



PATIENT

Jaeger Zhang

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

10

WEIGHT

10.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Seth Edgar, DVM

HOSPITAL NAME

Overpeck Creek
Animal Hospital

REFERRING VET

Seth Edgar, DVM

INVOICE

74036

DATE

3/26/26

PRESENTING CLINICAL SIGNS

Jaeger is a 10 year old NM DSH presented for abdominal ultrasound due to continued vomiting. Pet was hospitalized at BP for 3 days due to severe azotemia and vomiting. The azotemia has since resolved with new abnormalities on recheck BW: Neut 16.093(H), Mono 1.296(H), PLT 509(H), BUN 50(H), ALT 26(L), AST 13(L), CK 63(L), UProtein 1+, Hematuria 3+. Due to continued vomiting, and persistent BUN, an abdominal ultrasound was opted for in order to look at the kidneys and intestines better.

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis, yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Right kidney measured 4.94 cm. Left kidney measured 4.53 cm. The kidneys do not appear end stage. Blood flow was slightly subnormal on color flow assessment.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size (0.30 cm), 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 **right adrenal gland** was enlarged at 0.99 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 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 age-related parenchymal remodeling was noted but likely not clinically significant at this time. Slight hepatic vein dilation noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning



PATIENT

Jaeger Zhang

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

10

WEIGHT

10.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Seth Edgar, DVM

HOSPITAL NAME

Overpeck Creek
Animal Hospital

REFERRING VET

Seth Edgar, DVM

INVOICE

74036

DATE

3/26/26

lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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

An enlarged 2.7 cm x 0.70 cm mixed hypoechoic mesenteric lymph node was noted.

ULTRASONOGRAPHIC FINDINGS

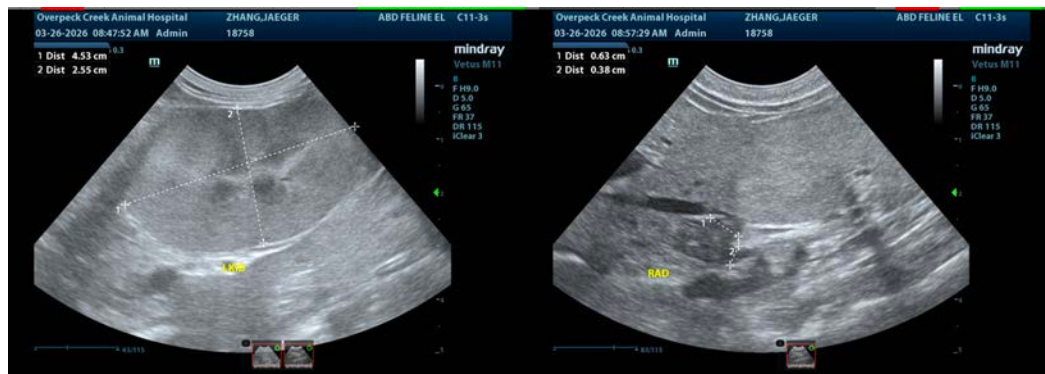
- Variable intestinal thickening with mesenteric lymphadenopathy, reactive. No overt neoplastic criteria.
- Prominent right adrenal gland – Hyperplasia versus potential carcinoma.
- Moderate degenerative renal changes yet not end stage.
- Age related hepatic changes with slight hepatic vein dilation – This may be normal if patient was on fluid therapy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, full thickness intestinal and lymph node biopsies warranted.

If any hypertension is present or hypokalemia, then aldosterone levels indicated, given the right adrenal enlargement.

If patient was not receiving fluid therapy, thoracic radiographs +/- echocardiogram warranted to assess for causes of passive congestion.





PATIENT

Jaeger Zhang

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

10

WEIGHT

10.3 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Seth Edgar, DVM

HOSPITAL NAME

Overpeck Creek Animal
Hospital

REFERRING VET

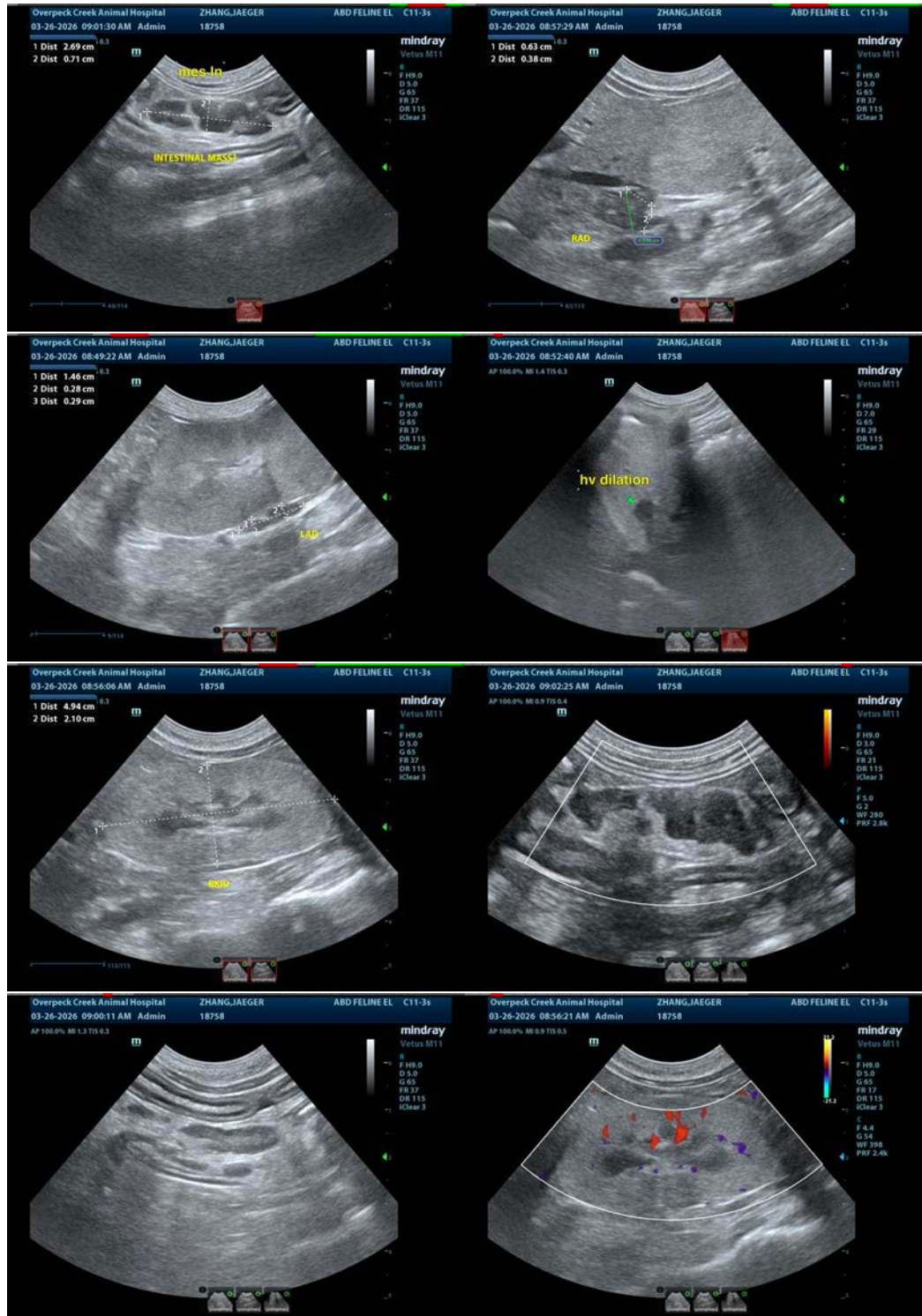
Seth Edgar, DVM

INVOICE

74036

DATE

3/26/26





PATIENT

Jaeger Zhang

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

10

WEIGHT

10.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Seth Edgar, DVM

HOSPITAL NAME

Overpeck Creek
Animal Hospital

REFERRING VET

Seth Edgar, DVM

INVOICE

74036

DATE

3/26/26

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, Owner, Founder -- SonoPath.com
info@SonoPath.com