

**PATIENT**

Lenny Osborne

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

16.5 Years

**WEIGHT**

9.8

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Ginny Dodd DVM, D,  
 ABVP-CFP

**HOSPITAL NAME**

Steele Creek AH

**REFERRING VET**

Dr. Amy Schuver

**INVOICE**

36611

**DATE**

4/14/26

**PRESENTING CLINICAL SIGNS**

History: Chronic intermittent diarrhea and weight loss  
 Prior h/o renal disease and urinary stones 1.5 yr ago

Abnormal PE/Chem/CBC/UA Results: PW: Frade 2/6 systolic murmur, BCS 4/9, HR 220, no palpable masses in abdomen, eupneic CBC WNL CHEM- a/g 0.7 Precision PSL 42 (N< 26)

**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 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys measured 3.6 cm each.

**Adrenal Glands**

The **right adrenal gland** was 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 right adrenal gland measured 0.44 cm.

The region of the **left adrenal gland** revealed no evident pathology.

**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. The spleen measured 0.75 cm.

**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**



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A mucosal polyp was noted in the **gastric** wall, measuring 0.4 cm. The gastrointestinal presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Intestinal wall thickness measured up to 0.27 cm.

**Pancreas**

The right **pancreatic** limb revealed a cluster of hypoechoic cysts and nodules, measuring 0.9 cm x 0.7 cm. Regional hyperechoic fat was noted around the pancreas, suggestive for inflammation. The left pancreatic limb also revealed hypoechoic nodular changes, measuring up to 0.9 cm.

**Free Abdomen**

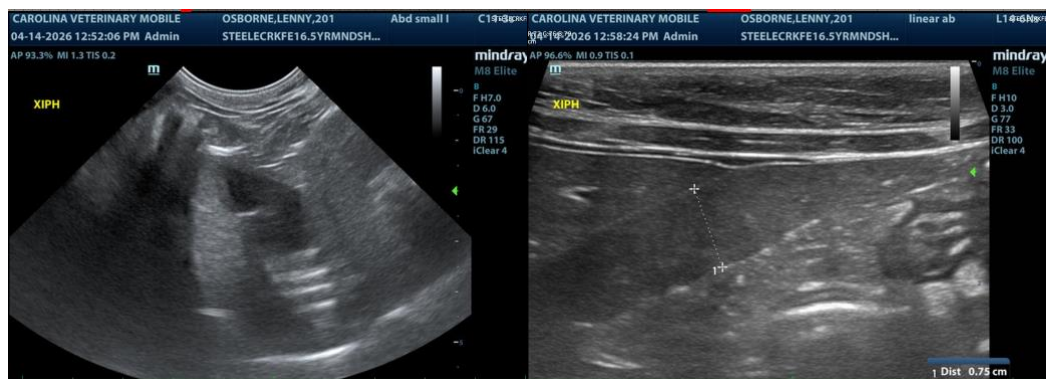
The mesenteric **lymph nodes** measured up to 0.5 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Nodular pancreas with active inflammatory pattern- likely hyperplasia. Neoplasia is unlikely yet cannot be completely ruled out.
- IBD GI pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Periodic inflammatory bowel and pancreatitis are likely in this patient's history. Potential for neoplasia is minimal. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Hydrolyzed diet, prednisolone trial, antiparasitic protocol are all indicated.





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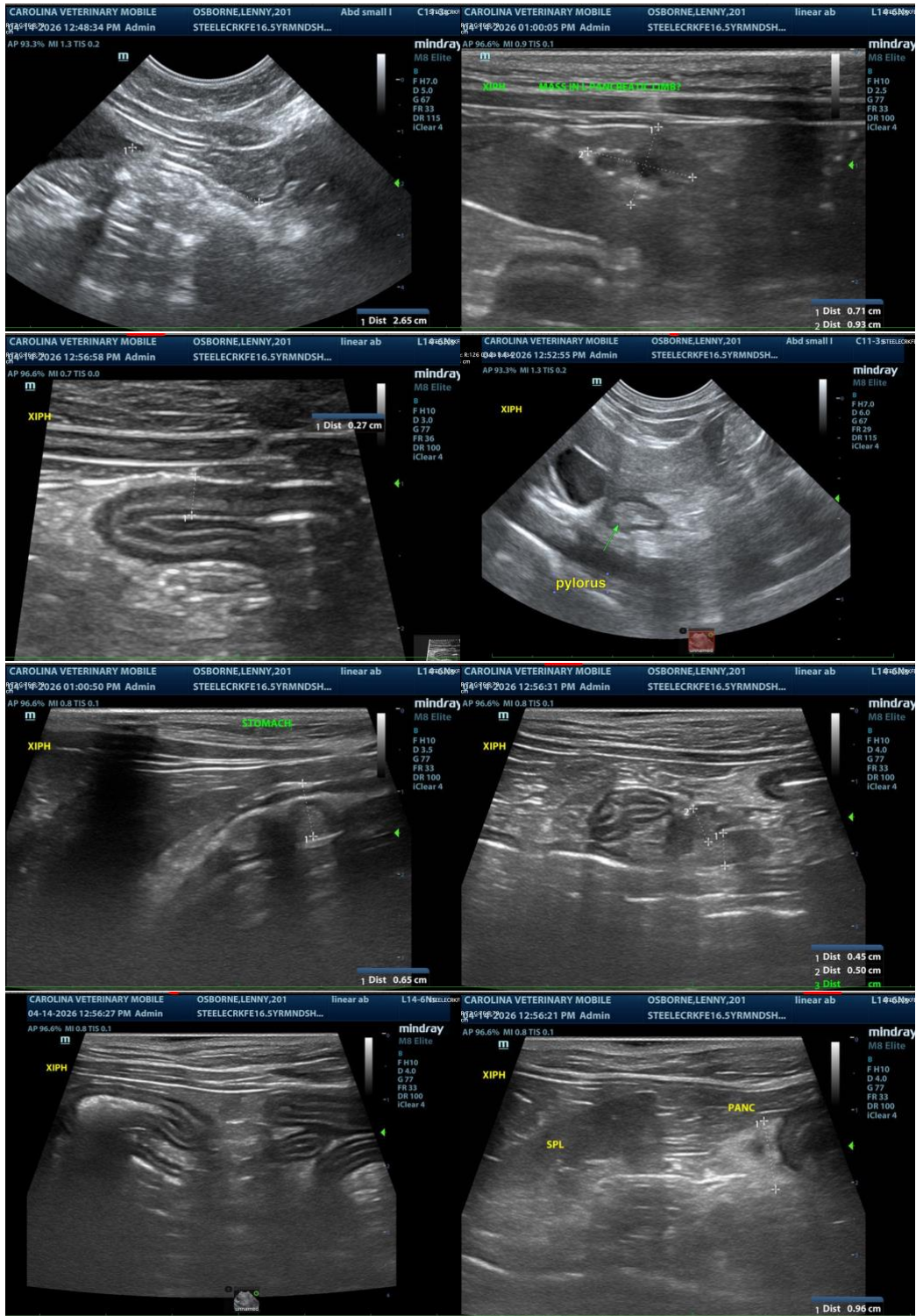
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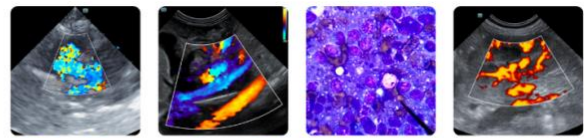
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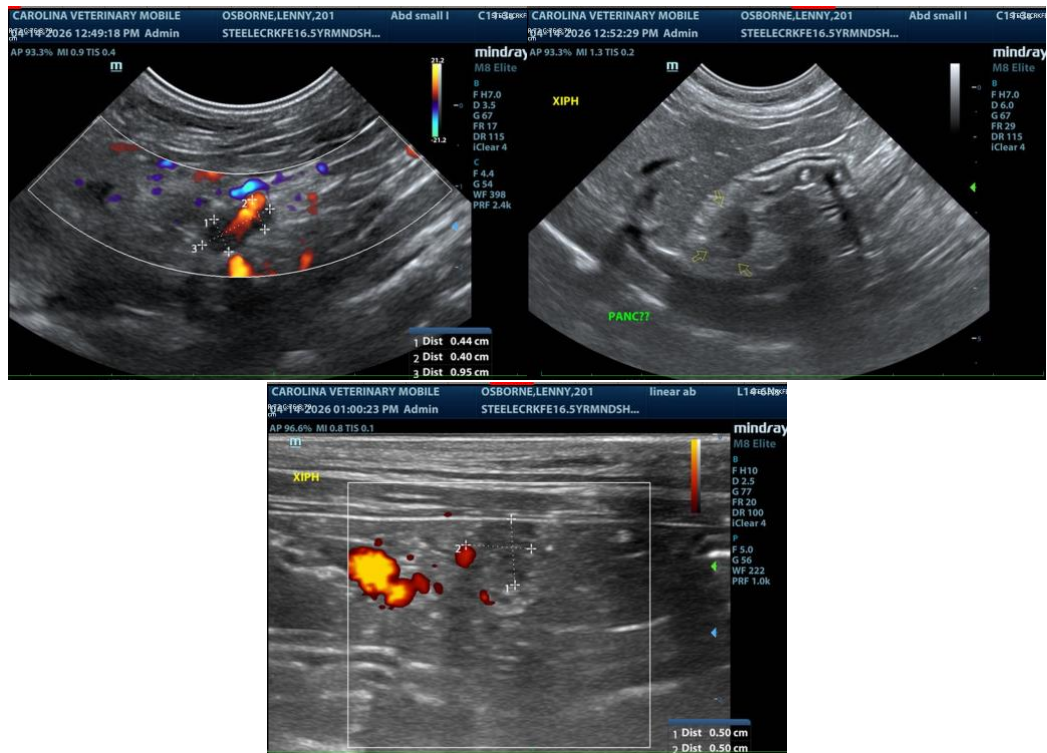
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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