



PATIENT

Spooky Goodman

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

12 years

WEIGHT

9.17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Brenner

INVOICE

71866

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- 1/19/26 Acute onset Diarrhea that persists, with vomiting. Stools very soft and then drops of fresh blood. Flagyl and Provable not help.
- 1/26/26 Diagnosed hyperthyroid, Started Methimazole 2.5mg BID, rechecked Thyroid 2/17/26 and lowered Methimazole to 2.5mg SID.
- 2/10/26 Stool finally formed on Metronidazole, Methimazole, propectalin.
- Started Folic Acid Folivite 1mg 2.5 SID PO.
- 2/24/26 not eating well for days.
- 1.5 lb weight loss over 1 month
- Exam 1/19/26 temp 102.2 1/26/26 temp afebrile, FeLV/FIV both Neg, hyperthyroid TT4 9.3 (0.8-4.7), hypokalemia 3.0 (3.5-5.8), lymphopenia 0.74 (0.9206.88), radiographs increased density caudal abdomen, BP 140, TLI and PLI and Cobalamin normal, low folate 8.6 (9.7-21.6) 2/17/26 Febrile 102.7, TT4 1.5 (0.8-4.7), PCR Fecal test all Negative. 2/25/26 Febrile 103.5 while sedated palpable mass dorsal caudal abdomen.

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 was 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.9 cm. The left kidney measured 3.8 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 0.46 cm. The right adrenal gland measured 0.31 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.



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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. 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

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. The descending colon revealed a concentric mass with a wall thickness of 1.3 cm. Deviation of the colonic lumen was noted. The mass extended into the pelvic inlet and does not appear overtly resectable. The caudal termination of the mass was not able to be assessed. The mass was moderately vascular on power Doppler assessment. Regional colic lymph node was enlarged, rounded and hypoechoic measuring up to 1.5 cm.

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

Slight areas of free fluid were noted and reactive mesentery.

ULTRASONOGRAPHIC FINDINGS

Descending colonic mass. Carcinoma, round cell neoplasia and non-neoplastic granulomatous disease/FIP are all potentials.

Free fluid and reactive mesentery.

Colic lymph node enlargement.

Age related renal and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and ultrasound-guided FNA of the colonic mass and colic lymph node is



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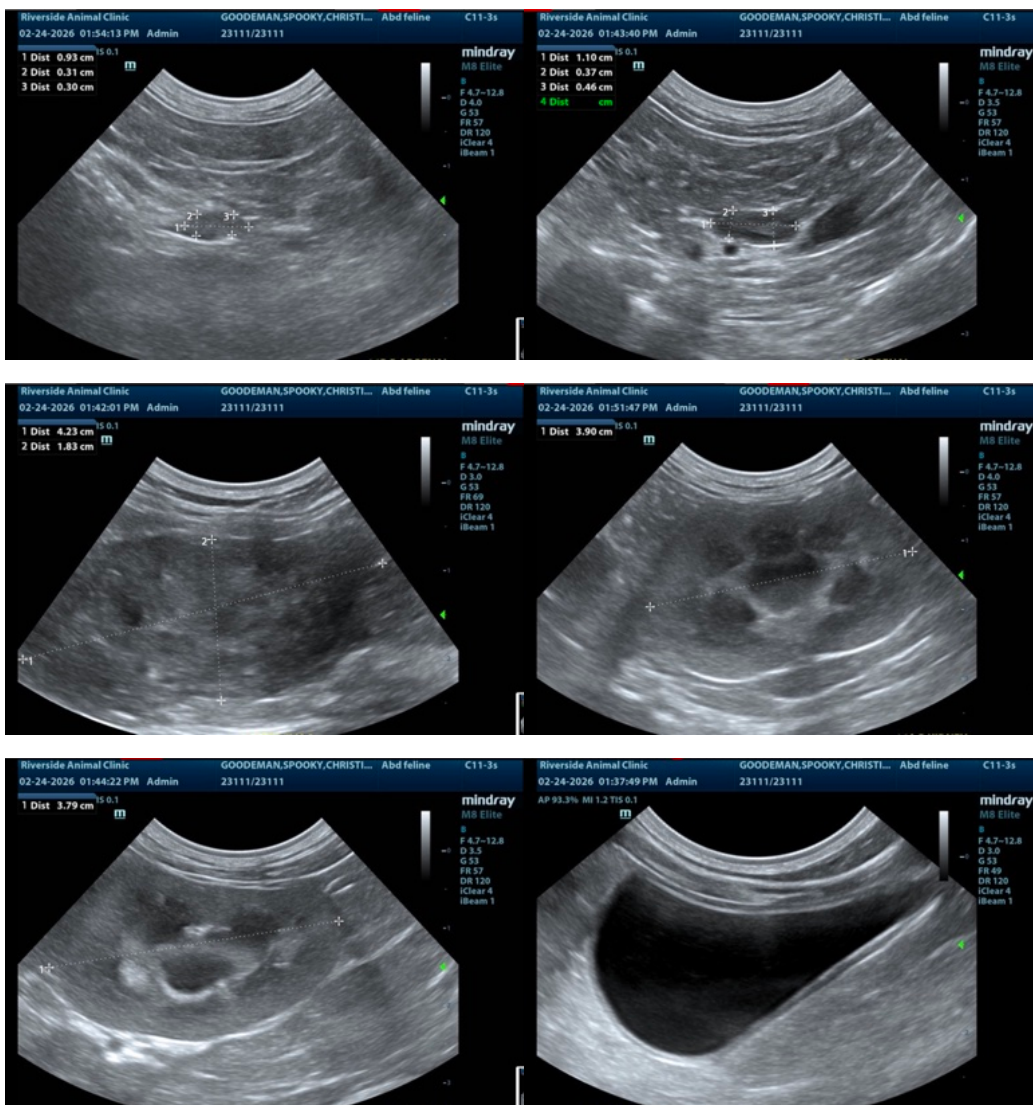
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recommended. CT examination for potential surgical planning would be warranted. However, pelvicotomy would be necessary depending on where the caudal termination of the mass is. Given the rounded colic lymph node, regional spread to the lymph nodes is likely. Management depends on cytology results of the lymph node and colonic mass.





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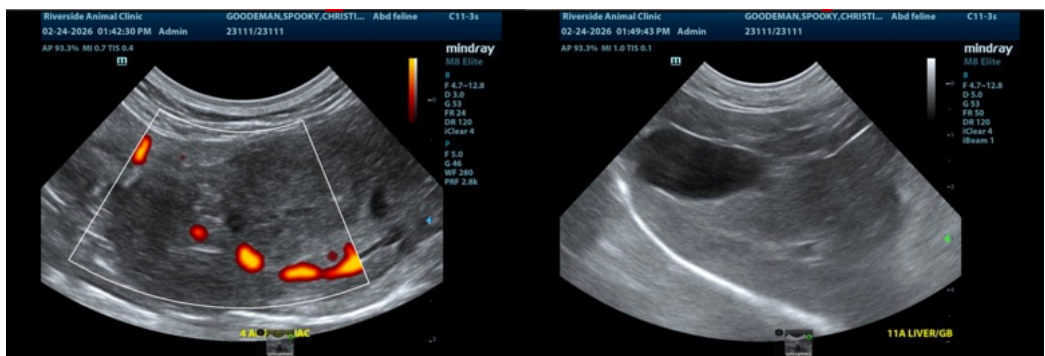
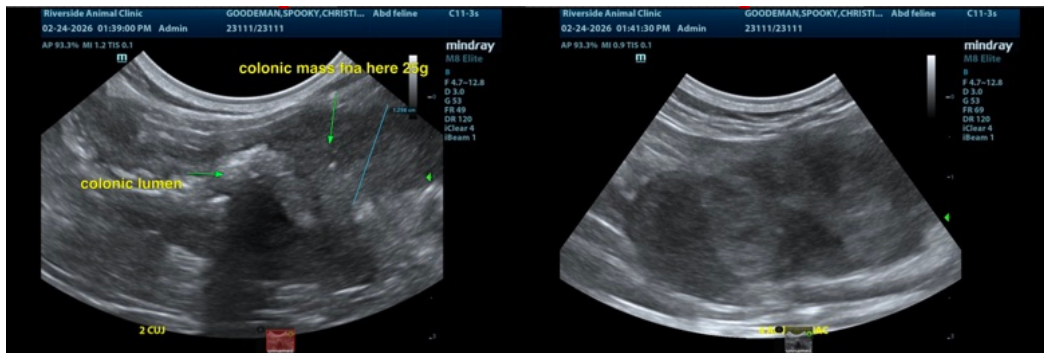
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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