



## PATIENT

Bechamel Shore

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

9

## WEIGHT

8.25 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Breanna Wokatsch

## HOSPITAL NAME

Underdog Pet Rescue

## REFERRING VET

Dr. Breanna Wokatsch

## INVOICE

74389

## DATE

4/10/26

## PRESENTING CLINICAL SIGNS

Patient presented 3/12/26 for annual exam and owners report that she is not eating as much. Weight was down 1 pound from visit in March 2025. Reportedly no abnormalities on physical exam. Patient switched from Purina EN to Hills I/D. Patient also started on gabapentin because owner reports new kitten in the home is causing her stress. Owners declined bloodwork on 3/12/26 (will submit bloodwork from 2025). Patient returned for recheck on 3/27/26 for continued weight loss. At that visit they reported that gabapentin helped with intercat interactions and did improve her appetite. They reported she was otherwise acting normally. Bloodwork performed on 3/27 showed CBC: all WNL, Chem 17: Hyperbilirubinemia (4.4), Elevated ALT (237), Hyperproteinemia (TP 10.4, Alb 4.5, glob 5.9) - DVM recommended AUS and continue gabapentin.

Abnormal PE/Chem/CBC/UA Results: See above No other diagnostics performed other than bloodwork Physical examination showing no concerning abnormalities (patient aggressive so physical exam is limited)

## 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 2.0 cm beyond the cystourethral junction.

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. Right kidney measured 3.66 cm. Left kidney measured 3.61 cm.

### Adrenal Glands

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

### Spleen

The **spleen** was mildly enlarged (1.1 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. Lipid plaques noted on the spleen.

### 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.



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## 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

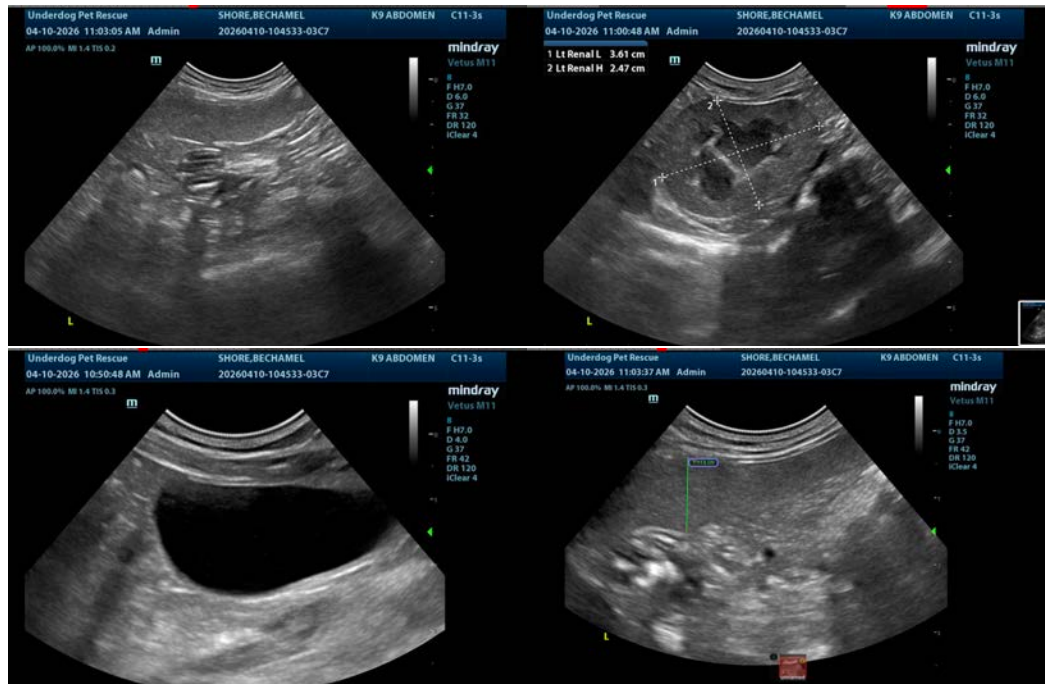
The **pancreas** was hypoechoic and irregular with remodeling noted. Minor duct dilation noted.

## ULTRASONOGRAPHIC FINDINGS

- Splenic enlargement with lipid plaques.
- Chronic pancreatic changes, potential low-grade inflammation.
- Age related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen indicated to assess for occult or emerging round cell neoplasia versus hyperplasia or multiple myeloma. No overt evidence of neoplasia yet I cannot rule out an emerging neoplastic event. Prednisolone trial could be considered. The liver appears structurally normal, yet FNA would be ideal given the bilirubin elevation. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.





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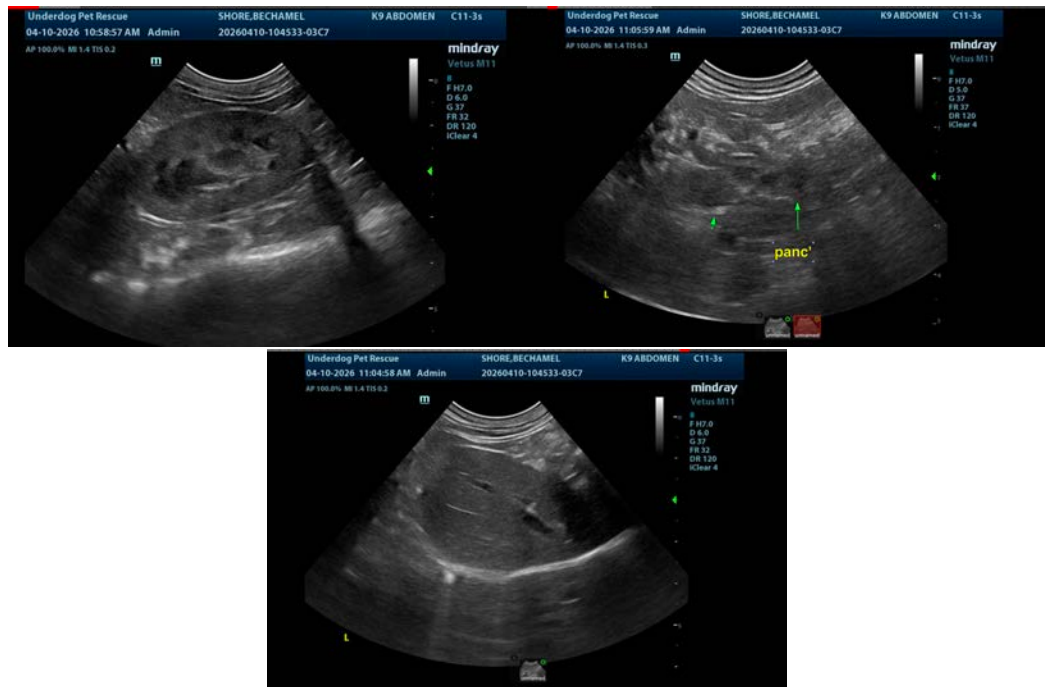
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@SonoPath.com](mailto:info@SonoPath.com)