



PATIENT

Nipper Goodyear

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

5.84 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Logan Law

INVOICE

74691

DATE

4/23/26

PRESENTING CLINICAL SIGNS

*P presenting for transfer for possible hosp. P has not been eating well if anything over the last 2-3 days. P has not been consistently getting Bexacat for appx 1-2 weeks now as P eats around it being put into his food. P has noted weight loss, (down #3 since Jan), progressive lethargy and a newly noted heart murmur noted today 2-3/6 at rDVM. P a few days ago had one episode of vomiting.

*concern for weight loss, pancreatitis, abdominal mass, other

Abnormal PE/Chem/CBC/UA Results: PE: mild muscle loss; abdomen palpates firm stool on right side of abdomen or +/- mass; reactive to abd palpation rdvm 4/22: Blood ketones: 1, Hematocrit: 53%, Globulins: 5.9, glucose: 132, Other values within normal limits. Radiographs at rDVM: Showed a severely distended stomach and an abdominal mass. Two kidneys were visualized. 4/22 Shores: FpL: 48.5 abnormal

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 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. Cortical infarcts and remodeling noted. Left kidney measured 3.8 cm. Right measured 3.76 cm.

Adrenal Glands

Spleen

The **spleen** was only partially visualized. Visualized portion was unremarkable. Slight free fluid noted adjacent to the spleen.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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. Minor gallbladder sand noted, not clinically significant. 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



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

Pancreas

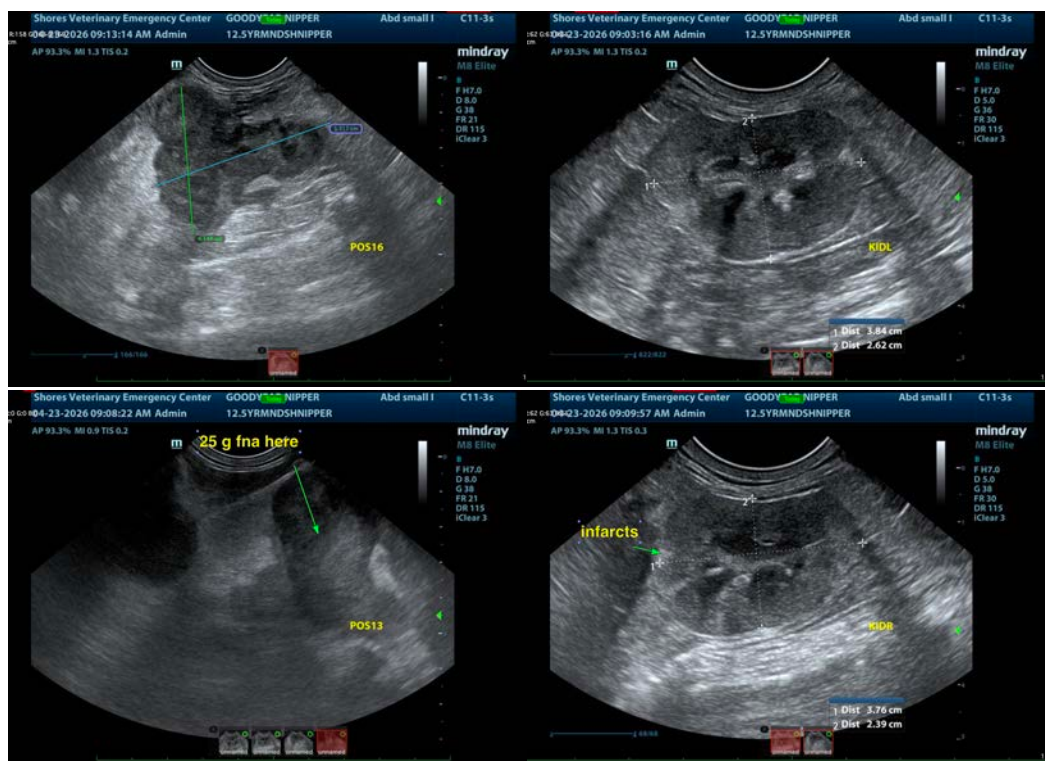
An undifferentiated, mixed hypoechoic mass was noted in the region of the pancreas with enhanced surrounding mesentery. The mass measured 5.3 cm x 4.2 cm and appears to be pancreatic in origin. Normal pancreas not visualized.

ULTRASONOGRAPHIC FINDINGS

- Extensive hypoechoic peripherally inflamed mass in the region of the pancreas – carcinoma, sarcoma, necrosis, inflammation all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the mass recommended. Given that the spleen was only partially visualized, I cannot completely rule out splenic origin. However, pancreatic origin is more likely. Sampling is essential.





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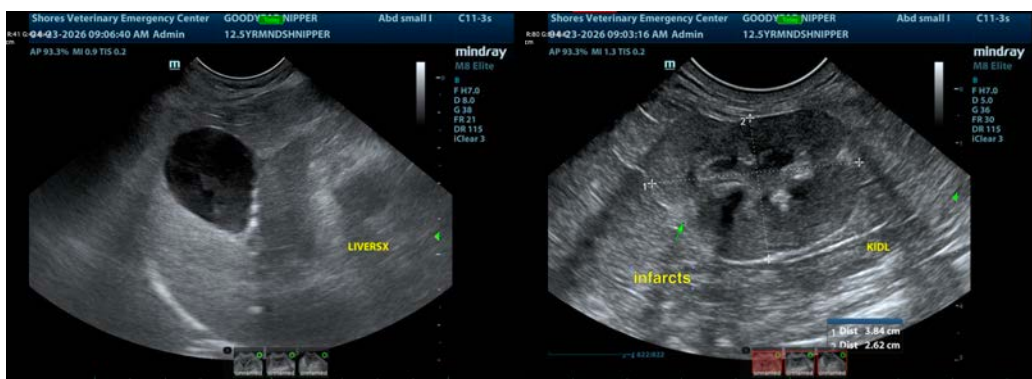
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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