



## PATIENT

Diega Laltoo

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Neutered male

## AGE

15 years

## WEIGHT

5.14 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Trudeau

## HOSPITAL NAME

Vetcetera AH

## REFERRING VET

Dr. Trudeau

## INVOICE

69246

## DATE

12/2/25

## PRESENTING CLINICAL SIGNS

History: In Aug. at his annual exam there was evidence of slow progressive weight loss - BW at the time was normal; he then returned in mid-Nov with further weight loss and BW changes - increased ALT and now he is not eating; NSF on basic PE  
Abnormal PE/Chem/CBC/UA Results: Aug 2025 - CBC/Chem/T4 - WNL Nov 2025 - CBC - minor decreased RBC, otherwise NSF Chem - elevated ALT 173 (20-100 U/L) , otherwise NSF

## 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. Slight hyperechoic medullary rim sign was noted. This is idiopathic. The right kidney measured 4.5 cm. The left kidney measured 4.21 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** was mildly enlarged with scalloping contour. Subtle, micronodular changes were noted. The spleen measured 1.13 cm in width.

### Liver

The **liver** was swollen, hypoechoic and mildly irregular with a trace amount of free fluid between the liver lobes. 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.



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## Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes are rounded and measure up to 0.83 cm.

## Pancreas

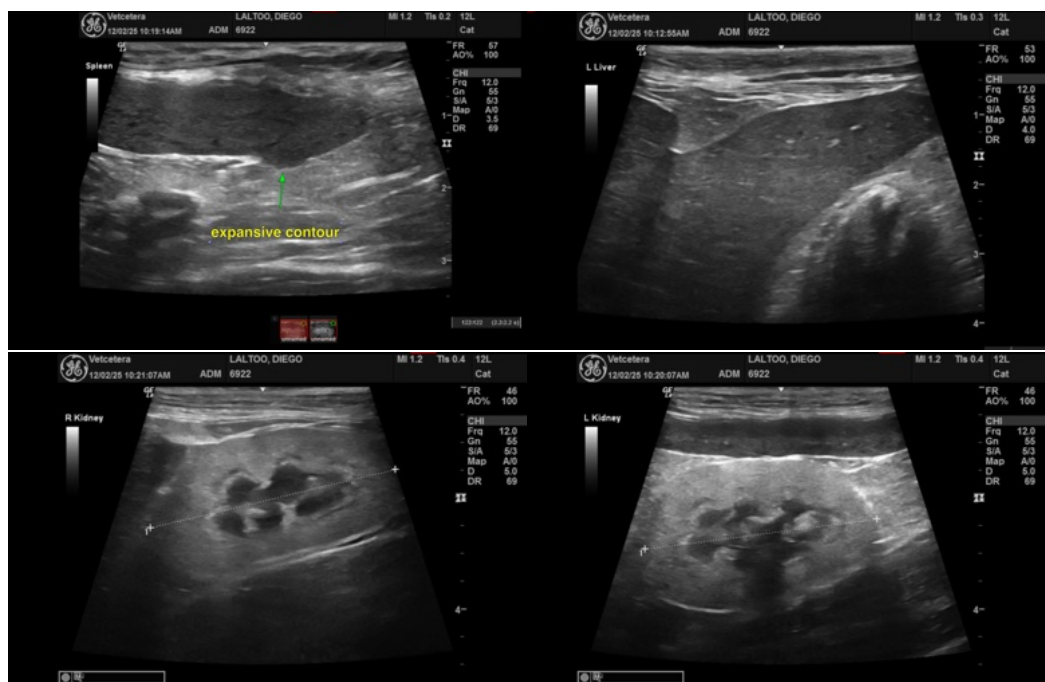
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Splenohepatomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for round cell neoplasia. Multi-centric lymphadenopathy was noted. Ultrasound-guided FNA of the spleen and liver and possible accessible lymph nodes are all indicated. The prognosis is guarded.





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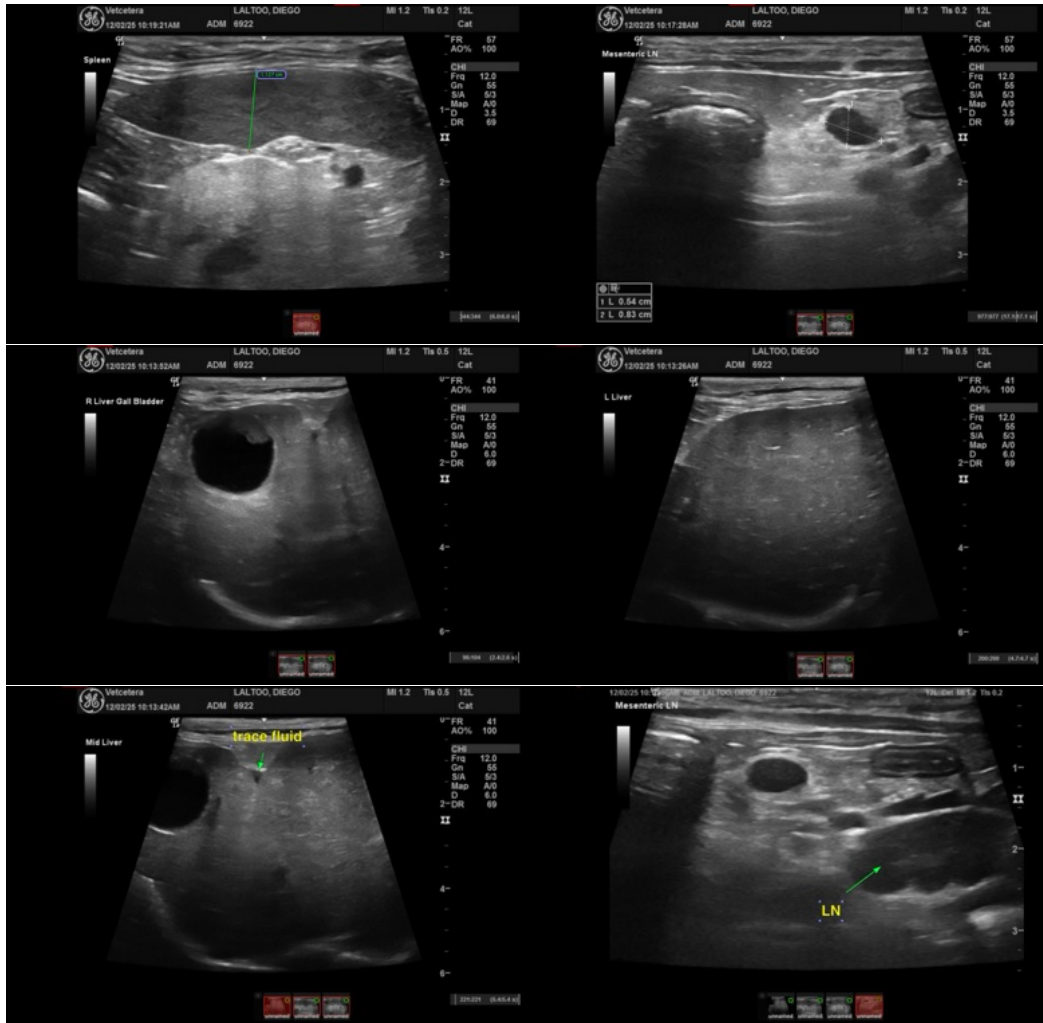
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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