



## PATIENT

Wilson Marlett

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

10.8 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brandon Adkins

## HOSPITAL NAME

Royer VS

## REFERRING VET

Dr. Brandon Adkins

## INVOICE

36720

## DATE

4/23/26

## PRESENTING CLINICAL SIGNS

History: Mass on jaw present for several weeks, initially thought to be cyst. Scabbing lesions on forehead and right side of head. Vomiting for past few weeks, initially gray in color resembling fine cat litter. Vomit color changed after switching from fine to coarse cat litter. Lethargy and isolation yesterday, hiding in closet. Urinated on himself. Decreased appetite, eating small amounts. Submandibular and prescapular lymph nodes enlarged on physical exam.

Abnormal PE/Chem/CBC/UA Results: severe pancytopenia, moderate non-regenerative anemia, reticulocytes normal to low. Chemistry 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.

The **left kidney** revealed cortical infarcts and mineralization. Other infarcts were noted throughout the left kidney. The left kidney measured 3.3 cm. The **right kidney** revealed remodeling and infarcts. Blood flow appeared to be adequate on power doppler assessment.

### *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 right adrenal gland measured 0.5 cm. The left adrenal gland measured 0.5 cm.

### *Spleen*

The **spleen** was mildly enlarged and swollen with nodular changes and scalloping contour. The spleen measured 1.7 cm in width.

### *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*

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. 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



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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.

## 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 subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

## Other

**Pleural effusion** was noted, and a thoracic mass was noted through the diaphragm.

## ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with nodular changes
- Diffuse intestinal thickening with muscularis hypertrophy
- Infarcts, mineralization and remodeling in the kidneys
- Pleural effusion
- Thoracic mass
- Age-related hepatic and pancreatic changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic and likely thoracic neoplasia are suspected given the pleural effusion and consolidations. Multicentric round cell neoplasia or hemangiosarcoma are suspected. 25-gauge FNA of the spleen and pleurocentesis and cytopsin are indicated. Chest workup is warranted for further definition. Prognosis is poor.





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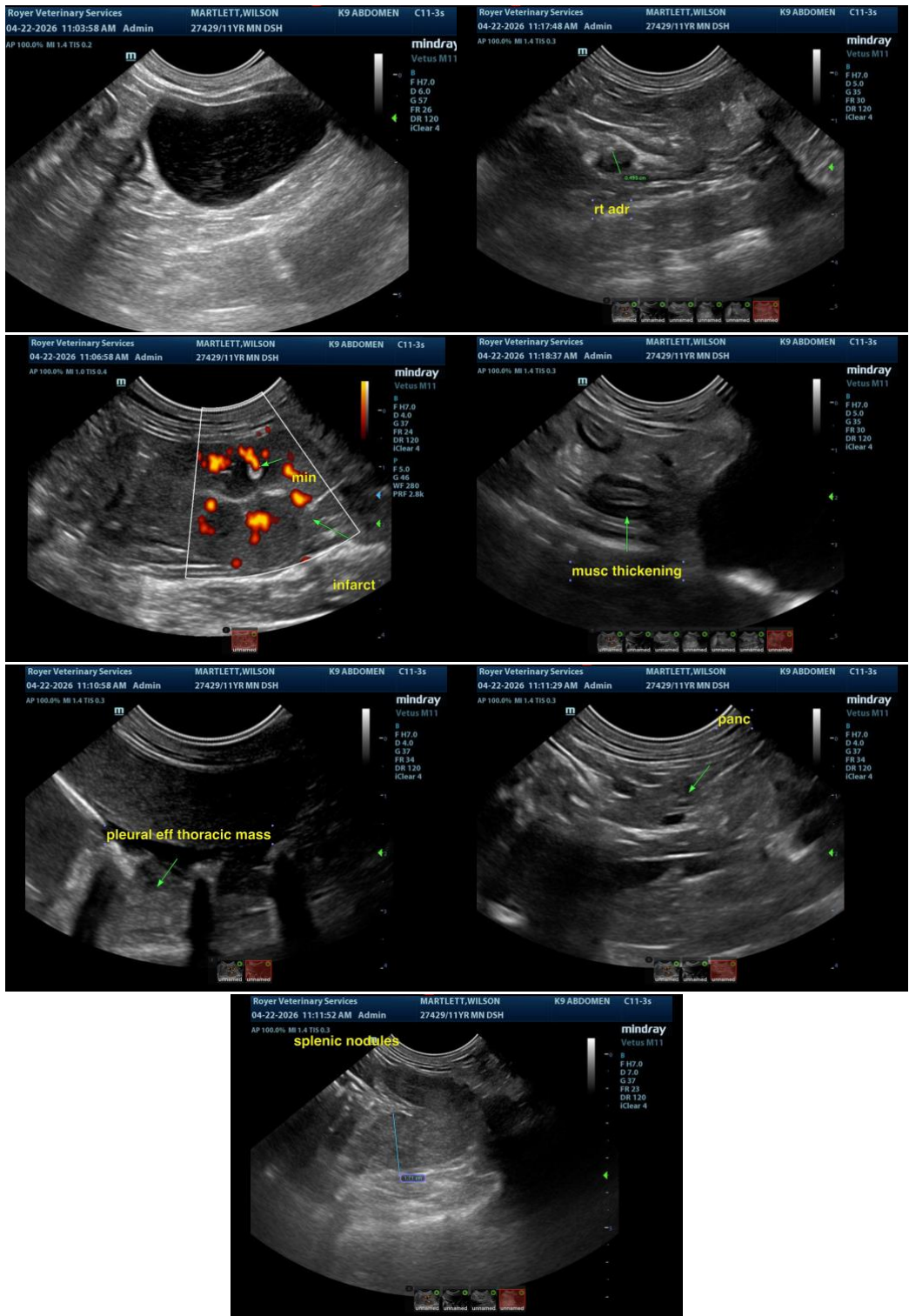
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The information and recommendations provided are based on the images presented by the referring



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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)