

## PATIENT

Little Bit Williams

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

3 Years

## WEIGHT

8.6 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Harold Mike Beard

## HOSPITAL NAME

Animal Care VC

## REFERRING VET

Dr. Rohlman

## INVOICE

36461

## DATE

3/31/26

## PRESENTING CLINICAL SIGNS

- Lethargic, chronic weight loss, decreased appetite, hx of vomit, dehydrated
- RDVM radiographs revealed cranial abdominal mass near stomach
- Abnormal PE/Chem/CBC/UA Results: Palpable abdominal mass. Chem and CBC, UA pending. FNA of abdominal mass and associated LNs pending.

## 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.2 cm.

The **left kidney** was not visualized and may be involved in the undifferentiated process.

### *Adrenal Glands*

The regions of the **adrenal glands** revealed no evident pathology.

### *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.

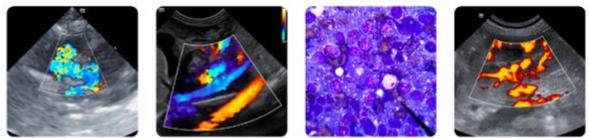
### *Liver*

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### *Gastrointestinal*

The **stomach** appeared to be remarkable. Minor areas of intestinal thickening were noted. The colon was unremarkable. \*\*See Free Abdomen section regarding the intestinal mass.

### *Pancreas*



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Portions of the **pancreas** may be involved in the neoplastic process as well. Some normal pancreas was visualized, however much of the mass formation superimposed upon the pancreas.

### Free Abdomen

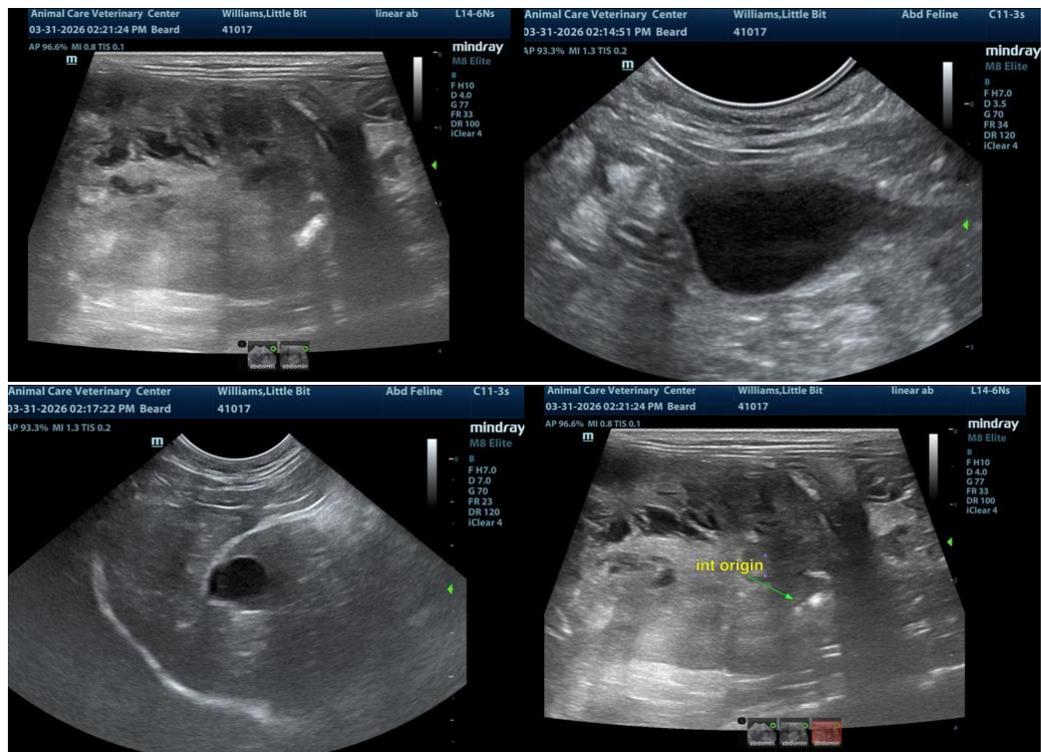
Undifferentiated mixed hypoechoic macronodular **masses** were noted in the mid abdomen, one measuring up to 8.0 cm, appear to be occupying areas of the pancreas and mesenteric root. These are likely intestine and lymph node origin. Reactive mesentery was noted.

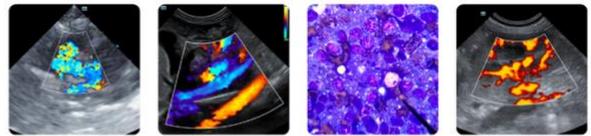
### ULTRASONOGRAPHIC FINDINGS

- Intestinal and likely lymph node masses.
- Portions of the pancreas may be involved in the neoplastic process as well.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA with chemotherapeutic intervention is recommended. This does not appear to be a surgical presentation. Round cell neoplasia, FIP, and carcinoma are all possible.





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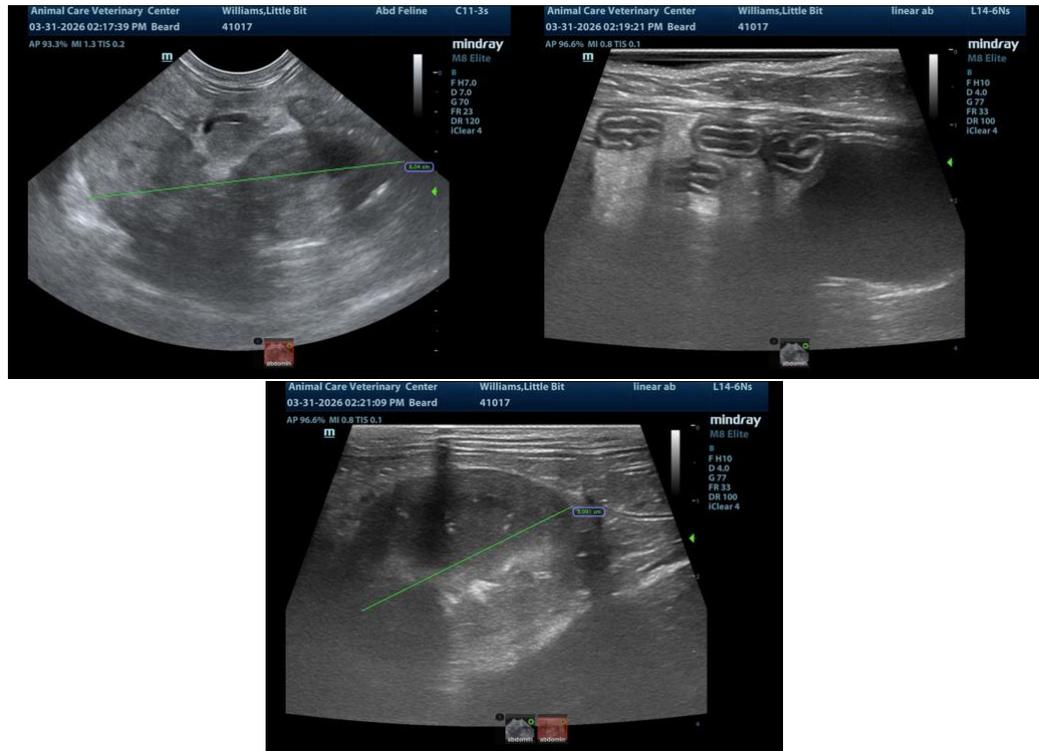
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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