



PATIENT

Whitey Edson

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

12 Years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff Veterinary
Hospital

REFERRING VET

Dr. Scott

INVOICE

73160

DATE

2/21/26

PRESENTING CLINICAL SIGNS

Lethargic, decreased app, on and off resp signs for a few months. Owner reports recent snoring. Indoor/outdoor, no utd on vax.

Abnormal PE/Chem/CBC/UA Results: Chest rad consult- poss bronchocarcinoma with a metastatic lesion cbc/chem- t4 6.1 (on methimazole currently and just increased dose) fiv/felv negative

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** were mildly swollen yet maintained structure. Left kidney measured 4.0 cm. Right kidney measured 4.0 cm.

Adrenal Glands

The **right 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. The right adrenal gland measured 0.50 cm.

The region of the **left adrenal gland** was imaged, no evident pathology.

Spleen

The **spleen** was enlarged, measuring up to 1.3 cm in width.

Liver

The **liver** was mildly swollen, hypoechoic to falciform fat. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. The distal small intestine was thickened without complete loss of mural detail.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

The mesenteric root revealed hyperechoic fat with minor hypoechoic lymphadenopathy up to 1.0 cm.



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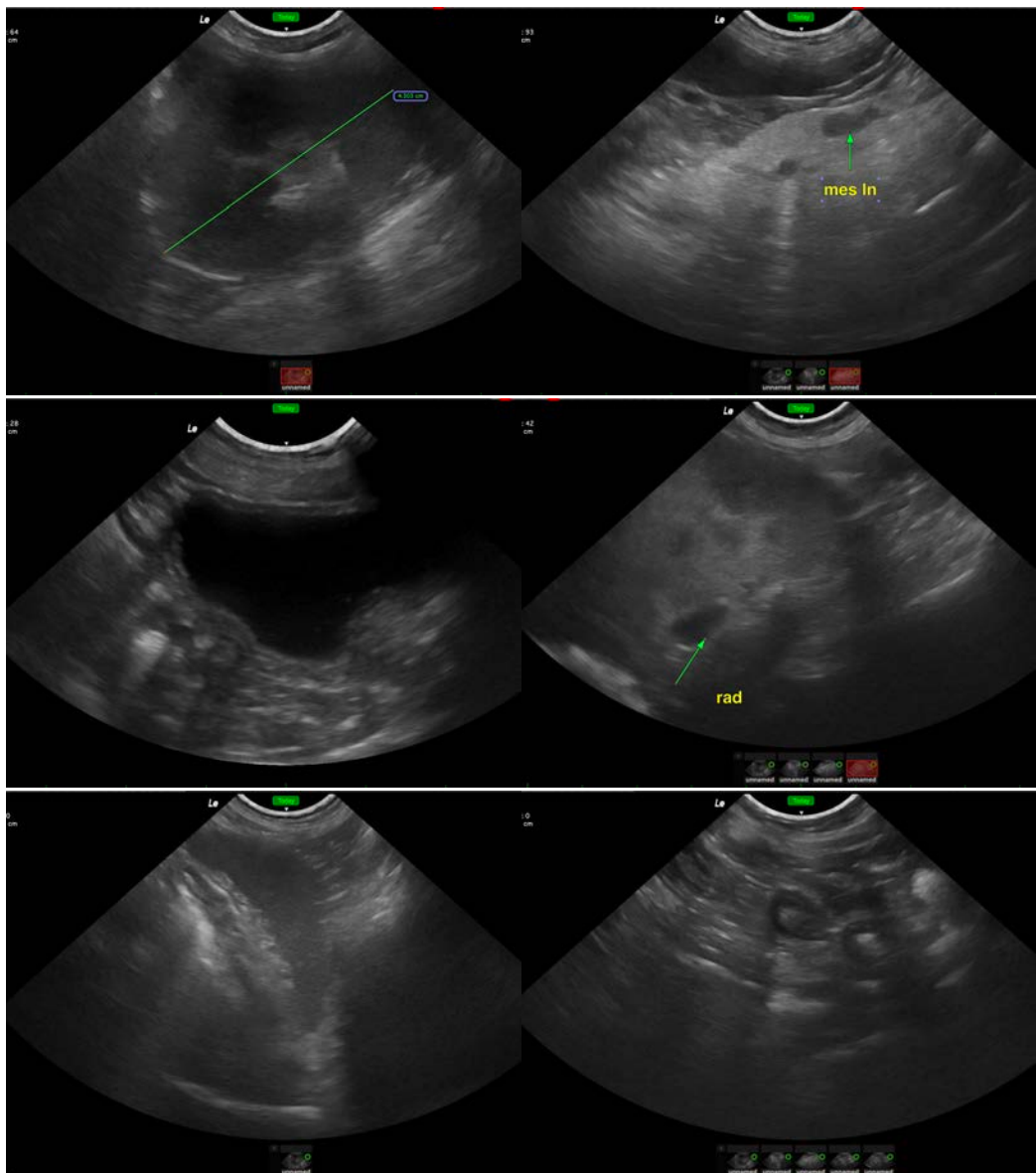
2/21/26

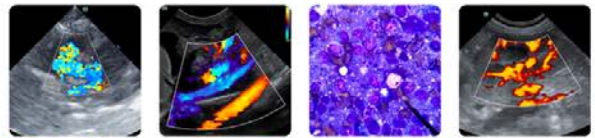
ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Slight hepatomegaly.
- Swollen kidneys.
- Thickened distal small intestine.
- Mesenteric lymphadenopathy.
- Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for early lymphoproliferative disease or mast cell disease. Screening FNA of the spleen, liver and accessible lymph node if possible. Prognosis is guarded.





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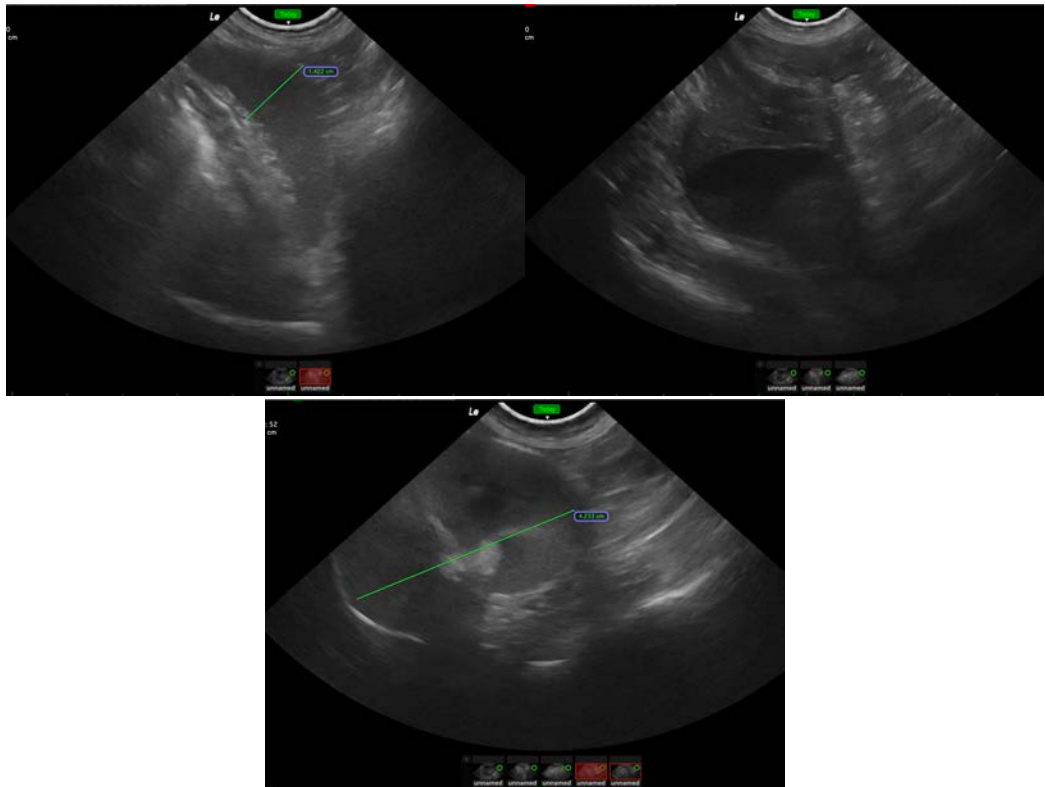
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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