



## PATIENT

Mittens Morgan

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

13 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kari Cameron

## HOSPITAL NAME

Moyock Animal  
Hospital

## REFERRING VET

Dr. Tracy Eure

## INVOICE

15057

## DATE

04/13/26

## PRESENTING CLINICAL SIGNS

Owner reports Mittens was normal up until Wednesday of last week He then became lethargic and had a decreased appetite. He has progressively gotten worse over the past several days.

Abnormal PE/Chem/CBC/UA Results: Patient is lethargic today. Vital signs are normal. He is passing stool and urine. Weight loss. Chemistry panel and CBC were WNL on 2/9/26. Today bloodwork revealed an increased WBC (mainly neutrophils) and a greatly increased SDMA, CREA, BUN, and Phos. Specific gravity 10.12. (See attached)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 cm 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** were swollen with thickened irregular echogenic cortices with slight pyelectasia and irregular contour. Pericapsular inflammatory pattern with fluid accumulation. The left kidney measured 5.5 cm in length. The right kidney measured 6.0 cm in length.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### 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 **gastrointestinal tract** was largely unremarkable, however, a 3.3 cm hypoechoic infiltrative jejunal mass was present in the mid abdomen.

### Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral renomegaly with jejunal mass- strong concern for round cell neoplasia/lymphoma. Dry form FIP is also a potential, however, given the intestinal lesion, lymphoma is likely.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA of the renal cortex and intestinal mass in ideal. Prognosis is guarded to poor.



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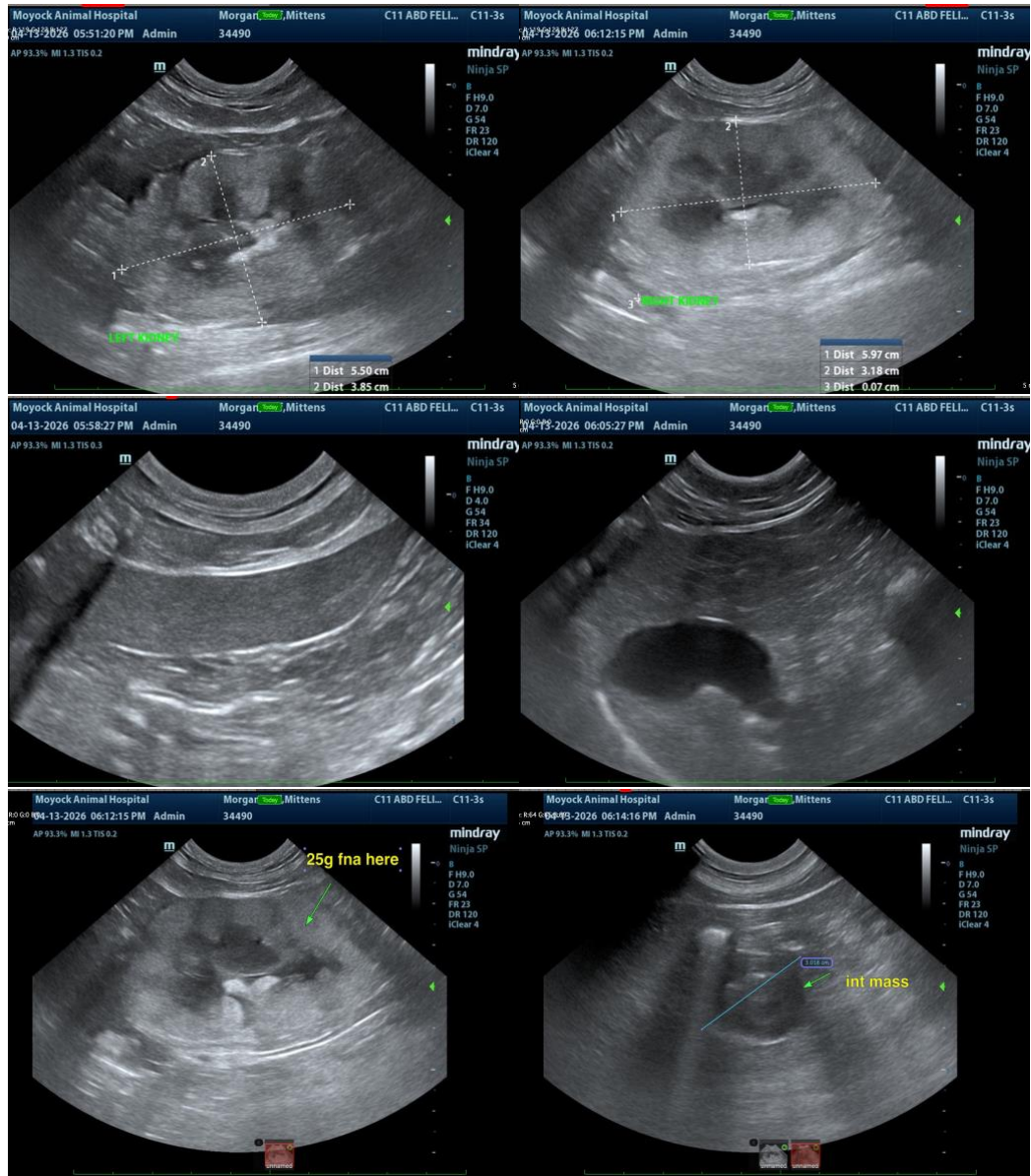
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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