



## PATIENT

Scamp Hicks

## SPECIES

Feline

## BREED

Bengal

## SEX

Neutered male

## AGE

13 years

## WEIGHT

11.1 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Kathleen Laux

## HOSPITAL NAME

Rondout Valley VA

## REFERRING VET

Dr. Laux

## INVOICE

71146

## DATE

2/2/26

## PRESENTING CLINICAL SIGNS

- Was diagnosed with presumed GI lymphoma/IBD about a year ago. Was started on steroids which resulted in diabetes 8 months later. Now is continuing to lose weight, anemic, mild hematuria, and elevated PSL.
- Abnormal PE/Chem/CBC/UA Results: Hct 29, PSL 218

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 thickened cortices with loss of corticomedullary definition. Pelvic mineralization was noted in the left kidney with left cortical infarct. The left pelvic calculus measured 0.8 cm with pyelectasia measuring 0.3 x 0.76 cm. This appears to be stable. The right kidney measured 4.95 cm. The left kidney measured 4.58 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. The left adrenal gland measured 0.29 cm.

### 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.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Hyperechoic cystadenomatous type nodule was noted in the right cranial liver and measured 2.5 cm. 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,



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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

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 **pancreas** was enlarged, heterogenous, hypoechoic and nodular. The pancreas was enlarged up to 1.66 cm. Pancreatic duct dilation was noted.

## ULTRASONOGRAPHIC FINDINGS

Left renal calculus with adjacent infarct and pyelectasia.

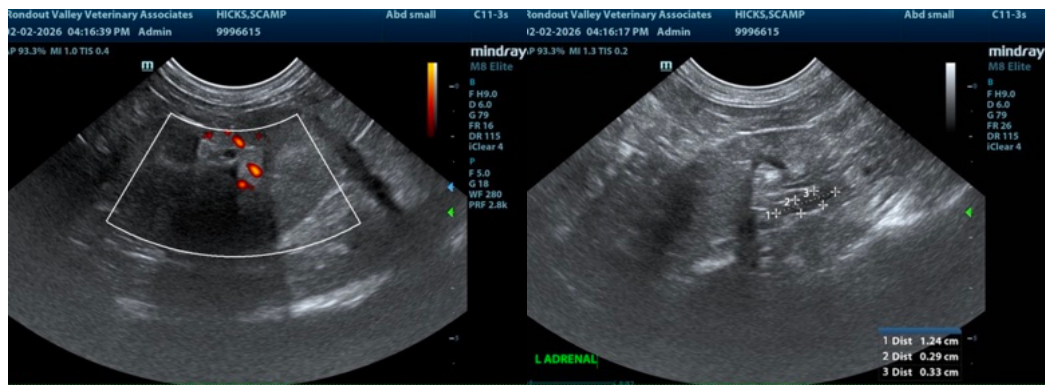
Pelvic calculus, may be causing some discomfort.

Pancreatic hyperplasia pattern with potential underlying neoplasia.

Otherwise, geriatric abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the pancreas is indicated to assess for necrosis or potential emerging carcinoma. Palpation of the left kidney is indicated to assess for any pain related to the pelvic calculus. There was no overt evidence of neoplasia. The cortisone therapy may be suppressing a more significant presentation. Full urinary work-up is warranted to assess for inflammatory sediment related to left renal calculus.





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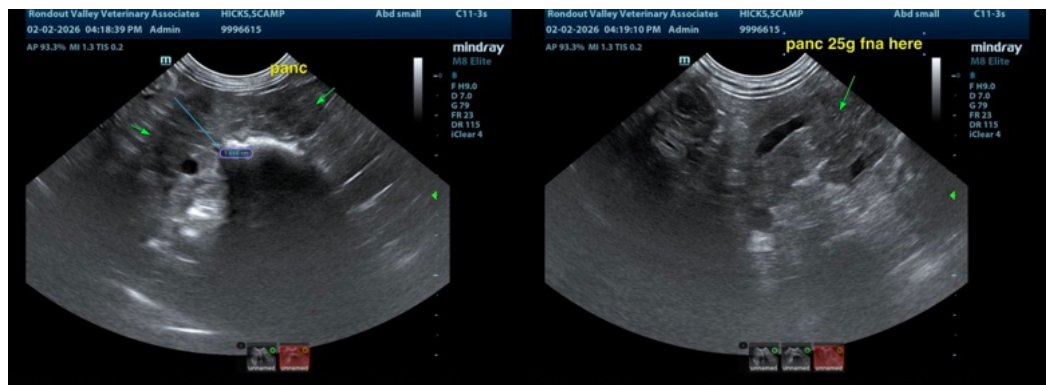
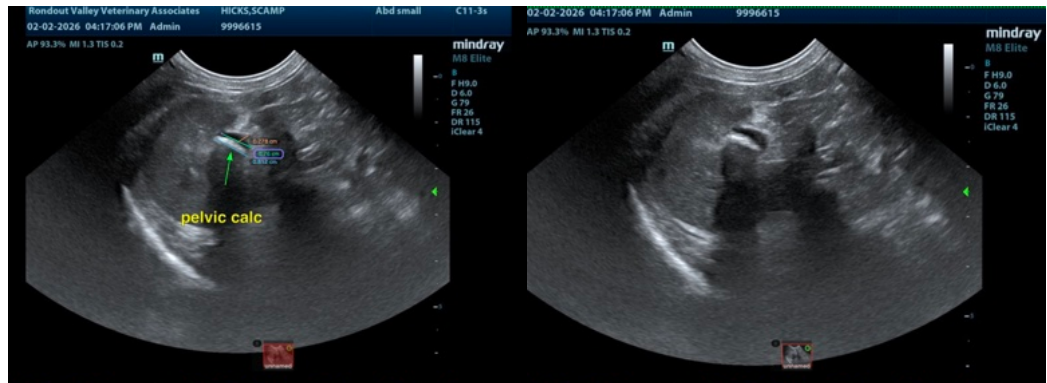
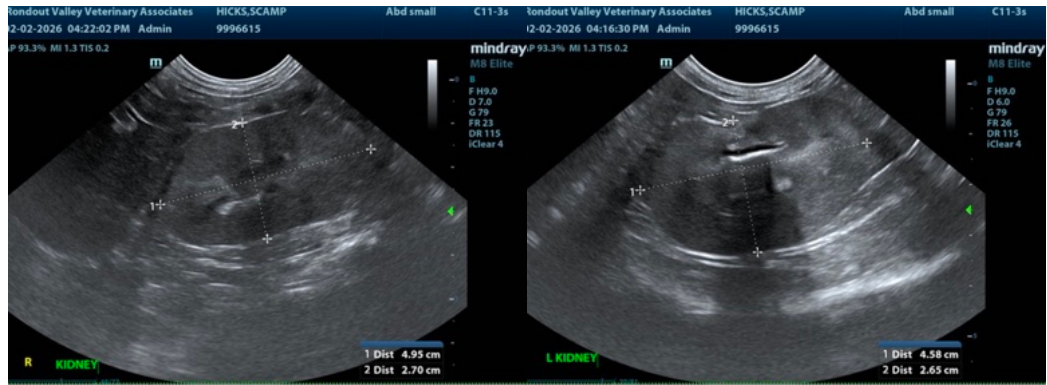
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)