



**PATIENT**

Cosmo Stock

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

13.04 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Eugene Animal  
Hospital

**REFERRING VET**

Dr. Behrends

**INVOICE**

72763

**DATE**

12/26/25

**PRESENTING CLINICAL SIGNS**

12/24 Mild nonspecific hepatomegaly, suggestive of vacuolar or steroid-induced hepatopathy, benign nodular hyperplasia, venous congestion, less likely acute hepatitis or neoplastic infiltration. 2. Mass lesion in the right liver lobes, compatible most likely with hepatic mass (e.g. cyst, granuloma, hematoma, neoplasia) or lobar hepatomegaly, less likely another origin. Loss of serosal detail in the left cranial abdomen, suggestive of pancreatitis, scant effusion, steatitis, less likely artifactual. 4. Abnormal intestinal dilation in the mid dorsal abdomen, of equivocal exact location. It may represent dilated colon or small intestinal obstruction. Moderate small intestinal dilation and contents with non-obstructive mineralized debris, suggestive of enteritis, chronic enteropathy (e.g. IBD, lymphoma), digestion in progress, or small intestinal obstruction. 6. Moderate nonspecific splenomegaly, suggestive of venous congestion from sedation, benign infiltration (extramedullary hematopoiesis, lymphoid hyperplasia), splenitis (infectious or immune-mediated origin) or less likely An abdominal US may be considered for better evaluation. If not possible, additional abdominal radiographs with pneumocolonogram may be considered for better evaluation of the location of the dilated intestinal loops. Repeat abdominal radiographs following a period of controlled fasting (6 hours) and supportive therapy may also be considered for reassessment of the gastrointestinal Only gas pattern present

Abnormal PE/Chem/CBC/UA Results: Clinical Exam Findings: Mild dehydration, overweight, QAR  
ABNORMAL Labwork Values Lab work performed at ER on 12/24 was all wnl including a negative pancreatic lipase Current Medications cerenia, mirtazapine

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 4.18 cm. Blood flow to the kidneys appeared to be adequate. Right kidney measured 4.4 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. Left measured 0.40 cm. Right measured 0.43 cm.

**Spleen**

The **spleen** was mildly enlarged (1.05 cm in width) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.



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**Liver**

The **liver** itself was uniform, no evident pathology. Duplicated gallbladder noted, the caudal of which appeared to be mildly overdistended.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed some hyperperistalsis with portions of the small intestine, consistent with low-grade intestinal upset, yet no evidence of obstruction or neoplasia present.

**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.

**Free Abdomen**

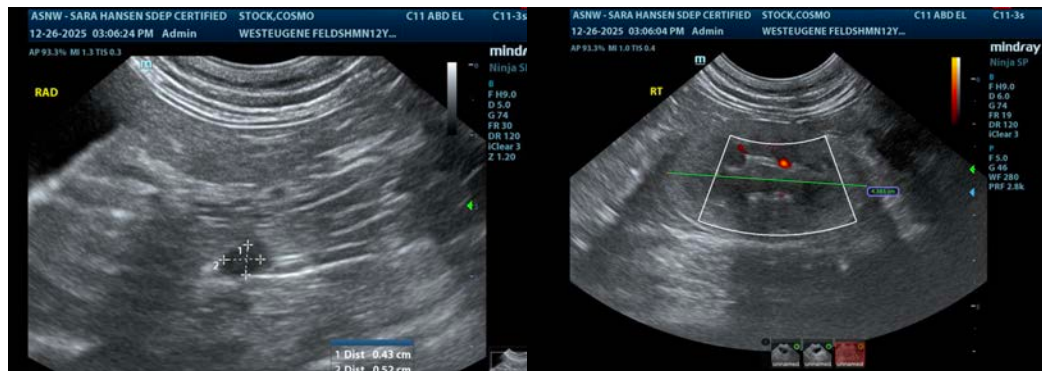
Large amount of abdominal fat noted in this patient.

**ULTRASONOGRAPHIC FINDINGS**

- Minor enteritis pattern.
- Mildly enlarged, micronodular spleen.
- Age related renal changes.
- Duplicated gallbladder, not overtly pathological. Mild overdistention of the caudal gallbladder.
- Excessive abdominal fat.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant disease. Supportive care should prove effective.





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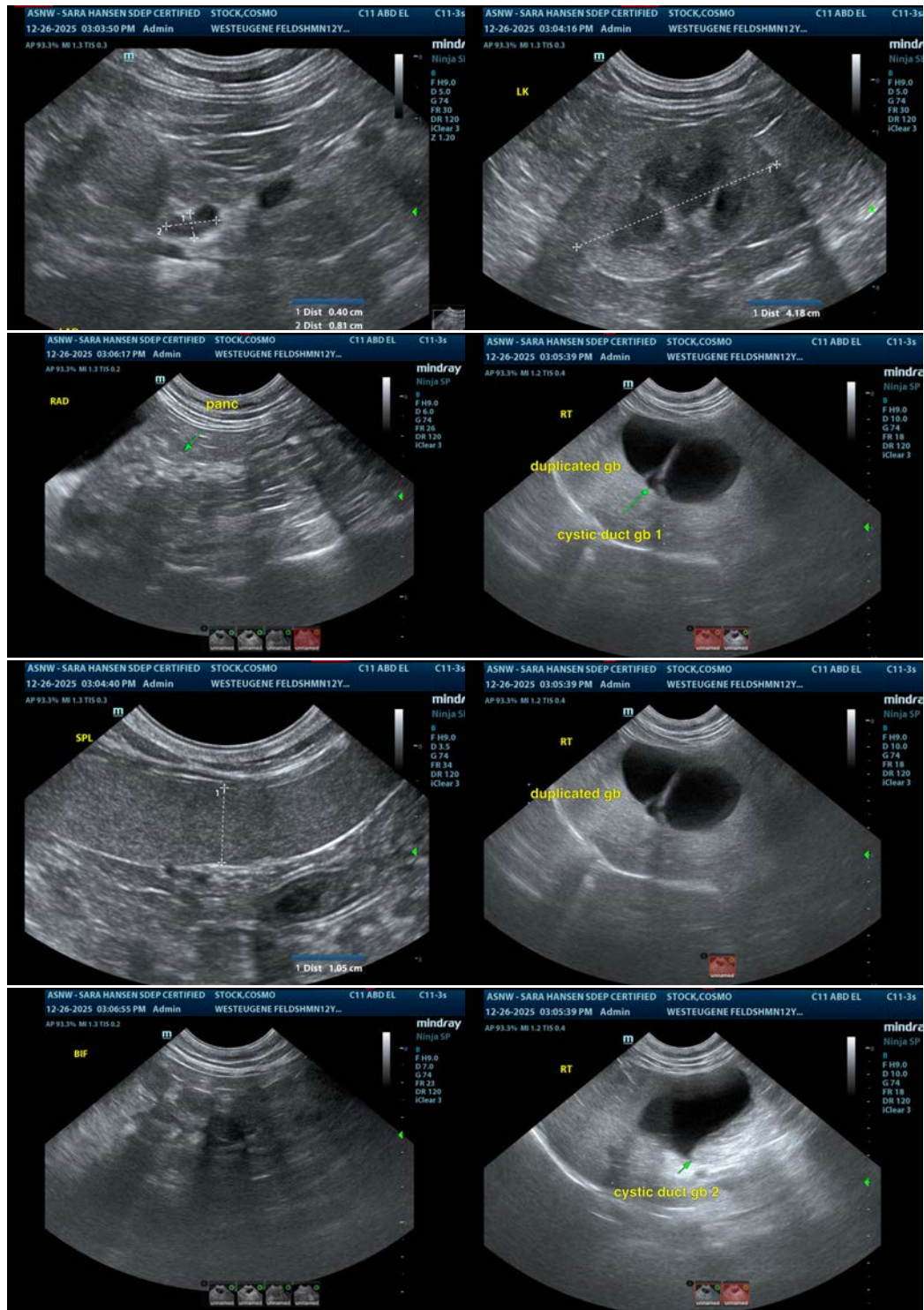
Dr. Behrends

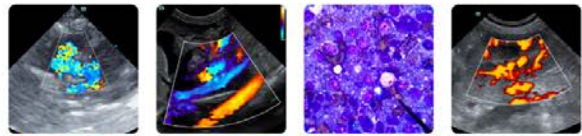
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
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