



## PATIENT

Dega Burruss

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

6.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Chris Hovenden

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Dr. Chris Hovenden

## INVOICE

73507

## DATE

3/9/26

## PRESENTING CLINICAL SIGNS

Not eating since Friday. Will drink, but gags right after. Has vomited a few times since Friday, first was food, no all bile. Hiding. Doesn't know of anything that she could have got into. Not one to chew things up. Indoor only. Other cat in the house acting normal. Not acting painful, but lethargic and moving slowly. S/C-no. Bowel-not sure, but seems a lot less in box since Friday. Was at regular DVM for severe flea allergy, did give a depo shot.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 39%(N), WBC 21.56(H), suspected bands, Lym 14.83(H), Mono 1.55(H), Baso 1.38(H), PLT 200(N) Chem10: Glu 264(H), all other values wnl fPL: 7.1 (H - equivocal range)

## 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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and no evidence of pelvic dilation was present. Left kidney measured 3.6 cm. Slight cortical infarcts and mild inflammatory pattern noted around both kidneys. Right kidney measured 4.4 cm.

### Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

### Spleen

The **spleen** was mildly enlarged (1.4 cm) 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. Hyperechoic lipid plaques.

### 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

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

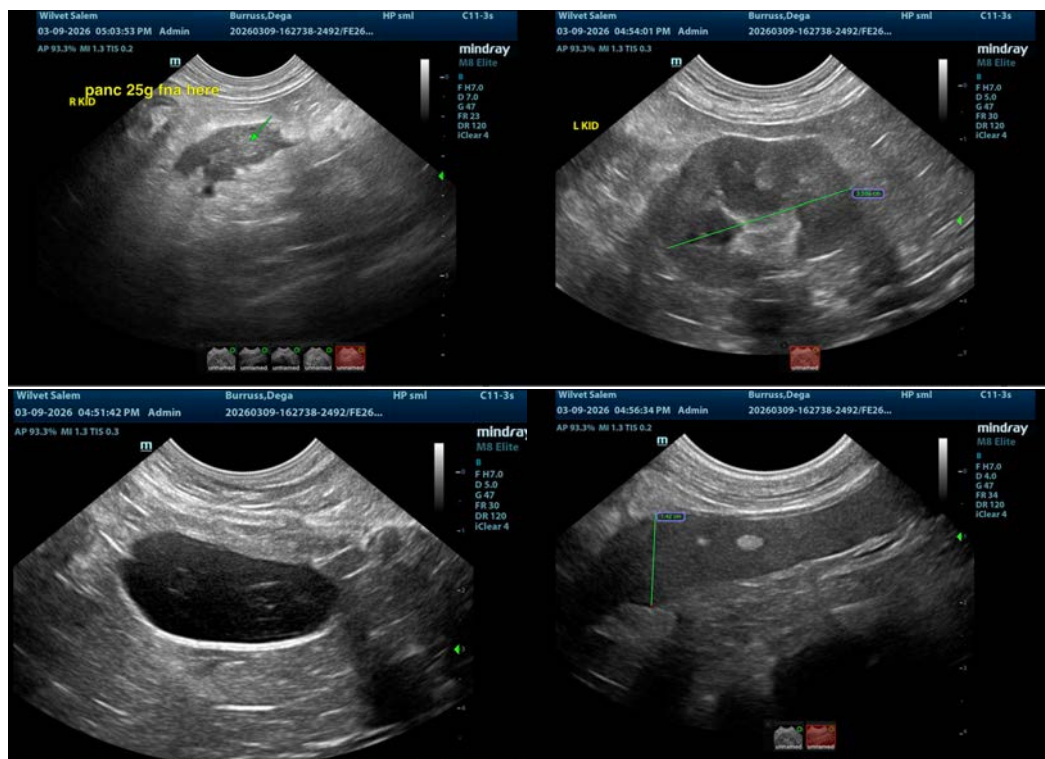
The pancreas revealed a hypoechoic nodule measuring up to 2.2 cm x 1.4 cm with hyperechoic surrounding fat, suggestive for pancreatic necrosis or a neoplastic event. Pancreatic pathology extended into both the left and right limbs and pancreatic base with regional free fluid.

## ULTRASONOGRAPHIC FINDINGS

- Enlarged spleen.
- Possible low-grade nephritis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend coagulation panel and 25-gauge FNA of the spleen and pancreas in this patient to assess for pancreatitis and splenitis versus round cell neoplasia or carcinoma. Prognosis is guarded. Both sets of pathologies can appear similar sonographically. Therefore, FNA is essential.





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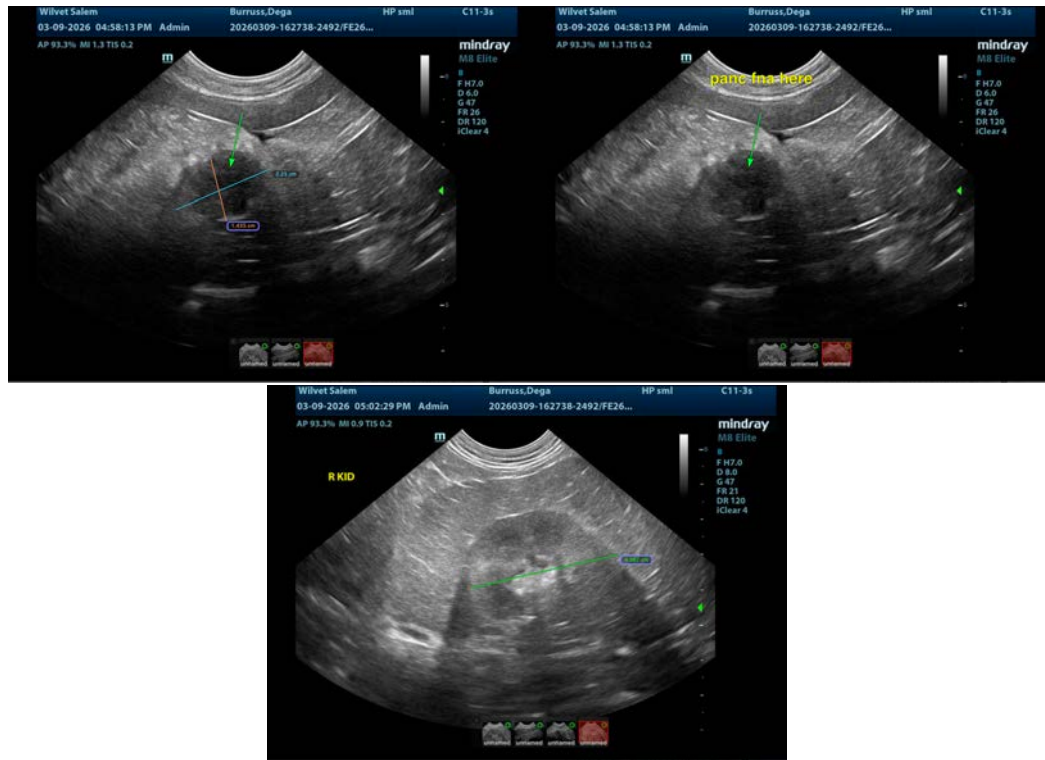
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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