



PATIENT

Max LaBelle

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Roche

INVOICE

69321

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Weight loss.

Abnormal PE/Chem/CBC/UA Results: BCS 3.5/9, fractious. HCT 29, Ca 12.3, Alb 2.4, Phos 2.3, SDMA 16

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 3.76 cm. The right kidney measured 4.17 cm with a corticomedullary calculus that measured 0.52 cm and was non-obstructive.

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 volume contracted, yet mildly heterogenous.

Liver

The **liver** was riddled with multiple nodular changes. This is strongly consistent with metastatic pattern. 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

The upper **gastrointestinal tract** was unremarkable; however, the ileocecal junction revealed an infiltrative mass that measured 3.8 x 2.5 cm. This is consistent with intestinal carcinoma or lymphoma.



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Pancreas

The visible **pancreas** was heterogenous and nodular.

Free Abdomen

Free fluid was noted in the abdomen. Heterogenous omentum was noted. The nodular omentum obscured portions of the pancreas.

ULTRASONOGRAPHIC FINDINGS

Nodular pancreas.

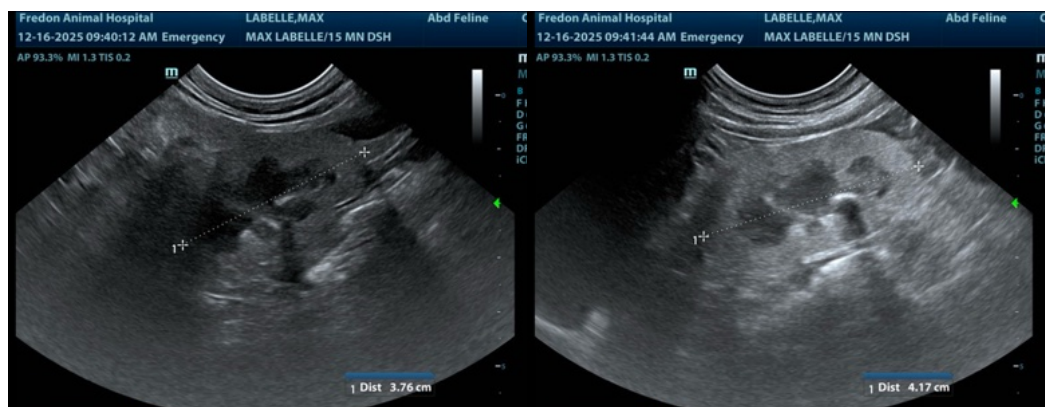
Irregular spleen.

Nodular liver.

Intestinal mass and carcinomatosis, lymphomatosis type presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor in this patient.





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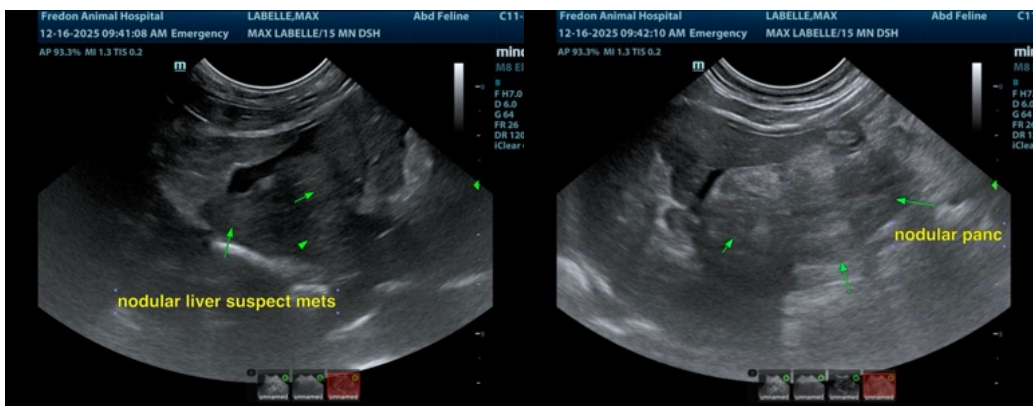
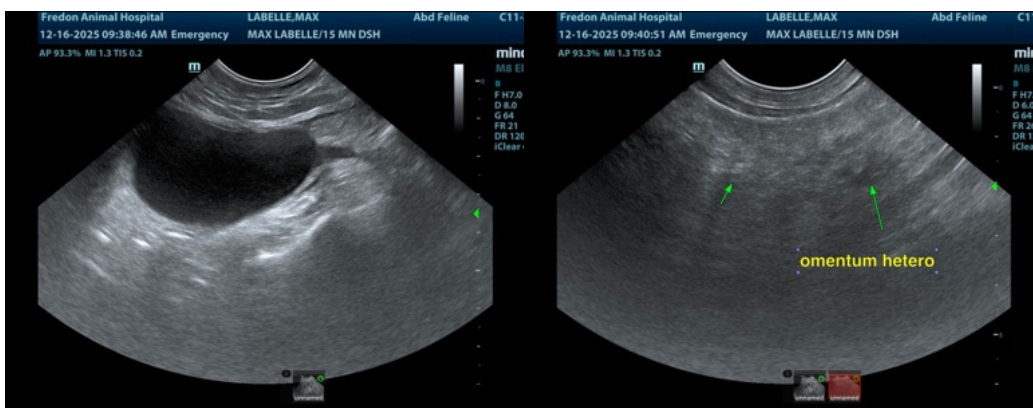
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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