



PATIENT

Louoie Petronijevic

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

7.7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Wyckoff Veterinary
Hospital

REFERRING VET

Dr. Scott

INVOICE

13763

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- Weight loss, despite Methimazole, B12 inj & persistently high T4
- Meds: Methimazole 5mg 1.5-tab BID, B12 injections weekly

Abnormal PE/Chem/CBC/UA Results: ALT 344, ALP 124, T4 5.3 (started off at 22)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **right kidney** presented with slight pyelectasia and slight proximal hydroureter without cause of obstruction. The right kidney measured 4.1 cm in length.

The **left kidney** presented with minor pelvic dilation/pyelectasia measuring 0.90 cm. Pelvic scarring is likely the cause of the pyelectasia. The left kidney measured 4.3 cm in length. The left kidney revealed mild hydronephrosis and dilated left ureter measuring up to 0.80 cm. The left ureter continued caudally. The left ureter appears to bypass the trigone and enter into the pelvic urethra. The urethra is clearly visualized, and the left ureter appears to have an ectopic termination in the deep pelvic urethra, at least 3.0 cm to 4.0 cm distal from the cystourethral junction. The ureteral papilla appeared to have embedded calculi, and it cannot be determined whether the calculi were in the left or the right ureteral papilla.

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. The left adrenal gland measured 0.36 cm width. The right adrenal gland measured 0.43 cm width.

Spleen

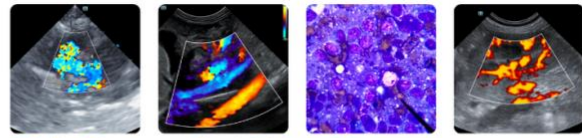
The **spleen** presented with subtle micronodular changes and fairly normal size measuring 1.0 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Some retention of ingesta was noted in the stomach, possibly hairball accumulation. Soft stool was noted in the colon.



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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

Slightly enlarged rounded mesenteric **lymph nodes** were present with the largest of which measuring 0.90 cm encompassing the mesenteric artery.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific geriatric abdomen.
- Mesenteric lymphadenopathy.
- Suspect ectopic ureter with ureteral papilla nephroliths- incidental finding. Secondary degenerative renal changes are present yet not end stage.
- Ureteral papilla calculi- not causing an immediate issue.
- Soft stool in colon.
- Age-related hepatic changes.
- Micronodular spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary issue in this patient is the concern for potential emerging round cell neoplasia in the spleen and liver. I do not believe the lymph nodes are large enough to sample with ultrasound guided FNA to obtain definitive diagnoses. Screening FNA of the spleen and liver may be appropriate in an attempt at the mesenteric lymph nodes, however, they are adjacent and encompassing the mesenteric artery, therefore, there is some risk to make this sample. Regardless, FNA of the spleen and liver would be valid.

CT evaluation with contrast would be ideal for further definition. Chronic left hydroureter is present. Assessment of the patient's history as to whether clinical signs of ureteral ectopy are present. Regardless, I feel there is multiple comorbidities in this patient. The ectopic ureter appears to be a congenital issue.



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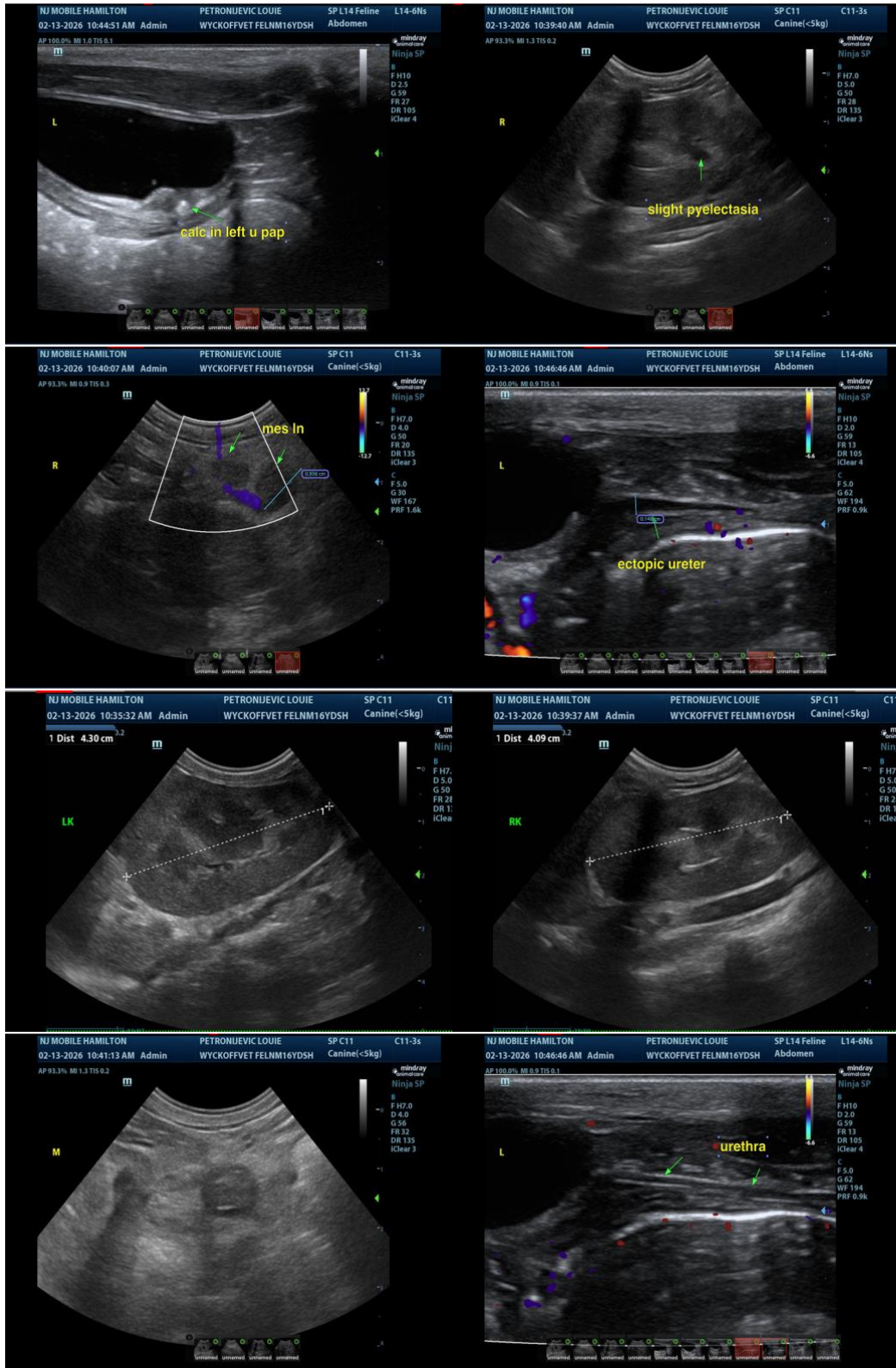
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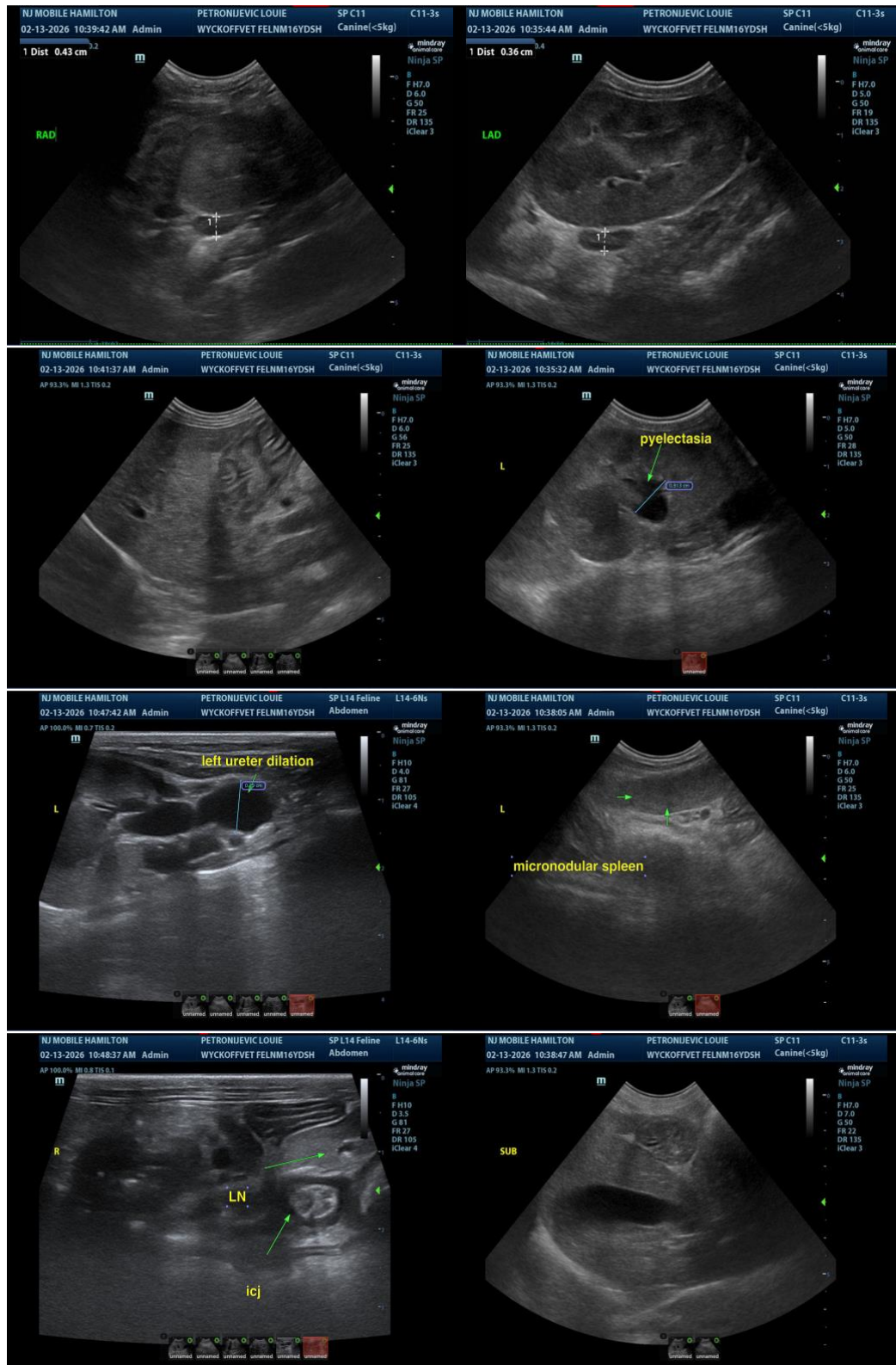
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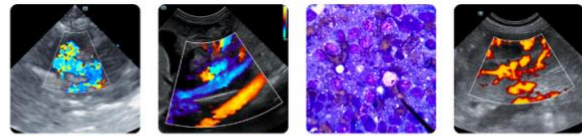
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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