



PATIENT

Nes Waite

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 9 Months

WEIGHT

7.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Animal Hospital of
Sullivan County

REFERRING VET

Dr. Bodolosky

INVOICE

15111

DATE

04/14/26

PRESENTING CLINICAL SIGNS

Confirm abdominal mass and determine if operable. Irregular mild abdominal mass. Ondansetron, naraqion, sq fluids. Grade I/IV kidney insufficiency.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minor amount of sand accumulation, a grouping of which measured approximately 8.0 mm, and should be dissolvable with medical management. The bladder wall itself was unremarkable otherwise. The urethra was visible to a depth of 2.0 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild/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. Calculi were noted bilaterally with the largest measuring 0.43 cm in the corticomedullary junction of the left kidney. The left kidney measured 5.65 cm in length. The right kidney measured 3.67 cm in length. Pyelectasia was present in the left kidney. The patient is likely passing small calculi periodically from the kidneys to the bladder.

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 0.33 cm width. The right adrenal gland measured 0.32 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 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 diffuse thickening with variable muscularis hypertrophy.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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.

Free Abdomen

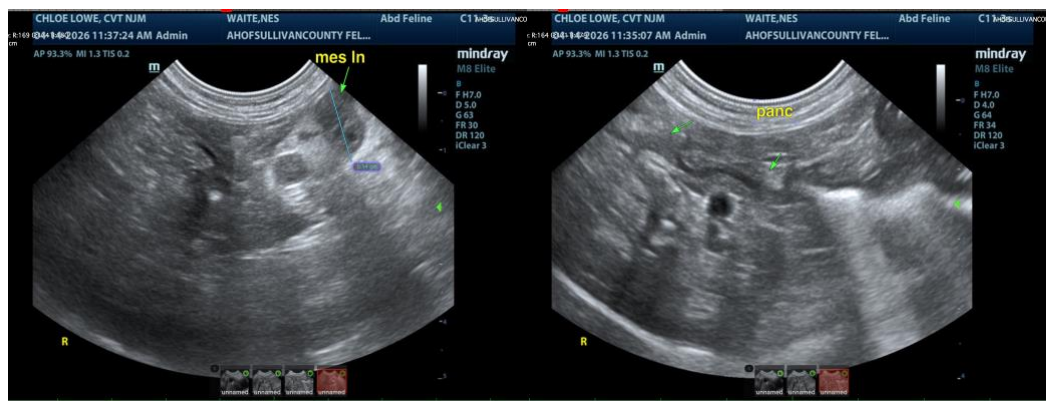
The enlarged rounded mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 3.7 cm x 3.8 cm. A grouping of lymph nodes measured approximately 6.0 cm. Slight free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with multifocal aggressive rounded lymph nodes strongly suggestive of round cell neoplasia/lymphoma. FIP is thought less likely.
- Nonobstructive nephrolithiasis with pyelectasia and moderate degenerative renal changes.
- Slight free fluid owing to lymphatic obstruction.
- Age-related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is not a surgical presentation. Ultrasound guided FNA of the accessible lymph nodes is recommended with cytology and culture and immediate chemotherapeutic intervention. Chest radiographs are warranted if not already performed to assess for metastatic disease.





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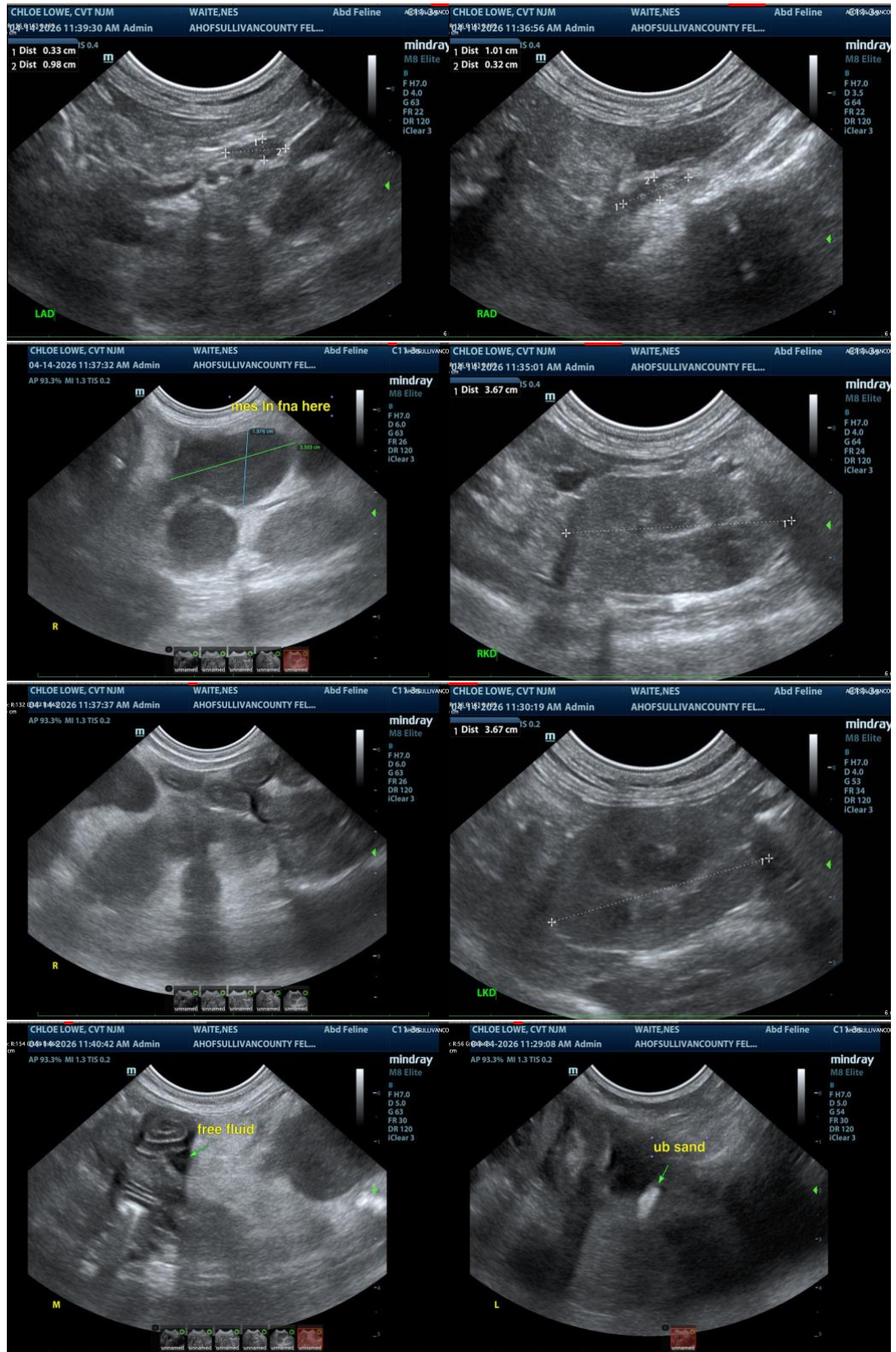
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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