



PATIENT

Winston Lister

SPECIES

Feline

BREED

Domestic Longhair

SEX

Netuered male

AGE

14 years

WEIGHT

4.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Blankvoort

INVOICE

72164

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Weight loss and muscle atrophy noted at annual wellness exam Feb. 18.
- Returned for recheck March 2nd as the past few days, he has been lethargic and anorexic.
- Tentative Dx: Pancreatitis - but with chronicity of weight loss, rec scan for neoplasia
- Currents meds: . Cerenia 4mg PO SID, Mirtazapine 2mg SID , gabapentin 25mg
- *Confirmed with owner that Winston was fasted 12 hours prior to AUS given stomach contents during scan*
- Feb 18/26: CBC: HCT = 35.3 % (30.3 - 52.3) EOS = $2.44 \times 10^9/L$ (0.17 - 1.57) BASO = 0.52 $\times 10^9/L$ (0.01 - 0.2) CHEM: ALB = 40 g/L (23 - 39) ALKP < < 10 U/L (14 - 11) TBIL = 25 umol/L (0 - 15) T4 WNL Mar 2/2026: Recheck HCT - 34% QPLI Pan Lipase = 10.4 U/L (0.0 - 4.4) USG 1.032, NAF on urinalysis.

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** 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. Pelvic calculus was noted and measured 0.5 cm. The left kidney measured 3.8 cm. The right kidney measured 4.01 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. The left adrenal gland measured 0.48 cm. The right adrenal gland measured 0.46 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. Hyperechoic lipid plaques were noted in the spleen. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.



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Liver

The **liver** in this patient revealed a mixed echogenic expansive 1.6 cm nodule/mass. Other areas of hepatic remodeling were noted. An anechoic cyst was noted in the left liver measuring 2.0 cm. The gallbladder was slightly over distended likely owing to n.p.o. status.

Gastrointestinal

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. 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.

ULTRASONOGRAPHIC FINDINGS

Hepatic cyst and nodule. Differentials include carcinoma versus hyperplasia.

Moderate degenerative renal changes.

Mild splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the liver nodule and spleen is indicated for further definition, potentially resectable.

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.



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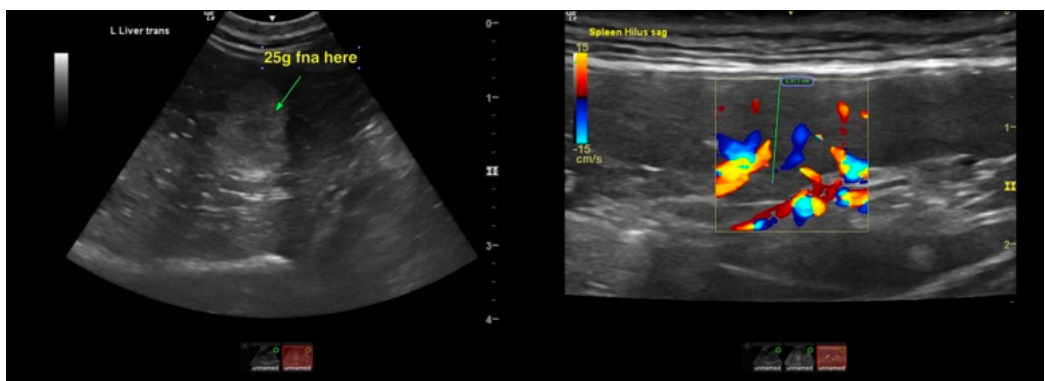
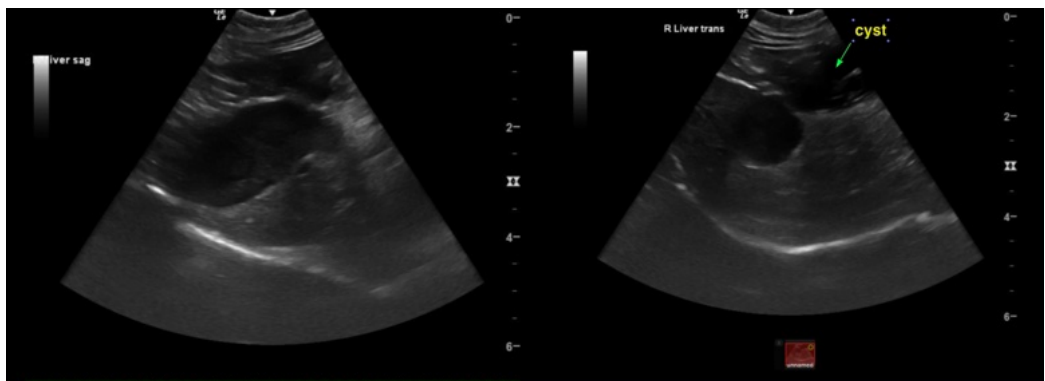
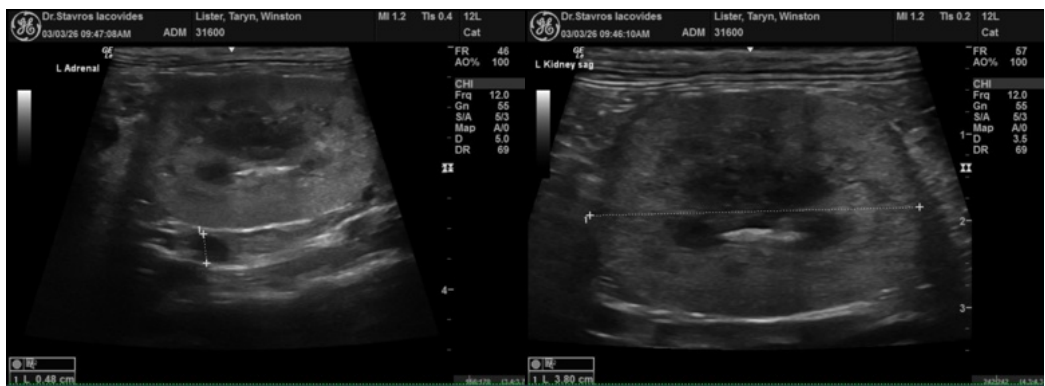
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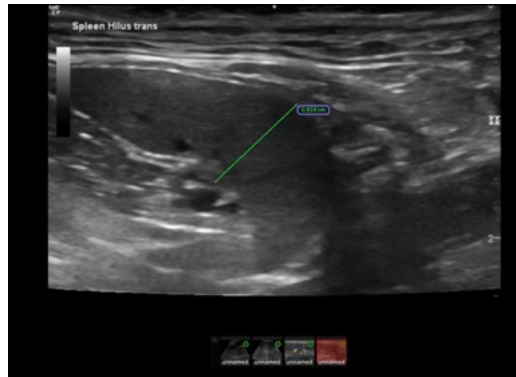
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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