



PATIENT

Yeti Eure

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

7.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tracy Eure

HOSPITAL NAME

Moyock AH

REFERRING VET

Dr. Eure

INVOICE

69519

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: Yeti presented for an acute bout of vomiting on 12/3/25 and bloodwork revealed pancreatitis and an increase ALT. He was diagnosed with a pancreatic cyst and on 12/8/25 we were able to drain approximately 30 mls of a brown fluid (see attached cytology and C & S report). He was started on clavamox but did not tolerate it well and was administered a convenia injection. He was treated symptomatically with fluids, cerenia, and elura. He has not had any more vomiting but has a decreased appetite and is somewhat lethargic compared to his normal. We repeated an in house ultrasound and on 12/19/25 we drained another 20mls of brown fluid. He has had good and bad days since that time and waxing and waning appetite. We repeated Bloodwork and an ultrasound today and drained approximately 12 mls of fluid. (6 mls clear fluid, from one site and 6 mls brown fluid from another site). His weight had dropped to 7.2 lbs a week ago but is up to 7.7 now??

The Pancreatic lipase is better at 22 and the ALT is back to normal (see attached). The PCV was manually checked and is 30%. I have also attached reports of the cytology and C & S report of the fluid. I have also sent an internal medicine consult request to Dr Lobetti.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.88 cm. The right kidney measured 3.7 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** 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 was noted.



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Liver

The **liver** revealed slight, heterogenous parenchymal changes, yet largely uniform. The liver was mildly enlarged. Other minor cystic changes were noted in the pancreas. The gallbladder and common bile duct 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.

Pancreas

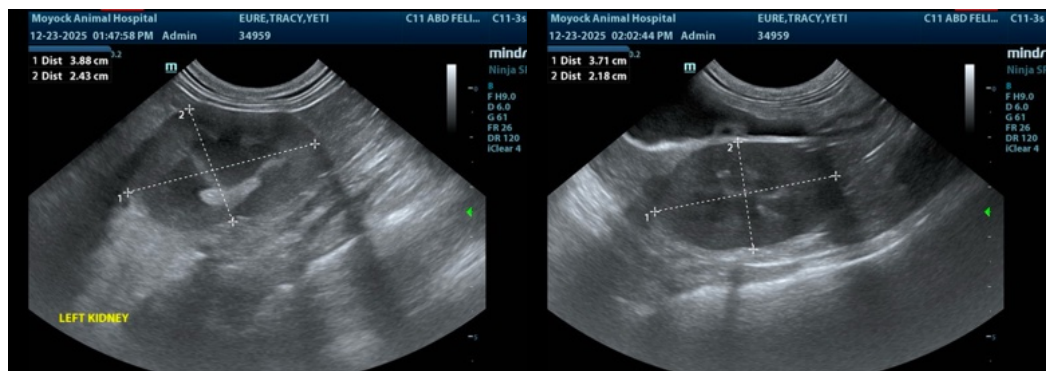
The **pancreatic** cystic structure noted on the prior sonogram is smaller, yet persistently present. The cystic structure measured 3.0 x 2.0 cm at the base of the pancreas.

ULTRASONOGRAPHIC FINDINGS

Multiple pancreatic cysts and one particular abscess.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot rule out neoplasia, yet not overtly suspected. Given the patient's history it may be best to surgically address the pancreas in this patient with drainage and debridement of any abnormal tissue. Otherwise, ultrasound-guided repeat drainage can be considered. However, this is likely pancreatic pseudocyst that have become infected given the multi-focal appearance. Tissue biopsy or FNA would be warranted to obtain cytology and ensure pancreatic carcinoma is not an underlying issue. Guarded prognosis.





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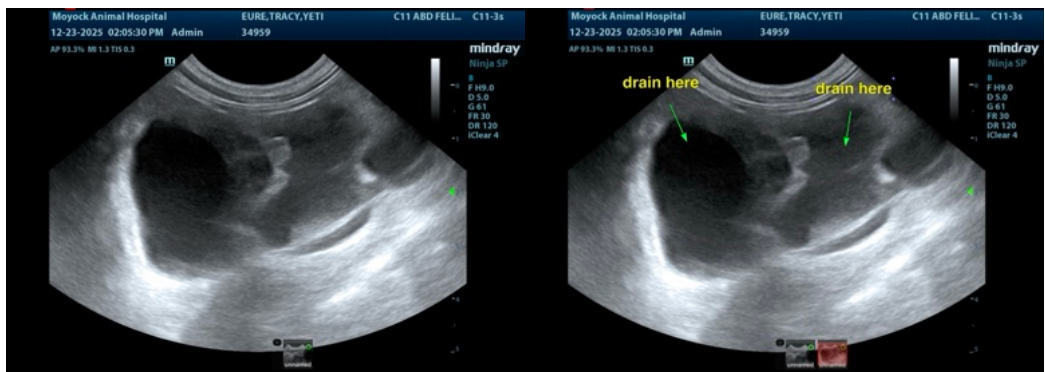
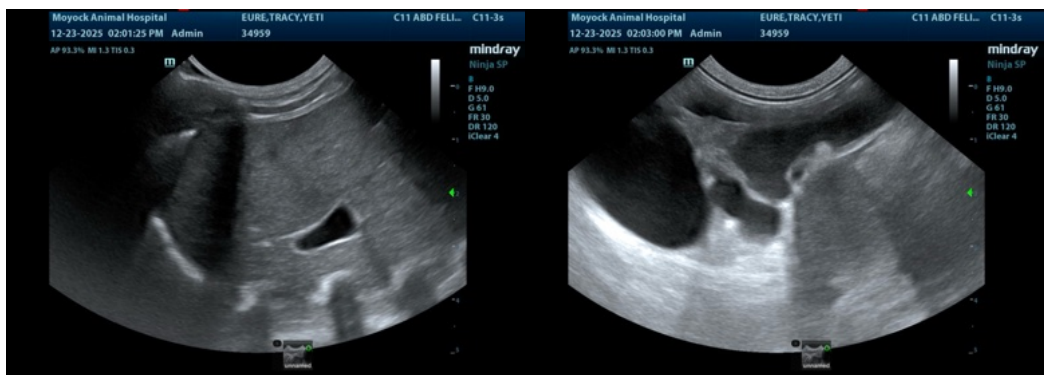
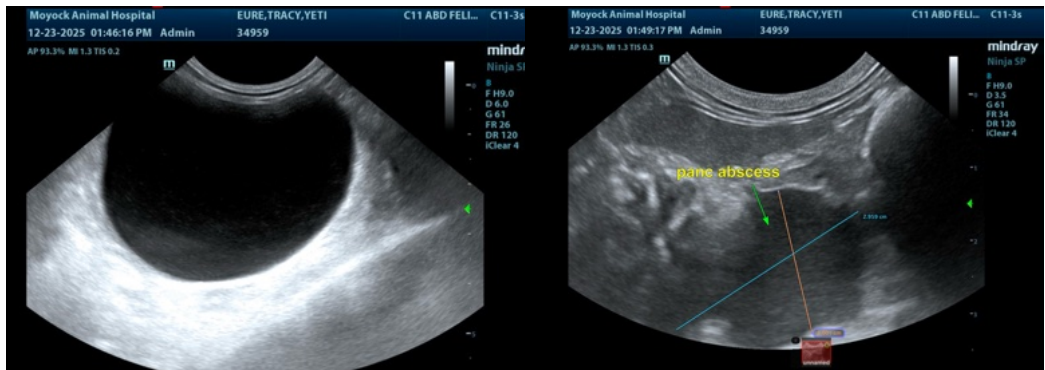
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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