



PATIENT

Simon Nassola

SPECIES

Feline

BREED

Snowshoe

SEX

Neutered Male

AGE

17 Years

WEIGHT

11.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho

REFERRING VET

Westside AH

INVOICE

36817

DATE

4/26/26

PRESENTING CLINICAL SIGNS

History: cranial abdominal mass found at rDVM - referred to ultrasound
Abnormal PE/Chem/CBC/UA Results: None performed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a sand accumulation of up to 2.0 cm, nonobstructive. The bladder wall was unremarkable. Urethral sand also noted.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous, and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. This is a moderate change. Slight pyelectasia was noted in the kidneys. The left kidney measured 3.8 cm. The right kidney measured 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 0.4 cm.

The region of the **right adrenal gland** revealed 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 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. 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 tract** revealed retention of ingest and progressively shadowing luminal material, likely hairball accumulation. Hypertrophied muscularis was noted throughout portions of the small intestine with transiting soft luminal material, this may be a passing hairball. No overt neoplastic



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criteria was evident, but I cannot rule out a pre-neoplastic state or dry form FIP. The colon was unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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.

Free Abdomen

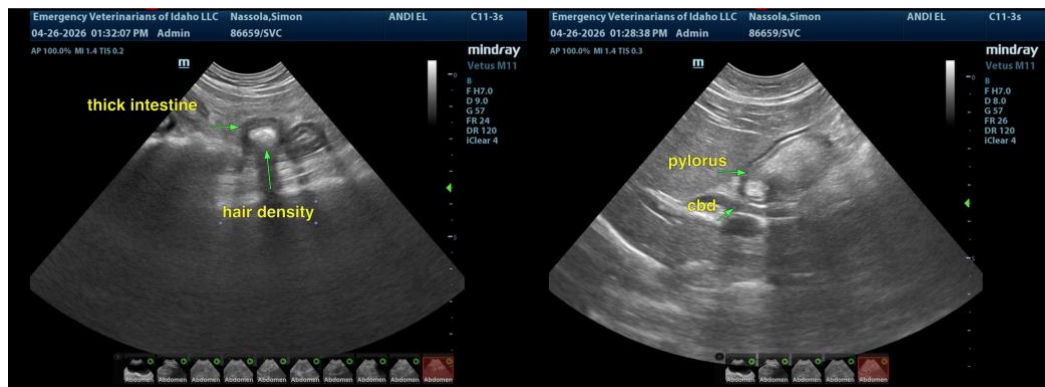
The mesenteric **lymph nodes** were mildly enlarged (up to 1.5 cm). Lymph nodes presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Intestinal thickening without overt masses. Possible hairball transit and accumulation. Underlying inflammatory bowel is likely.
- Reactive mesenteric lymph nodes
- Chronic interstitial nephrosis pattern with pyelectasia
- Bladder sand
- Age-related hepatic and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary workup is warranted. FNA of the accessible lymph nodes would be indicated with cytology and culture. Medical management with GI lubricants, management for inflammatory bowel and hairball dissolution are warranted. Recheck sonogram in 48-72 hours to assess if the partial retention pattern has resolved.





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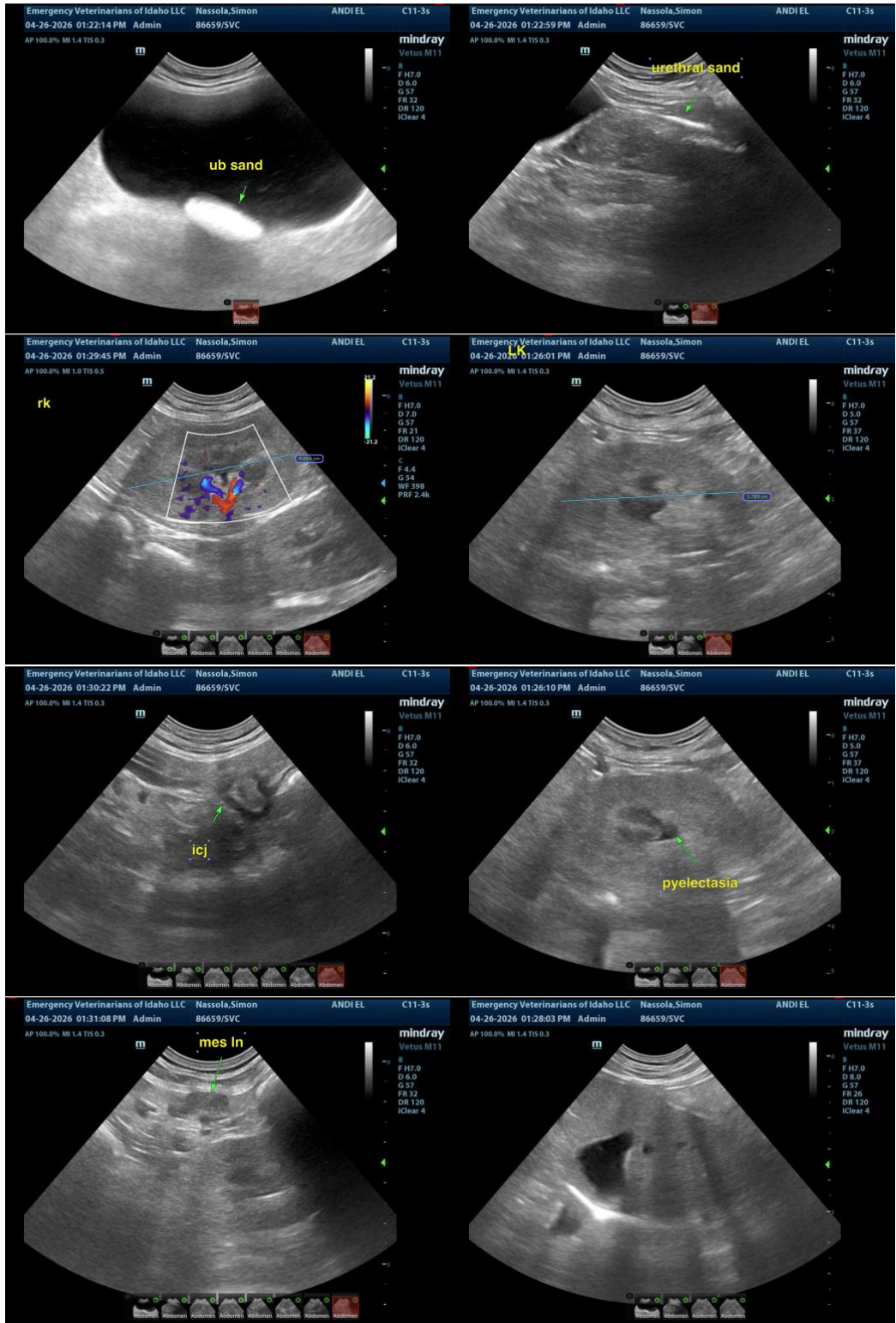
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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