



PATIENT

Jasper Wilson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.6 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

All Friends Animal
Hospital

REFERRING VET

Dr. Kathleen Tangari
DVM

INVOICE

14292

DATE

03/12/26

PRESENTING CLINICAL SIGNS

- Jasper has been losing weight for two years - was 12 lb, now 8.6. Grade II/VI heart murmur. Larger, firm stool in colon - no diarrhea - occ. vomiting since the fall. Eats canned food, refuses dry. r/o lymphoma vs IBD - neoplasia in stomach vs other

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.88 cm in length.

Adrenal Glands

The **left adrenal gland** was not visualized.

The **right adrenal gland** was enlarged and measured 1.2 cm x 0.75 cm with intimate impingement upon the vena cava without invasion. The phrenic vein appeared to be slightly occupied, yet no caval invasion was noted.

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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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. An anechoic cyst was noted in the dorsal liver measuring 0.67 cm yet not pathological.

Gastrointestinal



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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 base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. A hypoechoic nodule was present measuring 0.50 cm x 0.38 cm in the left base yet does not appear overtly pathological.

ULTRASONOGRAPHIC FINDINGS

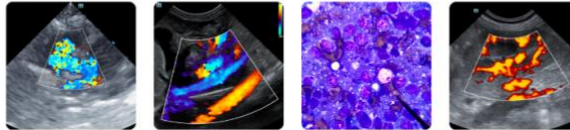
- Irregular slightly invasive right adrenal gland- strong concern for carcinoma.
- Age-related renal changes.
- Hepatic anechoic cyst.
- Pancreatic nodule- hyperplasia, emerging round cell neoplasia or carcinoma less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If hypokalemia is present. then aldosterone levels are indicated. Right adrenalectomy is recommended as this may be playing a role in the clinical signs, however, other causes of weight loss and vomiting such as underlying inflammatory bowel malassimilation or occult neoplasia elsewhere should also be considered. GI biopsies and inspection/removal of the left pancreatic nodule would all be indicated.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

Pheochromocytoma is extremely rare in felines, yet technically is a potential.



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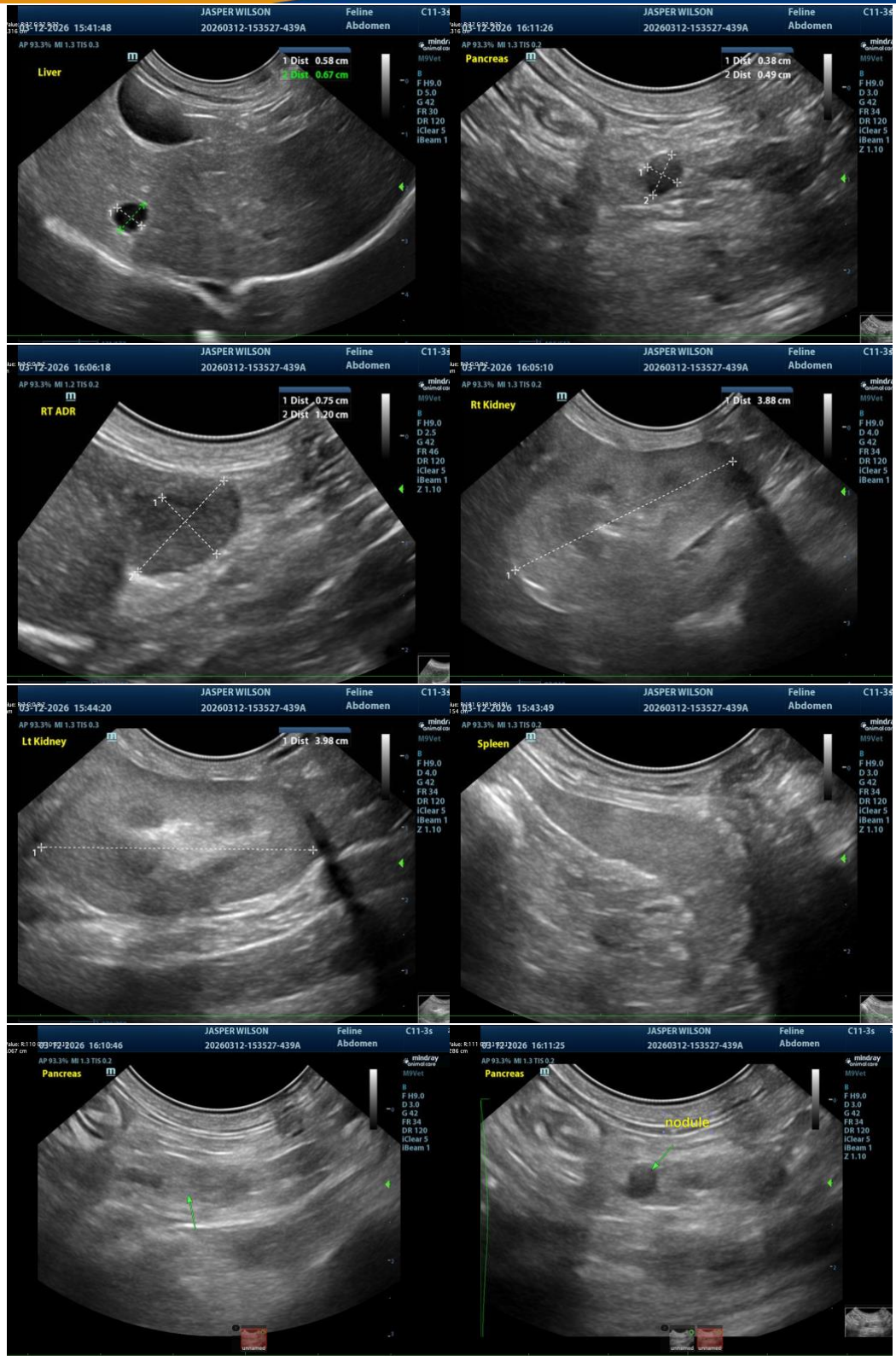
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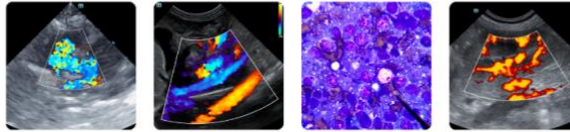
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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