



## PATIENT

Ollie Lawson

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12

## WEIGHT

4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Laura Field

## HOSPITAL NAME

Westview Veterinary  
Hospital

## REFERRING VET

Dr. Laura Field

## INVOICE

72401

## DATE

12/5/25

## PRESENTING CLINICAL SIGNS

Has always been fussy eater, intermittent vomiting but worse in last 6 weeks, notable weight loss, vomiting once per week, really fussy.

Abnormal PE/Chem/CBC/UA Results: CBC wnl besides rbc low 5.6 (6.5-12.2) hct low 21 (30-52) hgb low 7.2 (9.8-16.2) mono high 0.71 (0.05-0.67) eos low 0.08 (0.17-1.57) CHEM wnl besides glu high 9.4 (4-8) urea low 5.2 (5.7-12.9) Panc Lipase high 19.9 (0-4.4) tt4 wnl

## 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. Degenerative changes were mild to moderate. Right kidney measured 4.0 cm. Left kidney measured 3.5 cm.

### Adrenal Glands

The **left 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. Left measured 0.30 cm.

The region of the **right 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

A 3.5 cm microcystic mass was noted in the region of the pancreas. It appears to be deriving from the right side of the **liver**, most consistent with cystadenoma. Not likely a pathological issue. The mass impinges cranially upon the pyloric outflow. The remainder of the liver was 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

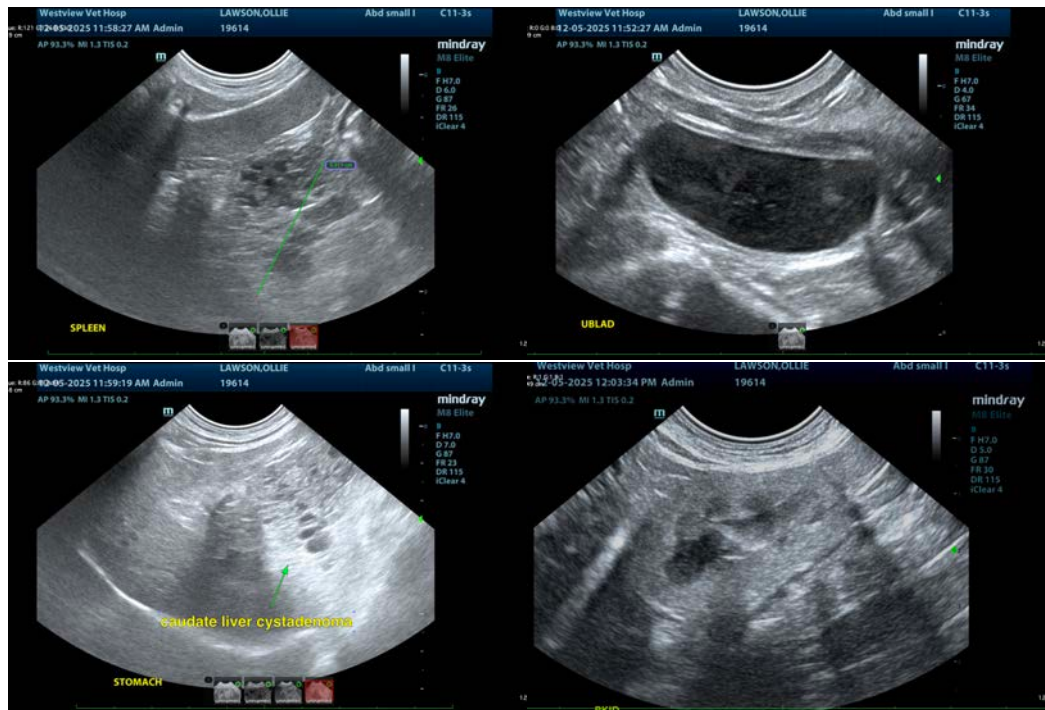
\*See liver section.

**ULTRASONOGRAPHIC FINDINGS**

- Right-sided cystadenomatous liver mass.
- Age related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation for surgical planning or direct surgical intervention recommended, yet this may not be a clinical issue at this time. However, it is at risk for torsion. Unremarkable geriatric abdomen otherwise. The cause of anemia is unclear. CBC path review +/- bone marrow aspirate indicated. Othe causes of weight loss should be considered, as the cystadenomatous liver mass is suspected to be benign.





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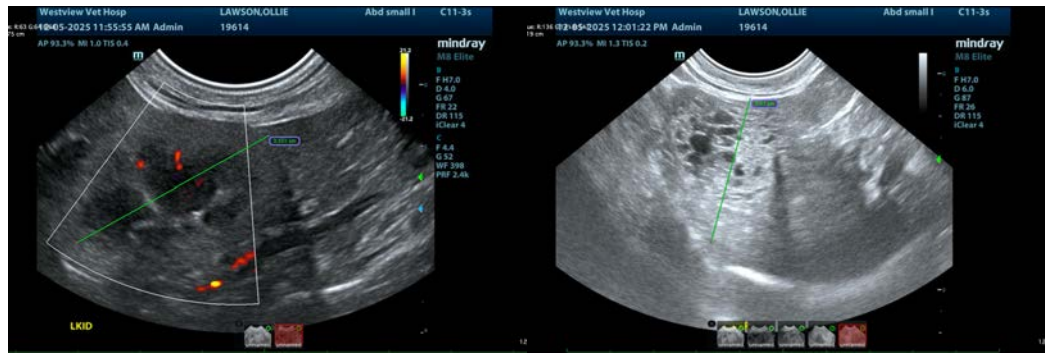
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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