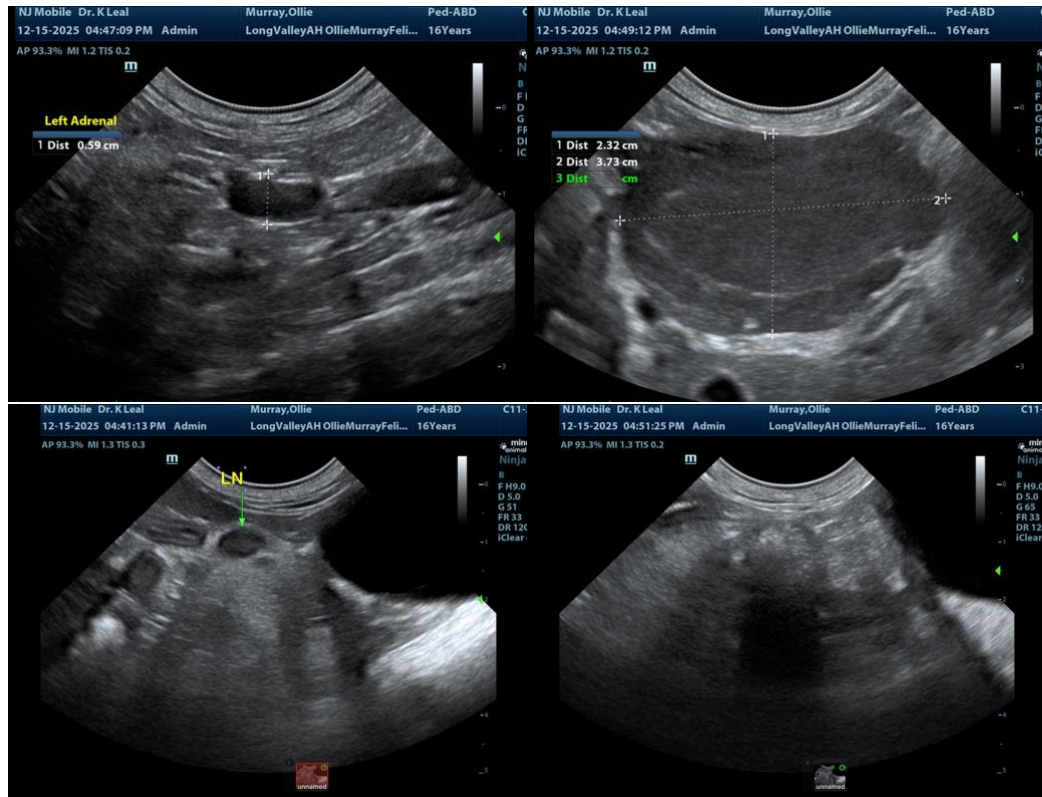
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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