

Diagnostic Imaging

Veterinary CT, Ultrasound & Telectyology Services
veterinarian referral only

PATIENT

Little Guy Maier

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

15.5 Years

WEIGHT

9.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Black River Veterinary
Hospital

REFERRING VET

Dr. Michelle Hewitt

INVOICE

74524

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Stomach wall appears subjectively thickened on radiographs. History of surgically resected gastric mast cell tumor on 1/20/2020 and has no issues since. Cat has been hyperthyroid since 11/2021 and has been treated with methimazole. Thyroid became abnormally enlarged 5/2024 and has continued to enlarge. Gland ultrasound and large pockets of cystic fluid sampled and submitted for cytology. (see report).

Abnormal PE/Chem/CBC/UA Results: See attached bloodwork.

ULTRASONOGRAPHIC EXAMINATION OF THE THYROID & 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. Minor mineralization and cortical infarcts noted on the right kidney, stable. No evidence of active inflammation. The right kidney measured 3.9 cm. The left kidney measured 3.37 cm.

Adrenal Glands

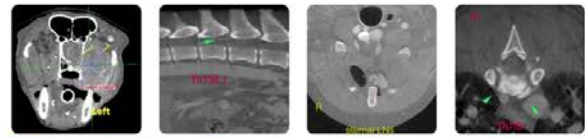
Both **adrenal glands** were visualized and recognized as having normal shape, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Right measured 0.34 cm. Left measured at the upper limits of normal at 0.56 cm.

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.



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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Intestinal wall thickness measured up to 0.27 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Thyroid

The left thyroid lobe was enlarged, cystic and nodular, measuring up to 2.0 cm. Approximately 50% of the volume of the left thyroid lobe was fluid filled. It appears encapsulated and resectable. No capsular escape noted. The right thyroid lobe measured approximately 4.0 mm and appeared uniform. The esophagus, trachea, and salivary glands were all normal.

ULTRASONOGRAPHIC FINDINGS

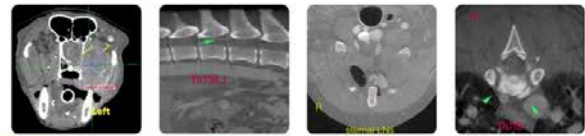
- Right renal infarcts and mineralization, stable, and mild degenerative left renal changes.
- Upper limits of normal left adrenal size.
- Age related abdominal changes otherwise.
- Left thyroid mass, appears localized and resectable - Thyroid carcinoma possible versus cystic adenoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for surgical planning of the left thyroid mass would be ideal. No evidence of escape. Appears resectable. Given the cytology in this patient, I'm concerned for thyroid carcinoma. However, ultrasound guided drainage of the cystic fluid and 25-gauge FNA of the various parenchymal changes warranted, yet surgical intervention is likely the best option in this patient after CT evaluation.

Given the hypokalemia, recommend an aldosterone level in case emerging Conn's syndrome is an issue with the left adrenal gland.





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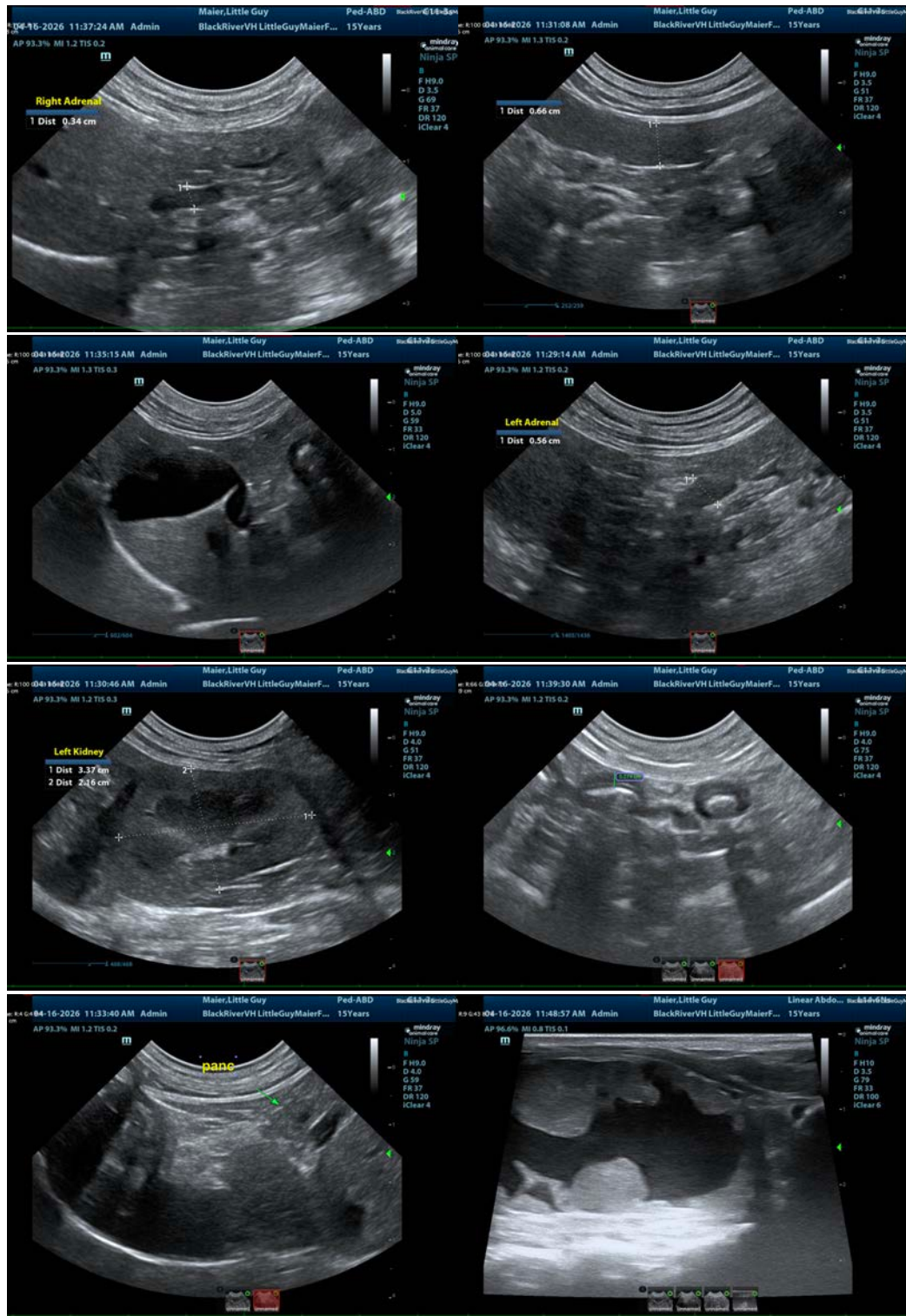
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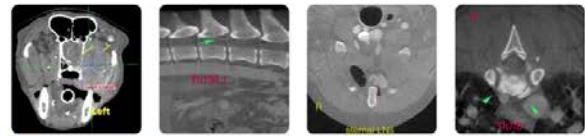
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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