



PATIENT

Ponce Chrisman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

8.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

14115

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Presenting history:
 - - 1 month history vomiting both food and bile
 - - 1 month history decreased appetite
 - - Progressive unintentional weight loss
 - - 1 month history of loose stools (responsive to diet change to GI Biome)
 - - Behavior changes: will no longer drink fresh water from the bathtub which has been a daily habit for his whole life. Less social/hiding in rooms
- Prev Hx:
 - - Hyperthyroidism; Received I-131 tx
 - - Arthritis
 - - Ulcerated mass around L 5th nipple
- NS OU
- moderate tartar/gingival erythema
- Diffusely increased bronchovesicular sounds in all 4 quadrants, no crackles/wheezes, tachypneic, normal effort
- Obese, difficult to palpate structures, reactive on palpation of cranial abdomen
- ulcerated mass at the level of the L 5th nipple
- decreased PROM bilateral hips

Abnormal PE/Chem/CBC/UA Results: 2/26 rDVM Records Performed 2/23 Radiographs (abd/thorax): VHS 8.4 (slightly enlarged), cranial chest soft tissue opacity, possibly widened mediastinum. Severe osteoarthritis of stifles and elbows, mild spondylosis of lumbar spine. CBC/Chem/T4/UA: SDMA 23 (normal <14), Creat/BUN high n (creat 1.8, BUN 31), thyroid 1.9 (n), Mono 0.556K (H), UA WNL HAEC Intake EPOC: WNL PCV/TS: 42%/7.0 clear FIV/FelV/HW: Negative x3 BP (systolic): 127 mmHg

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 **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. A slight cortical infarct was present in the caudal pole of the left kidney. The left kidney measured 3.8 cm in length.

The **right kidney** revealed an isoechoic mass in the dorsal cortex measuring 2.3 cm. The right kidney measured 4.7 cm in length. The right kidney revealed generalized enlargement and loss of structural detail. A slight hyperechoic medullary rim sign was present.

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



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unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.50 cm width. The right adrenal gland measured 0.40 cm width.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. 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. The spleen measured up to 1.25 cm width.

Liver

The **liver** was swollen and hypoechoic. The gallbladder was unremarkable. Minor subtle hypoechoic nodular changes were present. Slight free fluid was noted between the liver lobes.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach 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. An enlarged slight epigastric lymph node was present measuring 5.0 mm. Variable intestinal thickening was noted with loss of mural detail and enhanced surrounding mesentery and regional lymphadenopathy.

Pancreas

The **pancreas** presented hypoechoic and irregular with undulating contour and enhanced mesentery noted throughout the mid abdomen with slight pockets of free fluid. The pancreas was enlarged with the left base measuring approximately 1.2 cm.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with left kidney cortical cyst.
- Hypoechoic irregular pancreas.
- Multicentric round cell neoplastic pattern involving the spleen, liver, right kidney and potentially lymph nodes and GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen, liver, dorsal cranial cortex of the right kidney is recommended.



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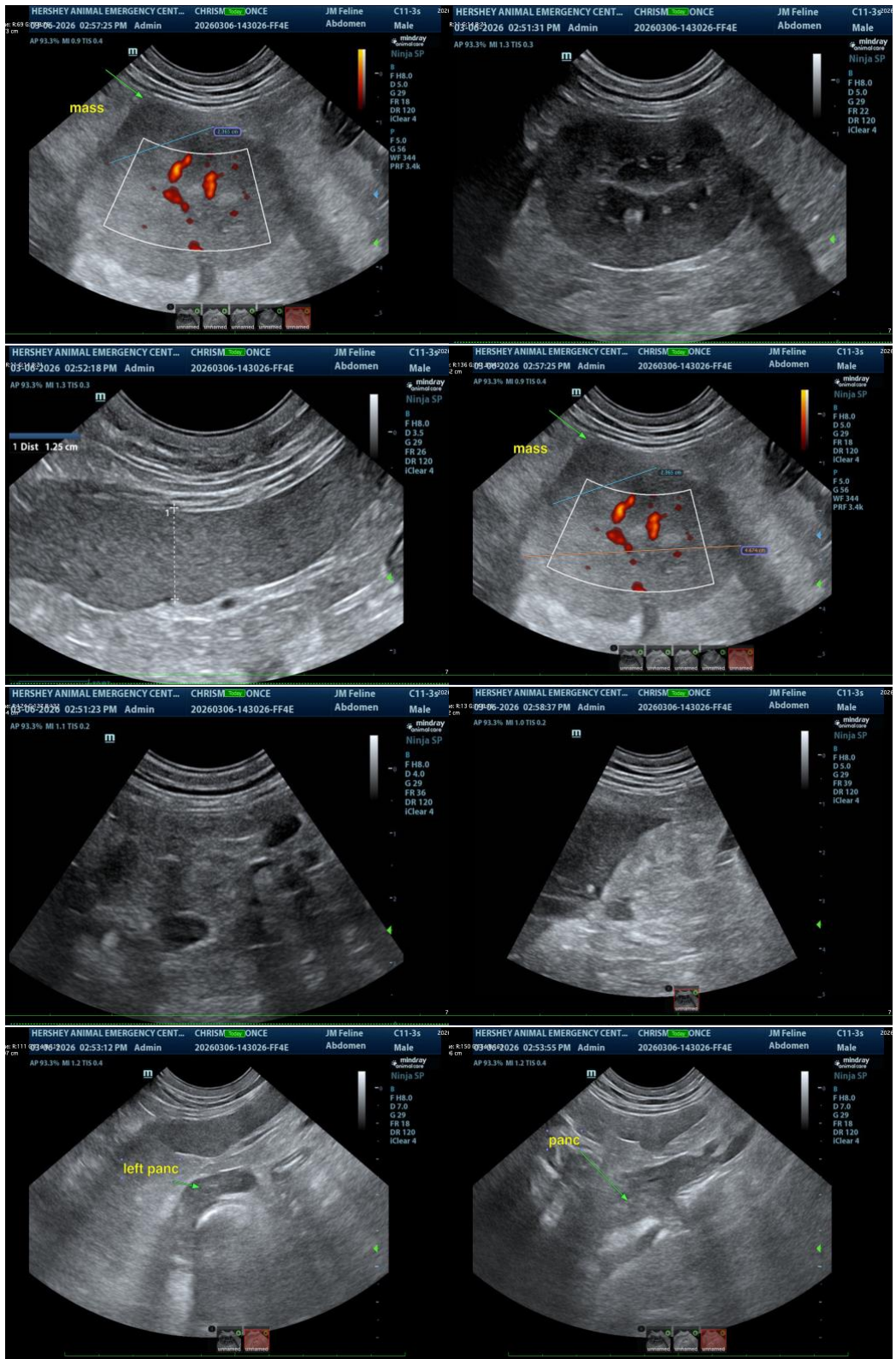
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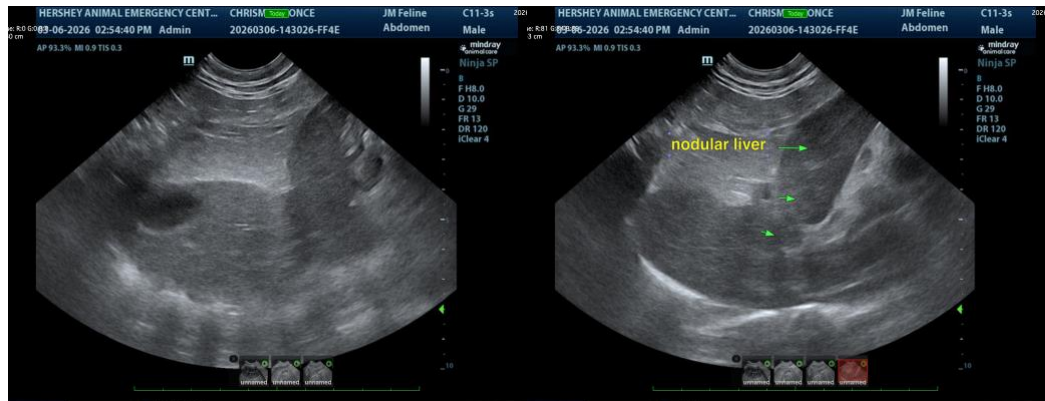
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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