

**PATIENT**

Buster Rinaldi

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 Years 6 Months

**WEIGHT**

7 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe CVT

**HOSPITAL NAME**

All Creatures Great &  
Small Denville

**REFERRING VET**

Dr. Silas Ashmore

**INVOICE**

14163

**DATE**

03/09/26

**PRESENTING CLINICAL SIGNS**

- weight loss
- vomiting
- increased appetite

Abnormal PE/Chem/CBC/UA Results: Increased wbc- 20 PSL elevated T4 WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** were bilaterally enlarged and swollen yet largely maintaining architecture. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length. A trace subcapsular halo was present in the left kidney. The left kidney presented slight loss of corticomedullary detail at the cranial pole.

**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 0.43 cm width. The right adrenal gland measured 0.22 cm width.

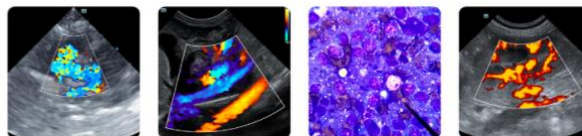
**Spleen**

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 mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**



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Examination of the **gastrointestinal tract** revealed minor variable upper GI thickening. Distal small intestinal thickening was noted with loss of mural detail with wall thickness measuring up to 0.74 cm.

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**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Feline

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DSH

**Free Abdomen**

**SEX**

Enlarged mesenteric lymph nodes were present measuring up to 2.0 cm. Reactive hyperechoic mesentery and small pockets of free fluid were noted, strongly consistent with early lymphoproliferative disease/lymphoma.

Neutered Male

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

13 Years 6 Months

- Mesenteric lymphadenopathy.
- Lymphoproliferative pattern.
- Bilaterally enlarged kidneys.
- Age-related abdominal changes.

**WEIGHT**

7 pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Given the global presentation, I am concerned for potential early renal involvement regarding lymphoproliferative disease/lymphoma. The intestinal thickening is not adequately thick to obtain ultrasound-guided sampling, however, mesenteric lymph node and potential renal FNA may be appropriate to obtain a definitive diagnosis. After coagulation panel, recommend ensuring PCV is at least 20 and platelet count at least 70,000 prior to sampling.

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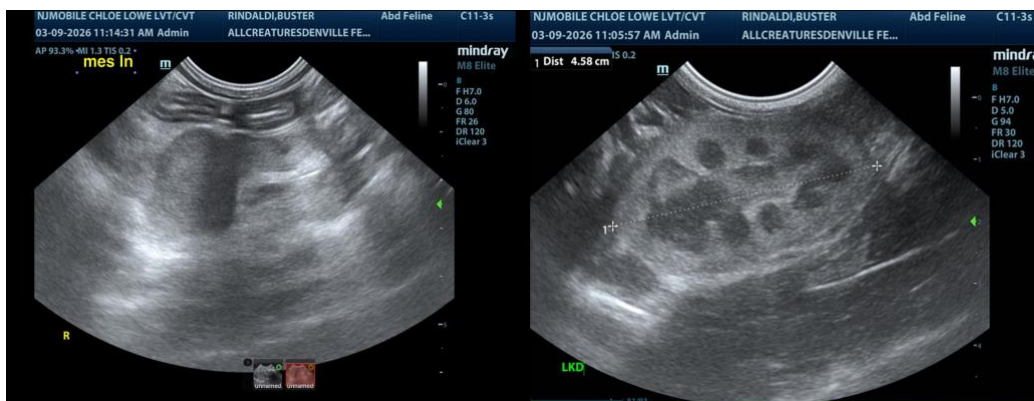
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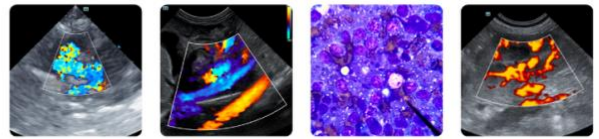
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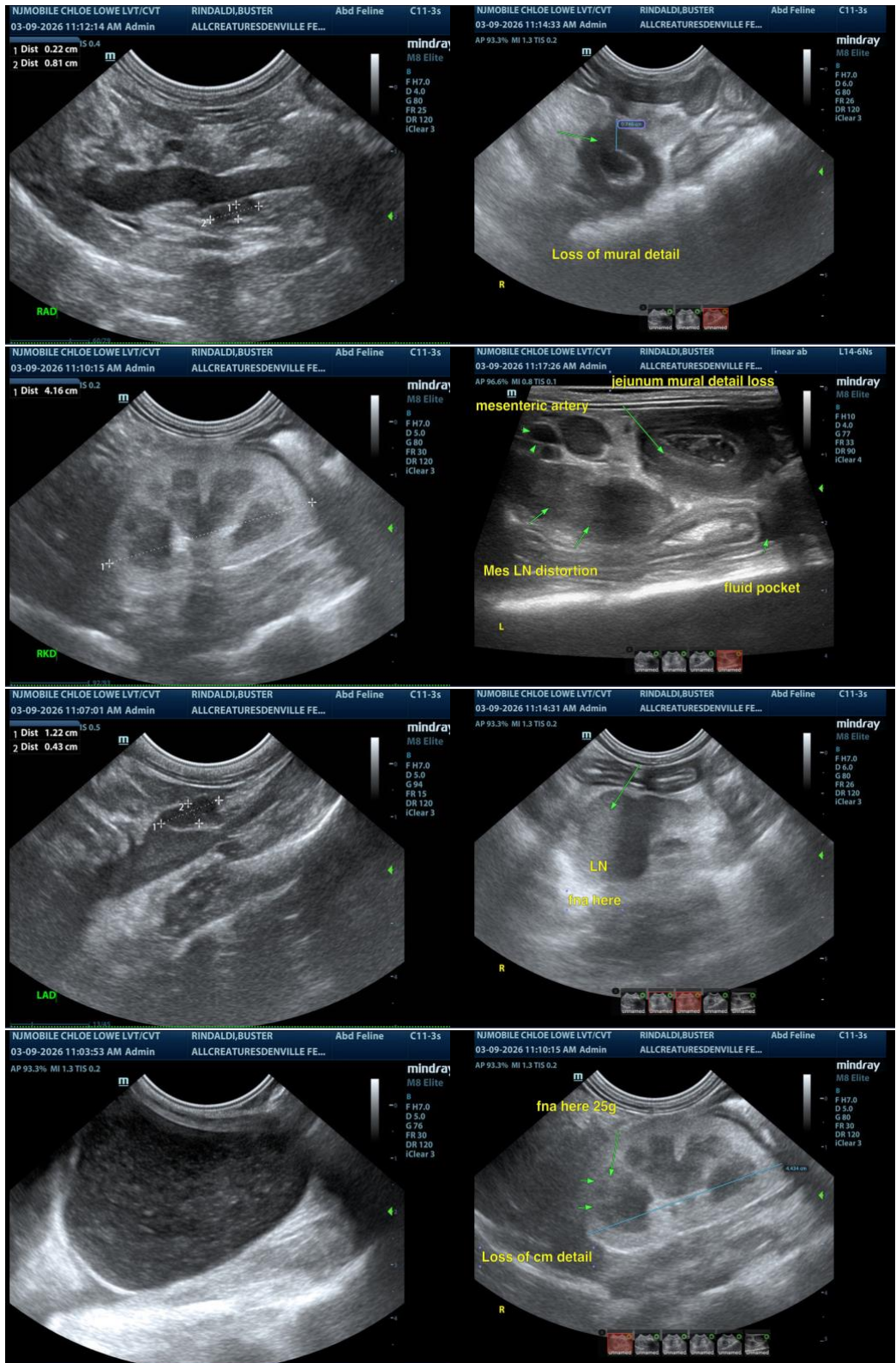
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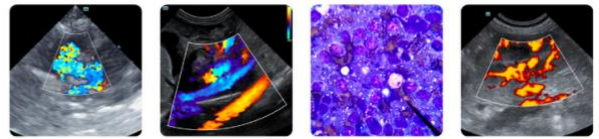
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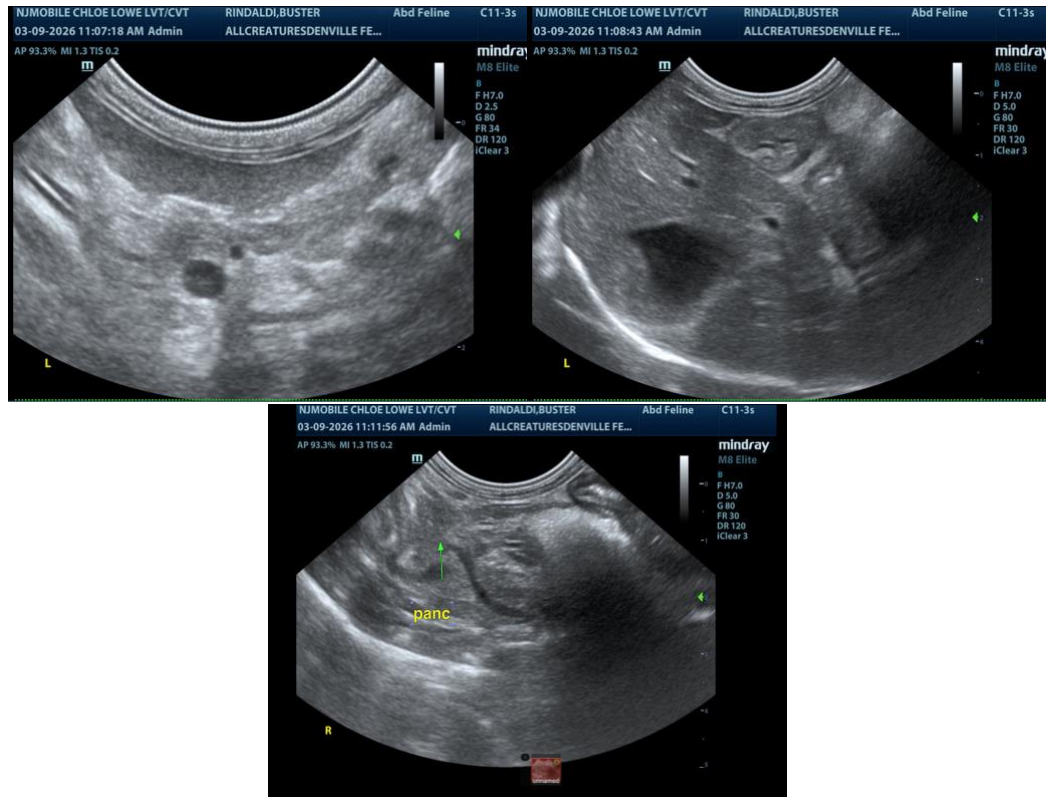
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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