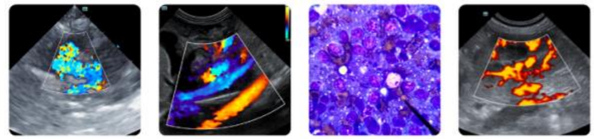


PATIENT

Yeti Eure

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

7.7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Eure

HOSPITAL NAME

Moyock Animal Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

12540

DATE

12/03/25

PRESENTING CLINICAL SIGNS

Yeti has been treated for Wolf/Parkinson/White syndrome with oral diltiazem and sotalol since he was 6 months old and has done well. He presented today for a 24 hours duration of decreased appetite, lethargy, and vomiting (5-6 times). He has not vomited today.

Abnormal PE/Chem/CBC/UA Results: Physical exam today is unremarkable. He has an elevated ALT (526) and Pancreatic lipase (32.5). See attached-- Abdominal radiographs revealed a moderate to large amount of stool in the colon and a full urinary bladder, otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 1.0 cm) 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 3.2 cm in length. The right kidney measured 3.58 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** was mildly enlarged 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. The spleen measured 1.15 cm width.

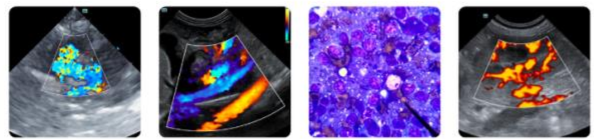
Liver

The **liver** revealed slight coarse architecture with mild increased portal markings, normal size and normal contour. Normal vascularity was maintained. 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



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The cranial abdomen revealed a large **pancreatic** cyst or abscess occupying the base of the pancreas and portions of the left lobe measuring approximately 3.6 cm x 3.2 cm. A smaller cystic structure at the mid left pancreatic limb measured 1.6 cm. The fluid in the cystic structure was echogenic which would suggest an inflammatory component and is not overtly suspicious of neoplasia yet cannot be completely ruled out. The entire pancreatic lesion measured 5.2 cm x 3.6 cm.

Free Abdomen

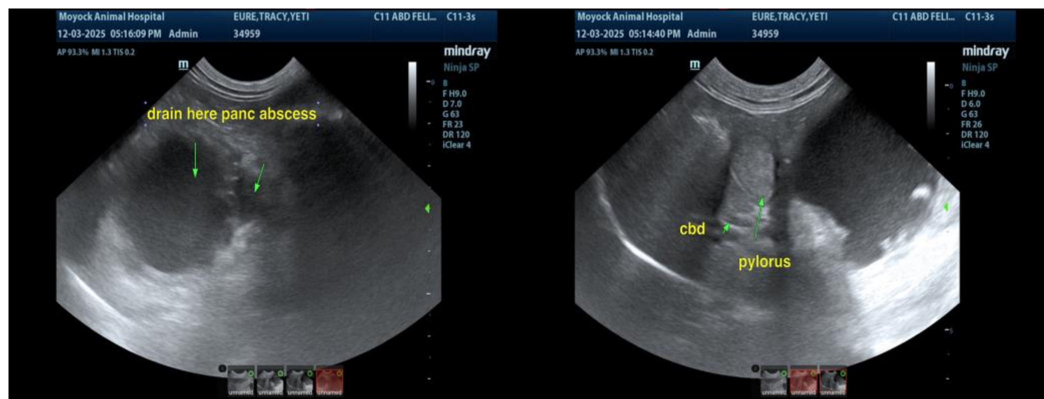
A mild amount of free fluid was noted in the abdomen.

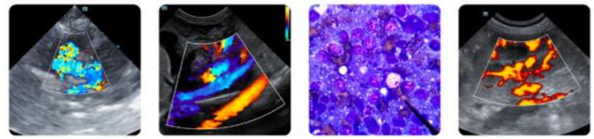
ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes.
- Free fluid.
- Scalloping spleen.
- Pancreatic cyst/abscess.
- Largely unremarkable liver- mild inflammatory hepatopathy pattern likely secondary to the pancreatic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver would be warranted. Medical management for pancreatitis is warranted as well as the mandatory ultrasound guided pancreatic abscess/cyst drainage.





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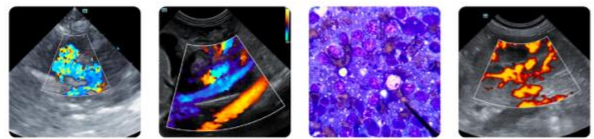

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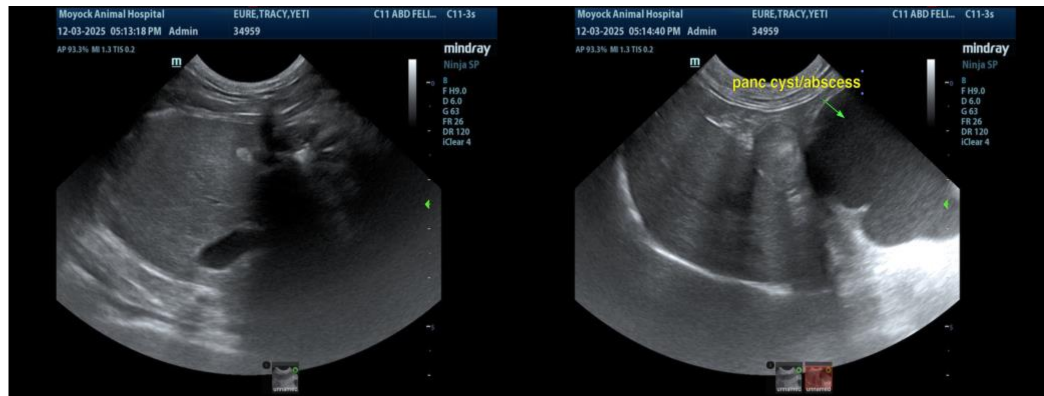

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com