



## PATIENT

Oden Hanssler

## SPECIES

Feline

## BREED

Russian Siberian

## SEX

Neutered Male

## AGE

13 Years 3 Months

## WEIGHT

12.9

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Cecelie Fisher

## HOSPITAL NAME

Cape Coral PV

## REFERRING VET

Dr. Sharon Lomnicki

## INVOICE

36765

## DATE

4/24/26

## PRESENTING CLINICAL SIGNS

History: Ravenous appetite  
Weight loss of about 2lb over 4 months.  
Abnormal PE/Chem/CBC/UA Results: HCT 24% RBCs 5.6

## 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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Both kidneys measured approximately 4.0 cm.

### *Adrenal Glands*

The **left 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 left adrenal gland measured 0.25 cm.

The region of the **right adrenal gland** was imaged, no evident pathology.

### *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.

### *Gastrointestinal*

The **stomach** in this patient was thickened in the midst of ingesta. Concentric wall thickening with loss of mural detail noted, measuring up to 1.3 cm. The small intestine and colon were unremarkable.

### *Pancreas*



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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

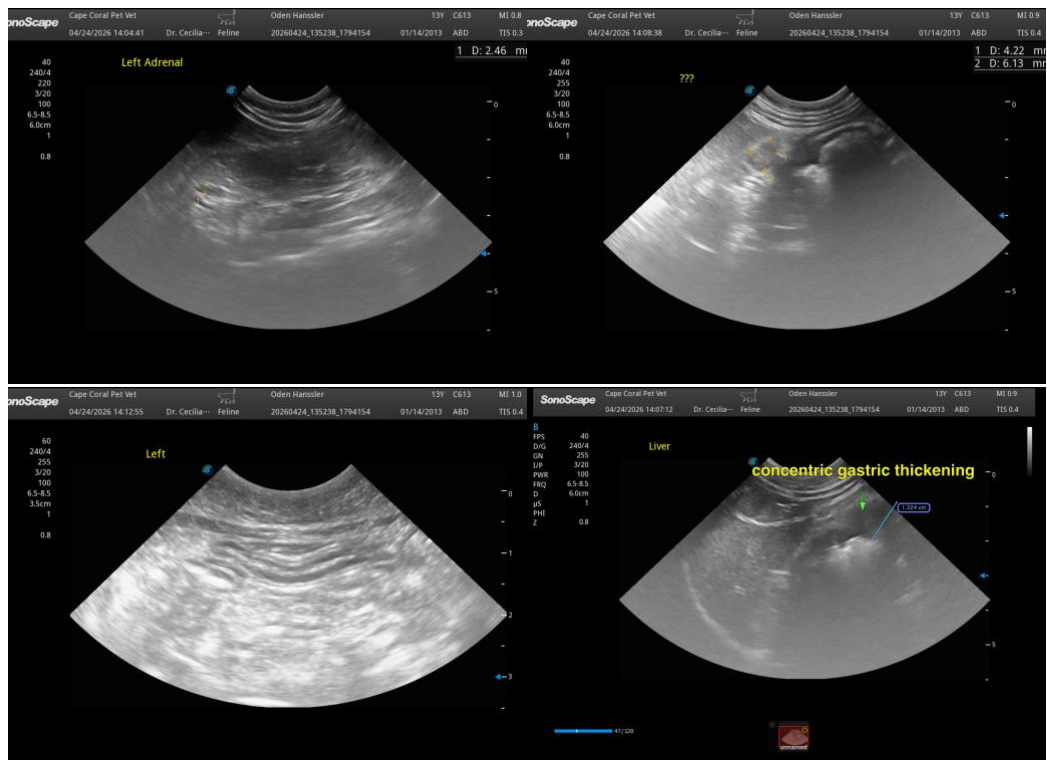
The mesenteric **lymph nodes** were enlarged, measuring up to 1.12 cm. An epigastric lymph node was enlarged, measuring up to 7.0 mm.

## ULTRASONOGRAPHIC FINDINGS

- Gastric infiltrative pattern with epigastric and mesenteric lymphadenopathy- strong concern for lymphoma.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA is indicated, or surgical or endoscopy based biopsies would be appropriate. Chest radiographs are warranted to assess for metastatic disease. Prognosis is guarded to poor.





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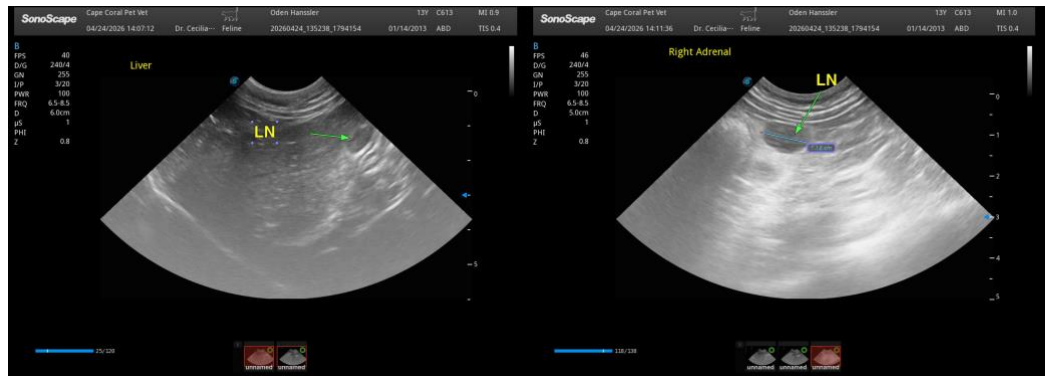
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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