



PATIENT

Winston Mashburn

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

17.6

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (Canine &
 Feline), Cert. IVUSS

IMAGING PERFORMED BY

Ginny Dodd DVM, D,
 ABVP-CFP

HOSPITAL NAME

Charlotte Natural AC

REFERRING VET

Dr. Jimmie Schacht

INVOICE

36625

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: In multicat household, FeLV POSITIVE, Recent onset over 2+ weeks of anorexia, high fevers, and no appetite. He has had dexamethasone shots and recently Convenia, but no improvement No v or diarrhea.

Abnormal PE/Chem/CBC/UA Results: PE: painful abdomen on palpation CBC- normal except no basophils and ^MCHC abdominal radiographs- On VD, the space between spleen and small intestines appears wider- pancreatitis or fat?, no signs of mechanical obstruction Abdominocentesis after AUS- ran Catalyst Chem on fluid BUN 12-low; TP 4.3; low; alb 1.5 low; glob 2.9 N, ALT off scale; ALP < 10- low- rest- wnl

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.

Both **kidneys** were mildly swollen with slight irregular contour and slightly thickened cortices. The right kidney measured 4.5 cm. The left kidney measured 4.76.

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 0.56 cm.

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

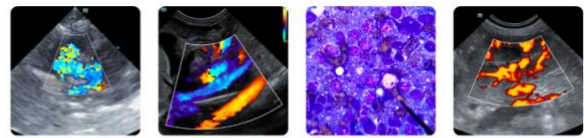
Spleen

The **spleen** was mildly enlarged 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. The spleen measured 0.9 cm. This is a mild change.

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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The **stomach** itself was unremarkable. Variable intestinal thickening was noted. The colon was unremarkable.

Pancreas

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.

Free Abdomen

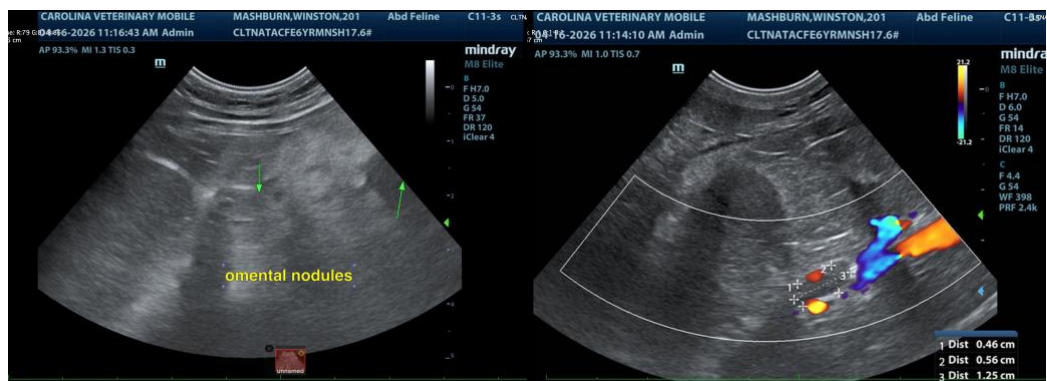
The mesenteric **lymph nodes** were enlarged, measuring up to 1.5 cm. Free fluid was noted throughout the abdomen with enhanced surrounding mesentery. Nodular omental changes were noted, consistent with undifferentiated tissue.

ULTRASONOGRAPHIC FINDINGS

- Lymphomatosis or similar type presentation
- Swollen irregular kidneys
- Enlarged spleen with subtly micronodular parenchyma
- Variable intestinal thickening
- Enlarged mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis and cytospin of the free fluid with immediate slide preparation is recommended. FNA of the spleen and any accessible undifferentiated omental tissue is also indicated. Prognosis is poor. Round cell neoplasia, such as lymphoma or mast cell disease are possible. FIP is less likely but possible given the age of the patient.





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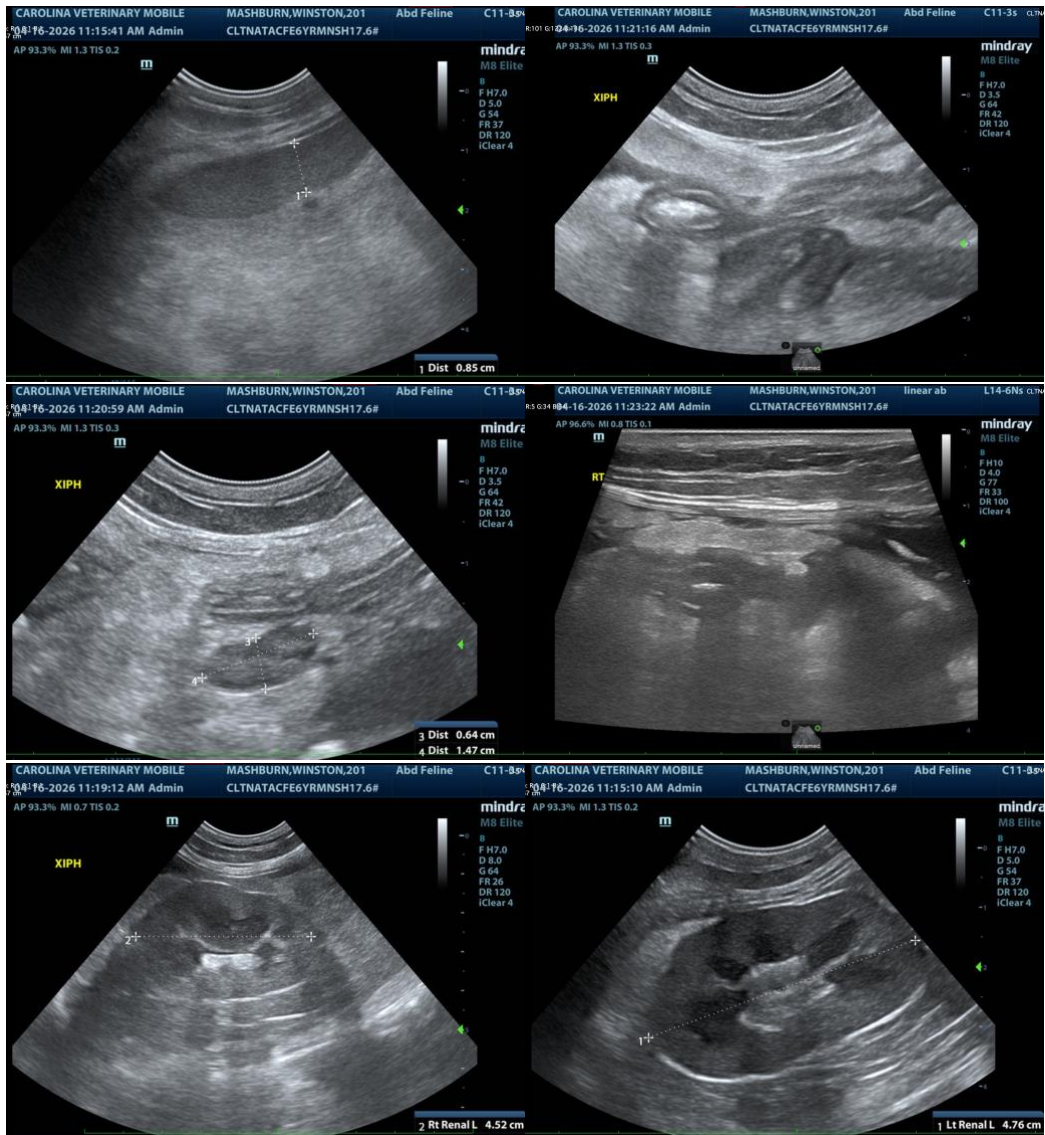
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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