

PATIENT

Neko Smith

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

17 years

WEIGHT

8.75 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ian Anderson

HOSPITAL NAME

Chester AC

REFERRING VET

Dr. Perez

INVOICE

71948

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- Progressive chronic weight loss
- Unremarkable exam noted by rDVM Unremarkable

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 left and right kidney measured 3.9 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.

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. The spleen measured 0.85 cm.

Liver

The **liver** revealed isoechoic nodular changes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The **gastric** fundus revealed a large amount of echogenic chyme or tissue proliferation. Power Doppler of the gastric fundus is recommended to assess tissue versus ingesta. The region in question measured 5.0 cm and appeared to occupy the entire stomach. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

The **pancreas** was enlarged and hypoechoic with a dilated duct. The pancreas measured 1.7 cm in the left and right pancreatic limb.

ULTRASONOGRAPHIC FINDINGS

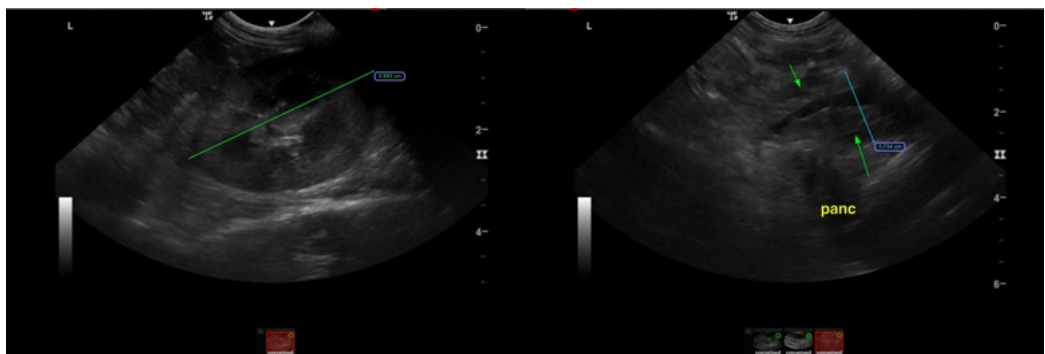
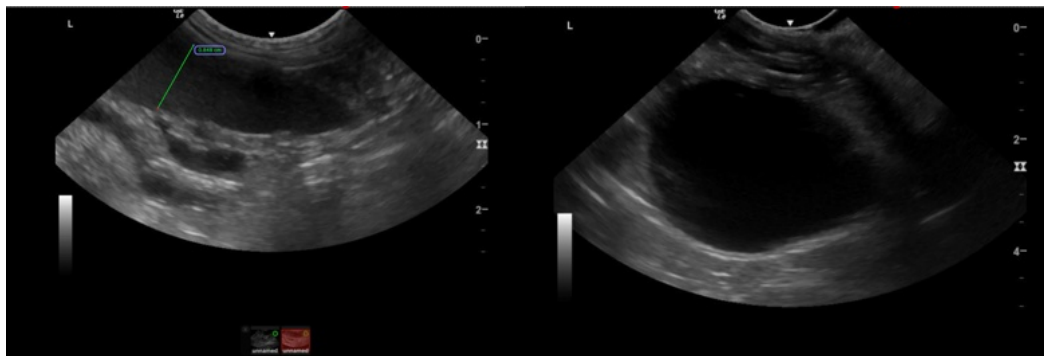
Potential gastric mass.

Hepatic nodules.

Prominent, irregular pancreas. Potential chronic pancreatitis versus hyperplasia and remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging is necessary to confirm mass versus retained ingesta.





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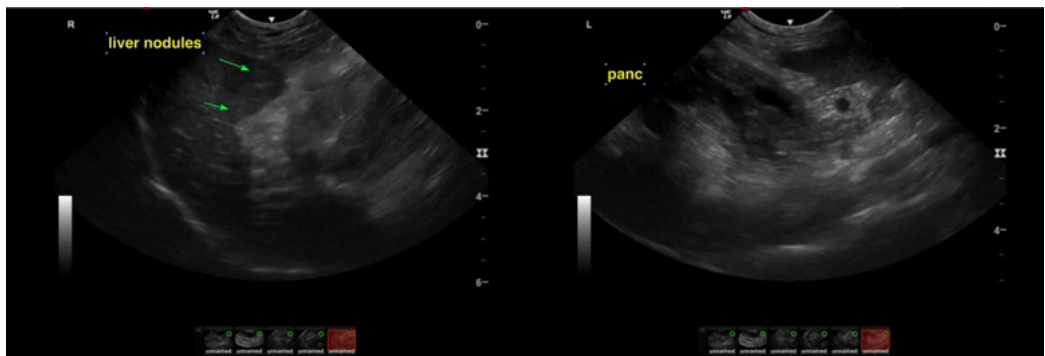
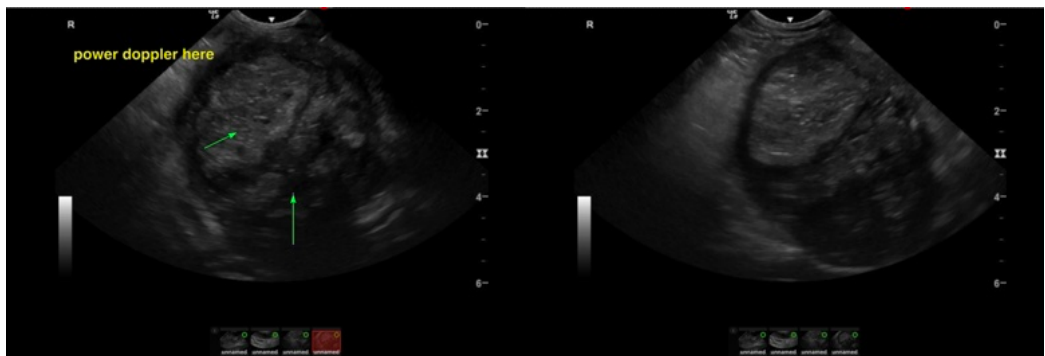
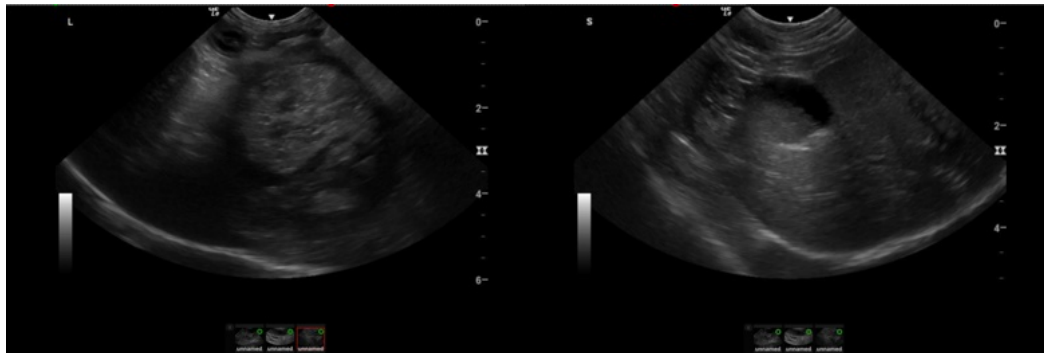
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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