



**PATIENT**

MeowPoo Johnston

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

7.7 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Animal Hospital of  
Sullivan County

**REFERRING VET**

Dr. Bodolosky

**INVOICE**

72631

**DATE**

12/16/25

**PRESENTING CLINICAL SIGNS**

Evaluate abdominal mass to see if operable, metastatic, etc. 4cm x6cm mid abdominal mass, wt loss 3# since september Eating and acting normal

**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 **right kidney** presented hyperechoic medullary rim with loss of structural detail. Multifocal isoechoic nodules noted within the right kidney with a subcapsular halo and peripheral inflammation. Right kidney measures 5.3 cm.

The **left kidney** roughly maintained normal structure yet was generally enlarged with some irregularity to the left renal cortex. Left kidney measured 4.7 cm.

**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. Right measures 0.58 cm.

The region of the **left adrenal gland** was unremarkable.

**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**

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**

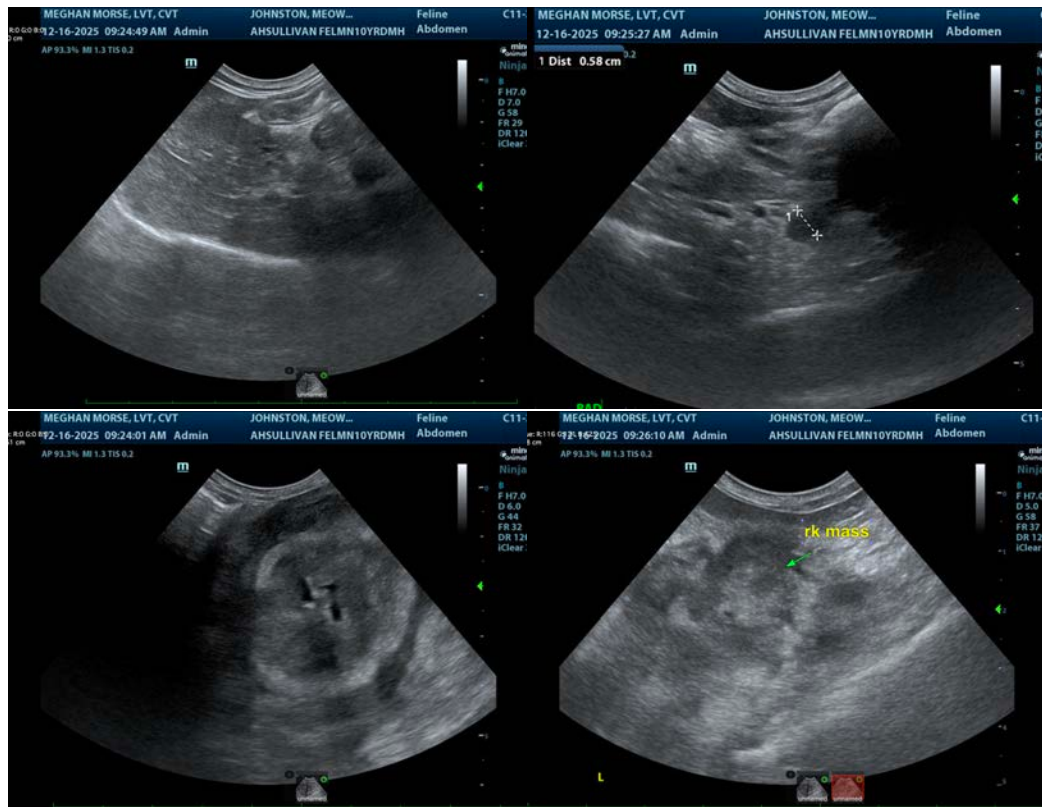
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Right renal mass with sublumbar escape – renal lymphoma or carcinoma possible, hemangiosarcoma less likely.
- Mild uniform left renal enlargement.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This is strongly suggestive of bilateral renal lymphoma with the right kidney more developed. However, compensatory hypertrophy of the left kidney could be considered and primary right kidney neoplasia. Cortical FNA of both kidneys indicated for further definition. Immediate chemotherapeutic intervention recommended. The right kidney does not appear resectable.





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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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[info@SonoPath.com](mailto:info@SonoPath.com)