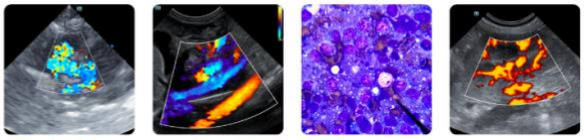

PATIENT

Big Boy Nichols

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

23 Years 9 Months

WEIGHT

10.94

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Galanti

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. DeJesus

INVOICE

15360

DATE

04/23/26

PRESENTING CLINICAL SIGNS

P is a 23yr 9mo MN DSH presenting for acute anorexia and abdominal pain. P has hx of arthritis which was managed with solensia and transdermal gabapentin PRN.

Abnormal PE/Chem/CBC/UA Results:Bloodwork reveals a few changes with him. First, kidney disease does seem to be progressing; Crea 2.1 (0.6-2.4) SDMA 53.8 (<15), 2 + protein in urine. Liver enzymes are also elevated ST 261 (10-100), ALT 101 (10-100), ALP 184 (6-102). PrescisionPSL 67 (8-26) which is indicative of pancreatitis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented with dependent debris.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

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 0.43 cm width. The right adrenal gland measured 0.45 cm width.

Spleen

The **spleen** was moderately 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 up to 1.5 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine

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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

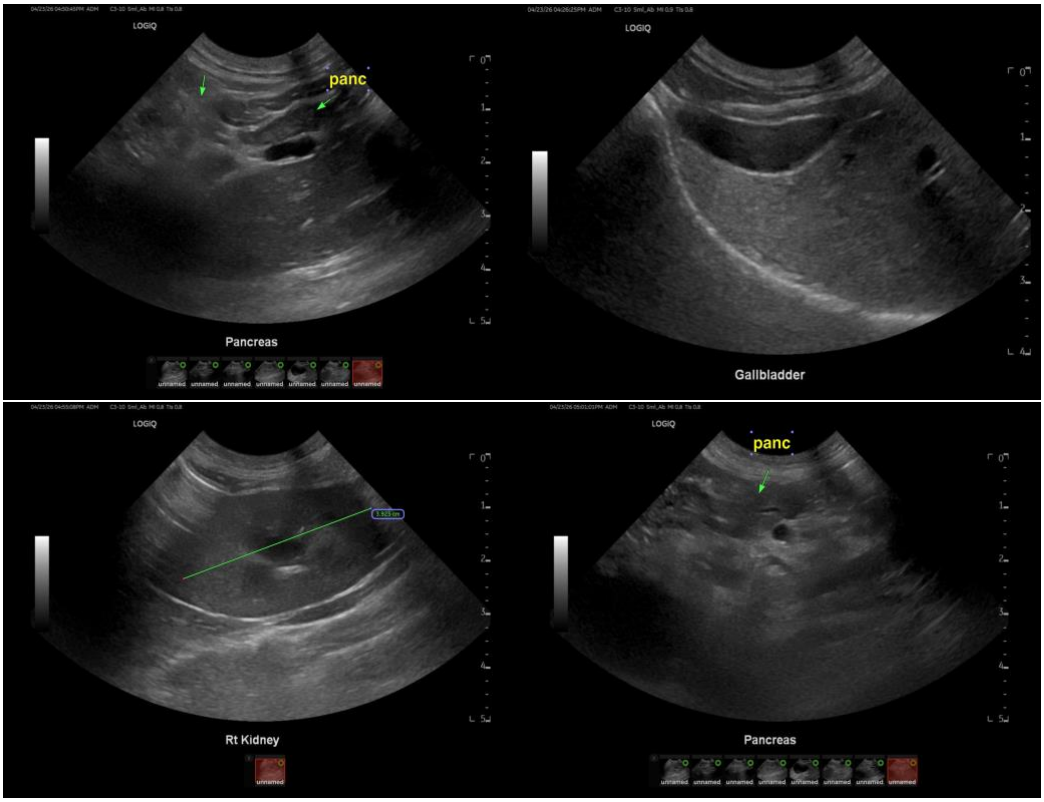
The pancreas presented prominent, hypoechoic and irregular with potential low-grade inflammation. Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort.

ULTRASONOGRAPHIC FINDINGS

- Age-related abdominal changes with potential pancreatitis.
- Urinary bladder debris.
- Splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen is indicated. Round cell neoplasia versus hyperplasia is of primary concern, or splenitis. The SDMA elevation may be perineoplastic manifestation.



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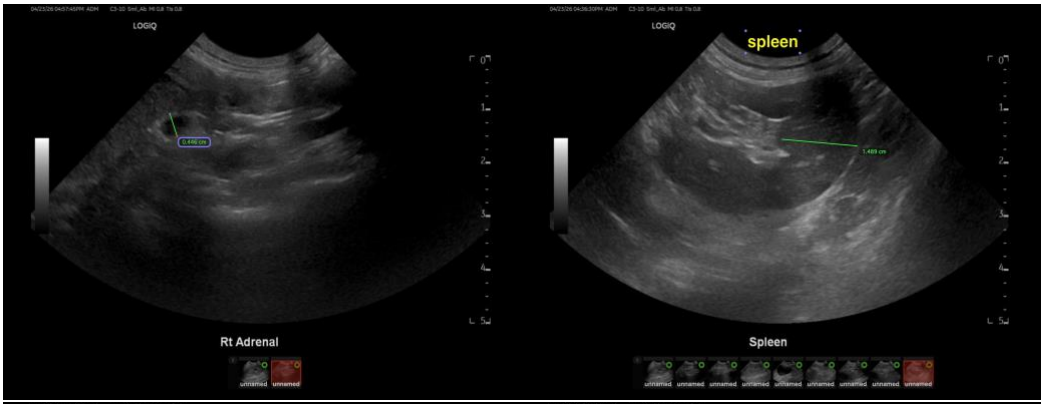

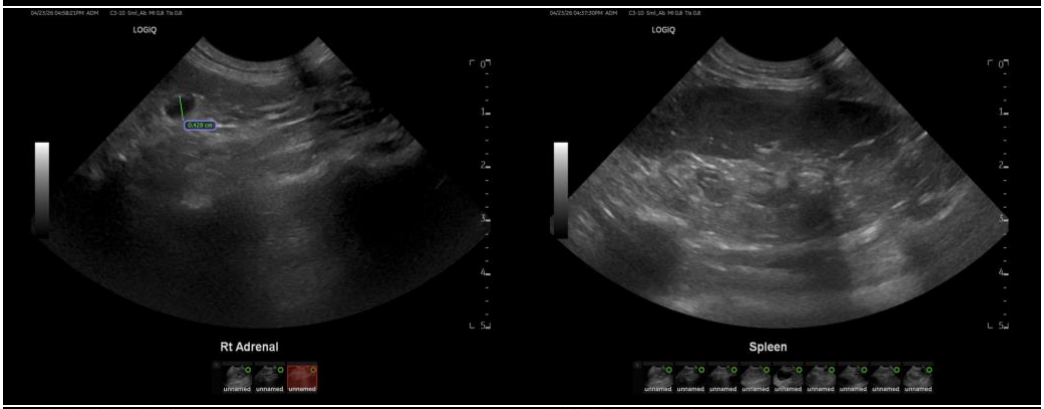

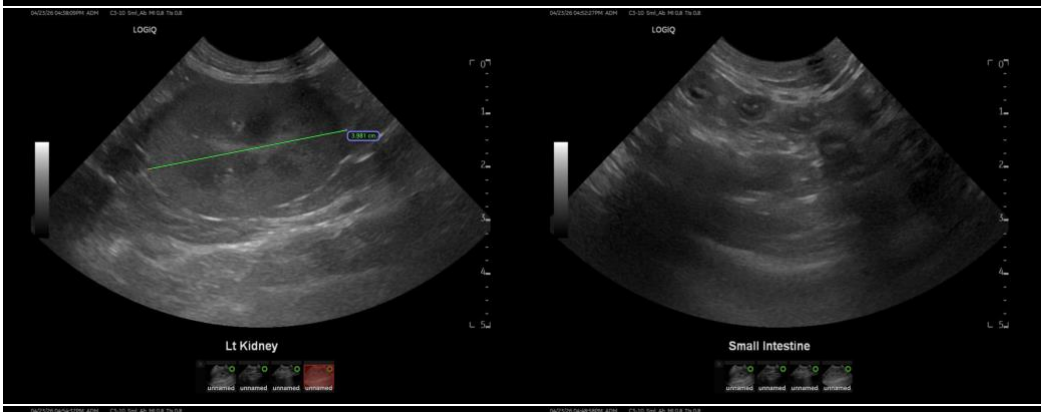

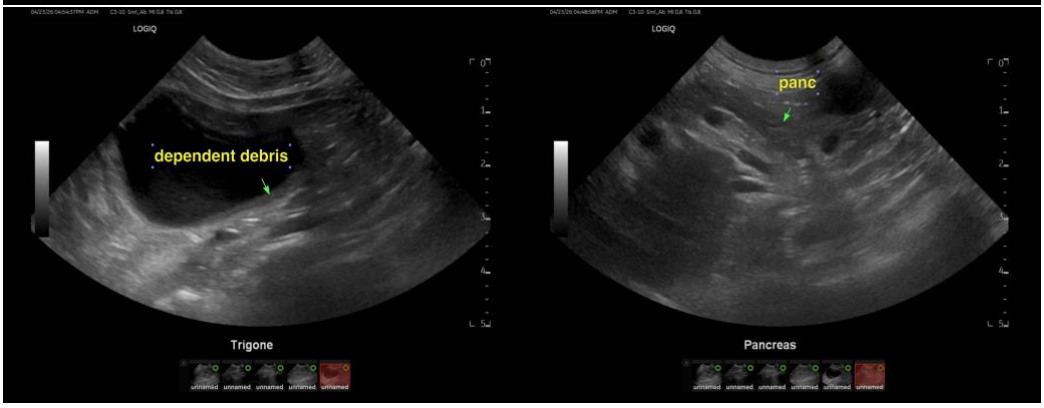

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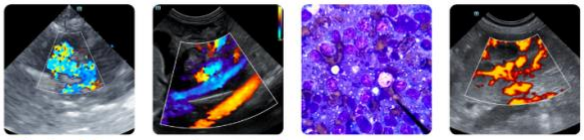

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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