



PATIENT

Fluffy Agee

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

2.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lang

INVOICE

74867

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: P started not eating well and not acting herself. O took to vet this morning and FPL and FBW preformed. P has also lost about 1/2 pound over previous week.

Eyes: NS OU

Oral Cavity: Mucous membranes light pink/tacky,

Abdominal: Soft and compliant with no abnormalities or pain on palpation, moderate sized soft bladder

Integument: diminished skin turgor

Abnormal PE/Chem/CBC/UA Results: rDVM 4/27: CBC: WBC 21.09 (H) Neuts 1.42 (L) Lymph 16.58 (H) Mono 1.39 (H) PLT 124 (L) rechecked with IDX InVue -- PLT count confirmed to be adequate >150

CHEMISTRY: SDMA 15 (H) Creat 1.6 --> concern for IRIS Stage 1 ALT 212 (H) (historically high based on prev medical records) -- r/o secondary to pancreatitis vs other Lytes: NSF T4 = 4.7 HIGH normal --

Patient is on methimazole UA 1.018,6.5pH trace blood 4/27 Intake: CBC: WBC 18.51 (H) Lymphs 12.27 (H) Monos 1.91 (H) In-vue: WBC 18.51 (H) Neuts 13.88 (H) Lymphs 2.04 (n) Monos 0.71 (H) Eos 1.88 (H)

Basos 0.00 (L) Plt Est >150 (Adequate) EPOC: BE,ECF -5.3 (L) iCal 1.18 (L) BUN 33 (H)

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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted. The left and right kidney measured 3.5 cm.

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 and right adrenal gland measured 0.5 cm.

Spleen

The **spleen** was mildly 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.



PATIENT

Liver

Fluffy Agee

The **liver** was enlarged, irregular and coarse in architecture with increased portal markings and mixed, echogenic, isoechoic nodular changes. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct and gallbladder were unremarkable. A slight amount of free fluid was noted between the liver lobes.

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Gastrointestinal

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. 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 more significant disease than IBD. The mesenteric lymph nodes measured up to 1.5 x 0.5 cm.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

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Mesenteric lymphadenopathy.

Enlarged spleen.

REFERRING VET

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Enlarged, irregular liver with nodular changes.

Age related changes elsewhere.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA of the spleen, lymph nodes and liver are recommended. There is a strong concern for emerging round cell neoplasia versus triaditis and reactive spleen and benign hepatic remodeling.



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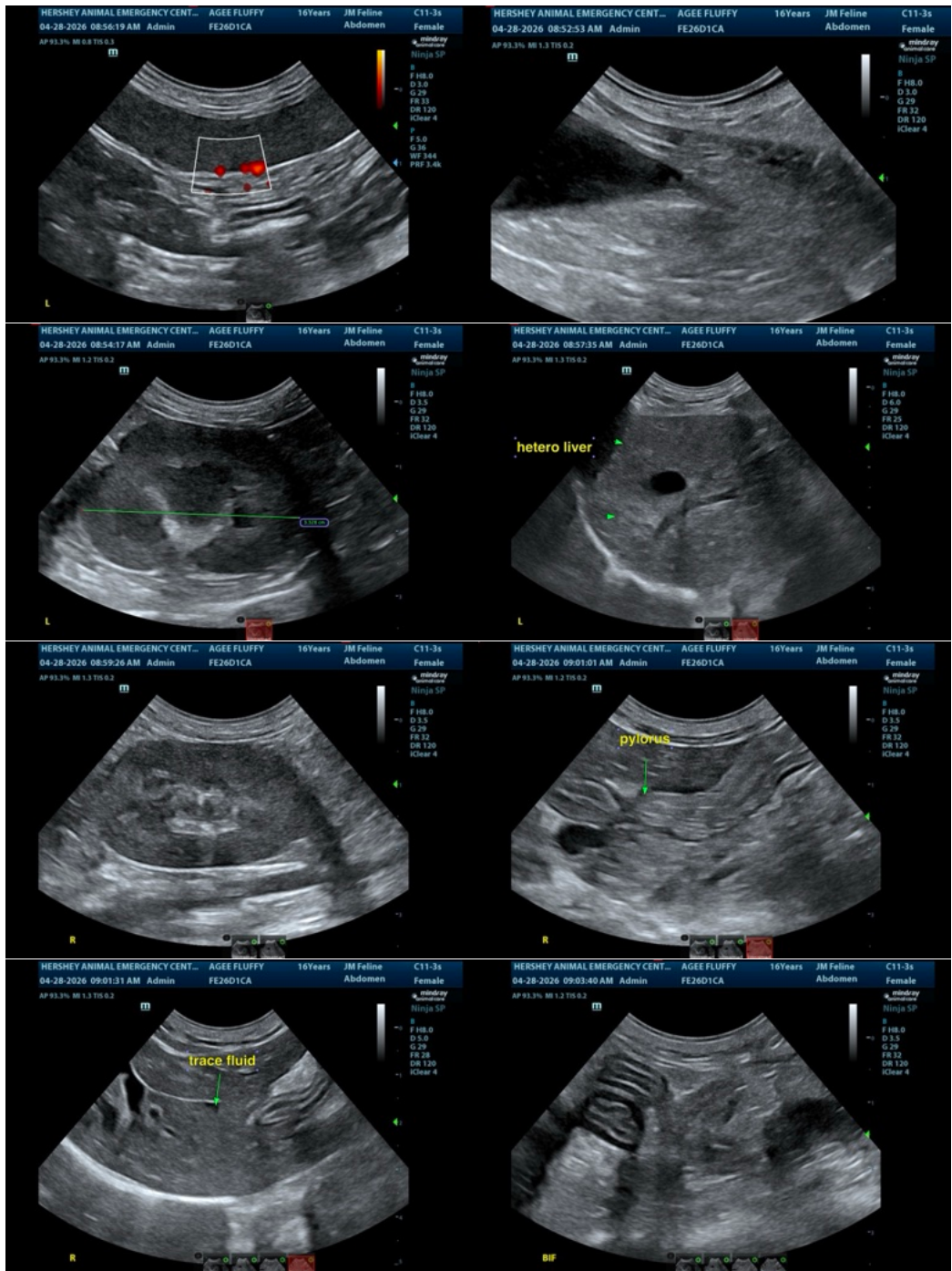
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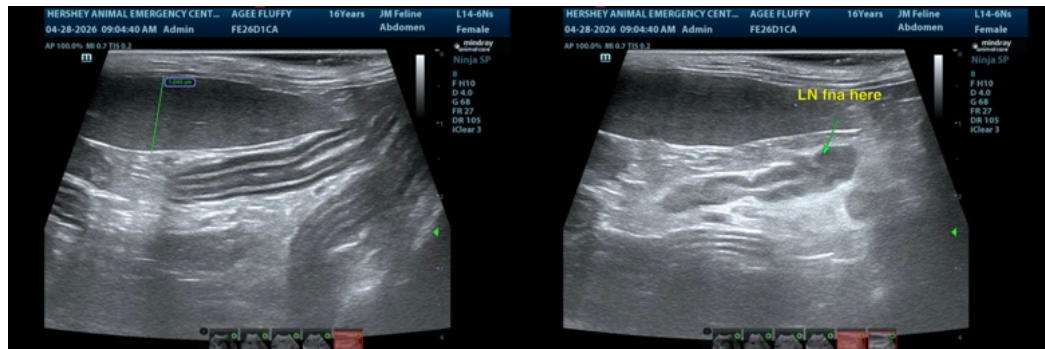
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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