



PATIENT

Shredder Landi

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years 8 Months

WEIGHT

9.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Katrina Lobst

INVOICE

36245

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- 15.5yo MN DSH with historic DM (since Nov 2024). Failed Senvelgo due to ketosis Oct 2025, switched to Vetsulin. DKA secondary to pancreatitis 12/15/26. Anorexic 3/13 PM through presentation 3/14 - O did not give insulin.
- Abnormal PE/Chem/CBC/UA Results: Spot BG (10:30am, last insulin 3/13 AM): 522 Blood ketones: 0.7 CBC: marked non-regenerative anemia (HCT 22.5%) - static since 12/15 Chemistry: TP 11.8, Glob 9.2, Amy 2183, Lip 4479, ALT 155, AST 73 fPL: 3.8

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 **kidneys** revealed moderate degenerative changes with chronic interstitial nephrosis pattern. Pyelectasia was noted in the left kidney, likely owing to scarring. Pyelectasia was noted in the right kidney as well. The left kidney measured 3.6 cm. The right kidney measured 4.77 cm. Pericapsular inflammation was noted in the right kidney.

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 0.43 cm. The right adrenal gland measured 0.55 cm.

Spleen

The **spleen** was swollen and hypoechoic with scalloping contour, measuring up to 1.3 cm. FNA is indicated.

Liver

The **liver** was mildly hypoechoic to falciform fat with scalloping contour. Mild hepatic vein dilation was noted, possible passive congestion or would be secondary to fluid therapy if aggressive fluids are being utilized. Slight free fluid was noted between the liver lobe and body wall. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. This is a mild change.

Pancreas



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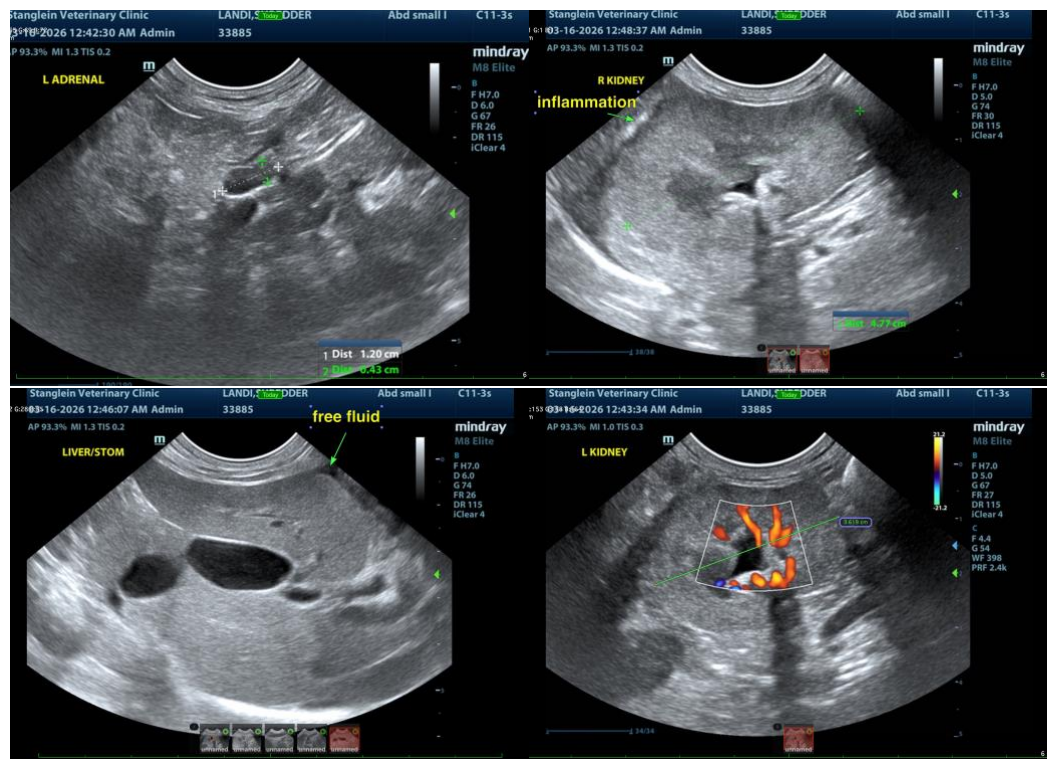
The **pancreas** revealed coarse architecture and hypochoic and irregular parenchyma, with dilated pancreatic duct and enhanced surrounding mesentery.

ULTRASONOGRAPHIC FINDINGS

- Subacute on chronic renal disease/chronic nephritis pattern and pyelectasia, potential pyelonephritis.
- Prominent irregular pancreas
- Enlarged irregular spleen and liver
- Age-related GI changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA of the spleen and liver is indicated for further definition. Urinary work up is warranted with culture and sensitivity. Chest radiographs +/- thoracic ultrasound is indicated given the passive congestion pattern in the liver. Prognosis is guarded. Strong concern for emerging round cell neoplasia versus pancreatitis, reactive spleen and liver.





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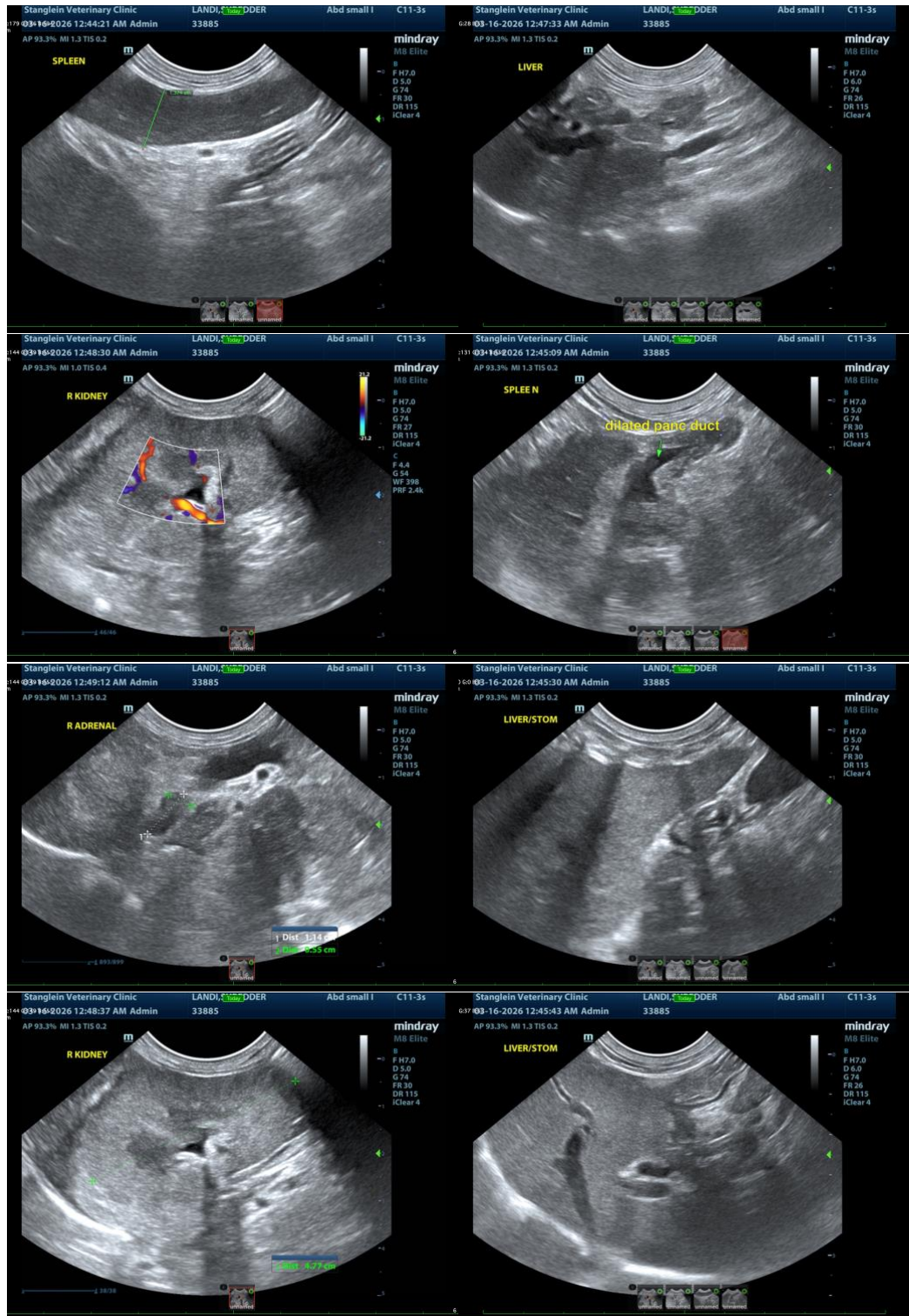
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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