



## PATIENT

Baldur Novak

## SPECIES

Feline

## BREED

Maine Coon

## SEX

Neutered Male

## AGE

17 Years 5 Months

## WEIGHT

7.18 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Raul Casas

## HOSPITAL NAME

State Avenue Vet  
Clinic

## REFERRING VET

Dr. Raul Casas

## INVOICE

14617

## DATE

03/26/26

## PRESENTING CLINICAL SIGNS

Referral from Western Vet Clinic: history of chronic vomiting and GI upset, recurring hairballs. Presented for anorexia of one day duration and vomiting. Administered IV fluids and barium (3/23/26). Hx of treatment at feline hyperthyroid center in 2024 (all T4 rechecks have been in normal range). Chronic intermittent anorexia and vomiting associated with hairballs since kittenhood. Diet: historically dry food; transitioned to primarily canned food within past year. Dental cleaning performed December 2025; no extractions. Treated with antibiotics for suspected oral infection post-dental; appetite improved post-treatment. Probiotic administered via syringe for 4–6 weeks; discontinued 10–14 days ago due to increased flatulence and severe diarrhea with peri-litterbox accidents. Diarrhea resolved after discontinuation. Recent hyporexia since Monday: minimal intake, licks food, small amounts of bread and treats. Water intake maintained, urination normal per client. Bowel movements: semi-formed to liquid, no hematochezia; color similar to contrast dye. History of hyperthyroidism; treated in Washington two years ago with good response. Noted significant weight loss over past 10 days. Previous bloodwork (2026-03-23): mild elevation in liver values, otherwise unremarkable per client. 150 mL SQ fluids administered by client last night and this morning. No current medications; last administered probiotic discontinued.

Abnormal PE/Chem/CBC/UA Results: Fractious in clinic, weight loss ALP 218, ALT 196, RBC 6.98, HCT 32.02 3/23/26 rDVM- X-ray: distended stomach with abdominal opacity. Barium present in stomach 16 hours later.

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 4.0 cm in length. The right kidney measured 4.5 cm in length.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### 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. The spleen measured 1.0 cm width.

### Liver



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The **liver** revealed coarse architecture with mild increased portal markings and hypoechoic nodular changes. The common bile duct was tortuous, consistent with an age-related change. The common bile duct presented with mild echogenic debris measuring 0.48 cm width.

**SPECIES**

Feline

**Gastrointestinal**

**BREED**

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The **stomach** in this patient revealed a progressively shadowing hairball density measuring approximately 4.0 cm. Some variable areas of gastric wall thickening was noted primarily in the gastric fundus measuring up to 1.1 cm with some loss of mural detail. Areas of muscularis hypertrophy were also noted with echogenic mucosal remodeling. The pylorus revealed an echogenic pyloric upper duodenal mass measuring 1.7 cm. The echogenicity would suggest low-grade epithelial tumor and positive vascularity was noted on color flow assessment. Regional epigastric lymph node was mildly enlarged measuring up to 5.0 mm.

**SEX**

Neutered Male

**Pancreas**

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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.

**WEIGHT**

7.18 kg

**ULTRASONOGRAPHIC FINDINGS**

- Gastric fundus thickening with hairball type density in the stomach and pyloric duodenal mass.
- Nodular hepatic changes- nodular hyperplasia versus emerging neoplasia.
- Age-related abdominal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Either exploratory surgery or endoscopy-guided biopsies of the gastric fundus and pylorus is indicated. Ultrasound guided FNA of the liver nodules is indicated. Prognosis is guarded. The pyloric mass may be low-grade given the echotexture, however, it does appear potentially obstructive with concurrent likelihood of hairball accumulation as well.

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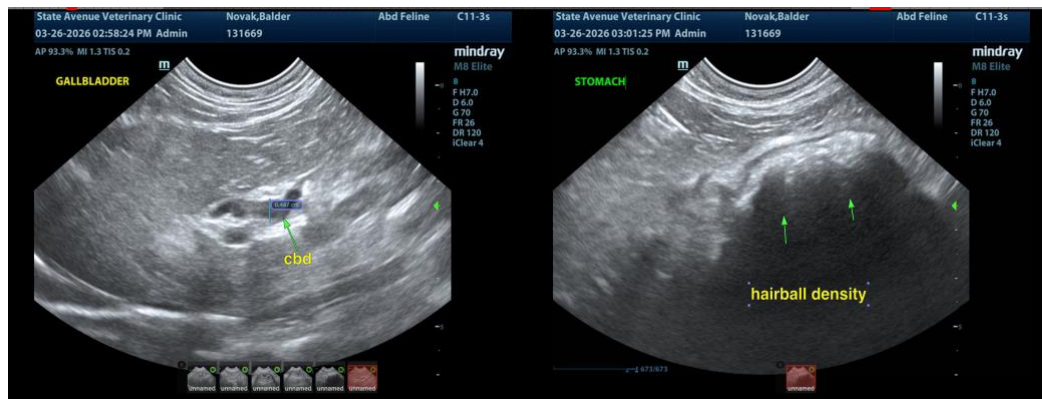
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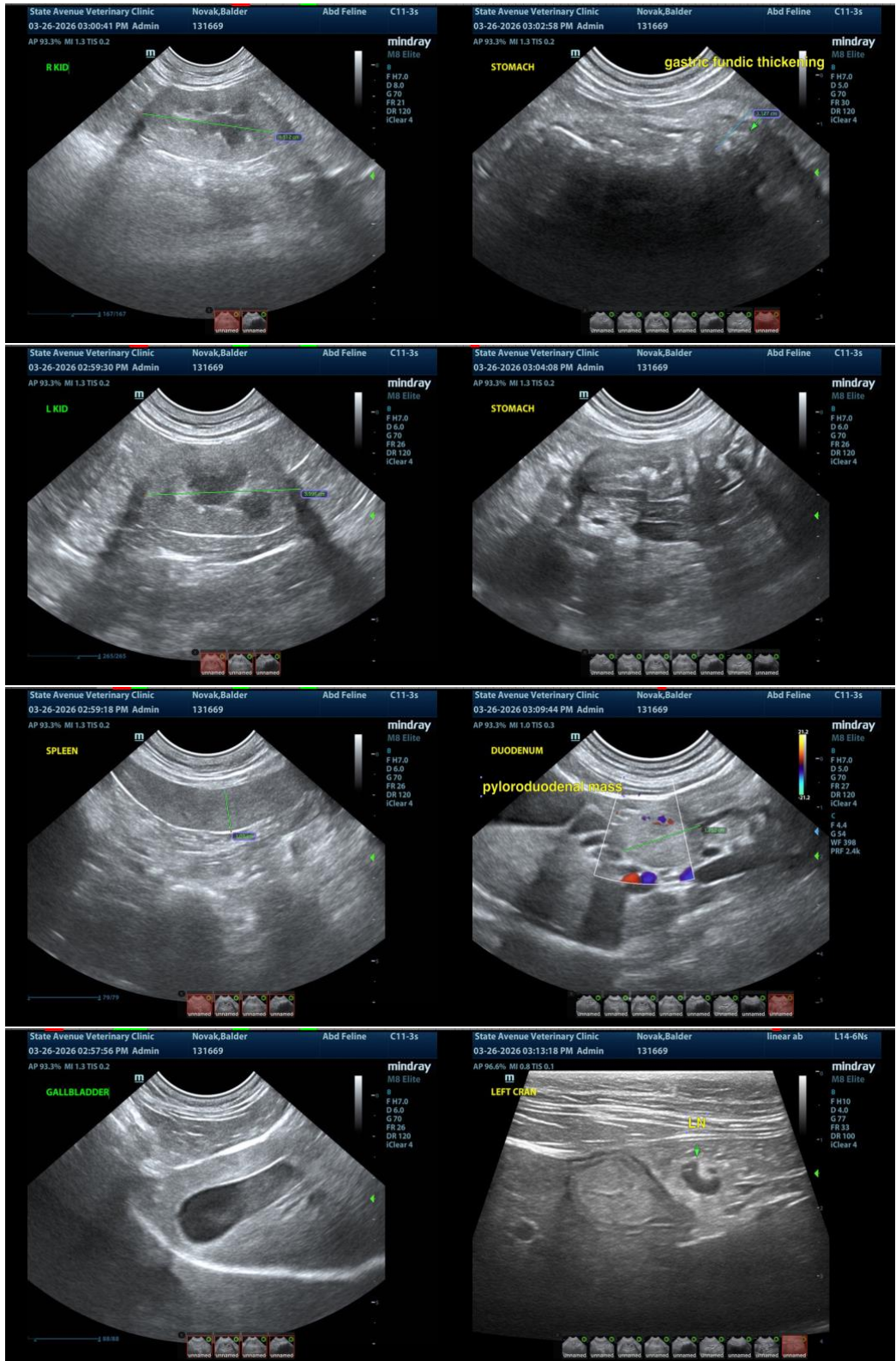
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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