



PATIENT

Naveen Crodts

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered male

AGE

13 years

WEIGHT

12.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Gunther

INVOICE

74960

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: History of hyporexia and lethargy for about 2 weeks, occasional vomiting
CBC - unremarkable CHEM - elevated liver values ALT 504 AST 186 ALP 127, Total bilirubin 2.4 (0 - 0.3)
Spec fPL elevated 8.6 (0-4.4) T4 - euthyroid UA - unremarkable

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. The right kidney measured 4.7 cm. The left kidney measured 4.42 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 right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was enlarged with subtle micronodular changes and swollen contour. The spleen measured 1.4 cm.

Liver

The **liver** was swollen, irregular and excessively hypoechoic to the surrounding fat. The gallbladder and common bile were unremarkable. Trace amount of free fluid was noted between the liver lobes. Enhanced mesentery was noted which is consistent with infiltrative disease.

Gastrointestinal

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. Epigastric lymph node is enlarged, rounded and hypoechoic. The lymph nodes measured up to 1.1 x 1.9 cm and were peripherally inflamed.

Pancreas

Some hyperechoic fat was noted around the **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.

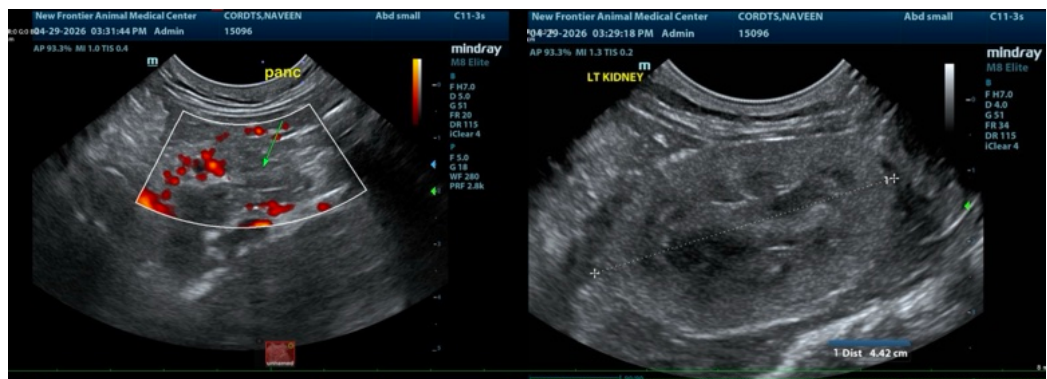
ULTRASONOGRAPHIC FINDINGS

Splenohepatomegaly.

Lymph node enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for round cell neoplasia versus splenitis and cholangiohepatitis. Ultrasound-guided FNA of the lymph nodes and spleen were performed without complication. FNA of the liver could be performed if necessary for the definitive diagnosis.





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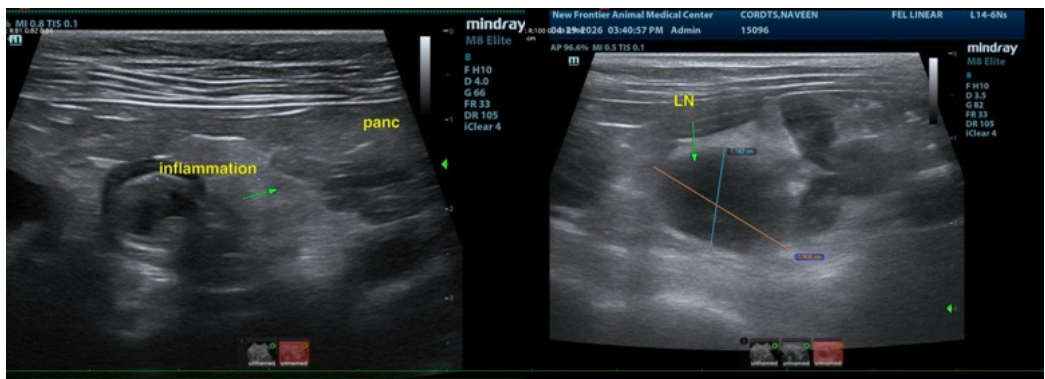
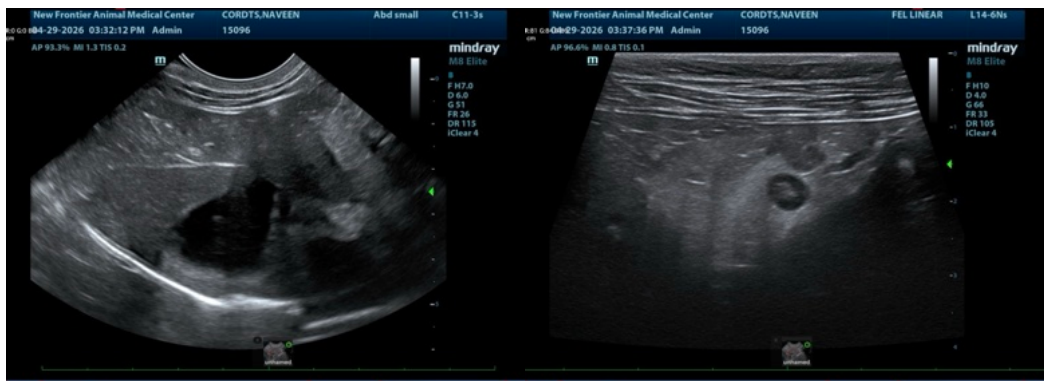
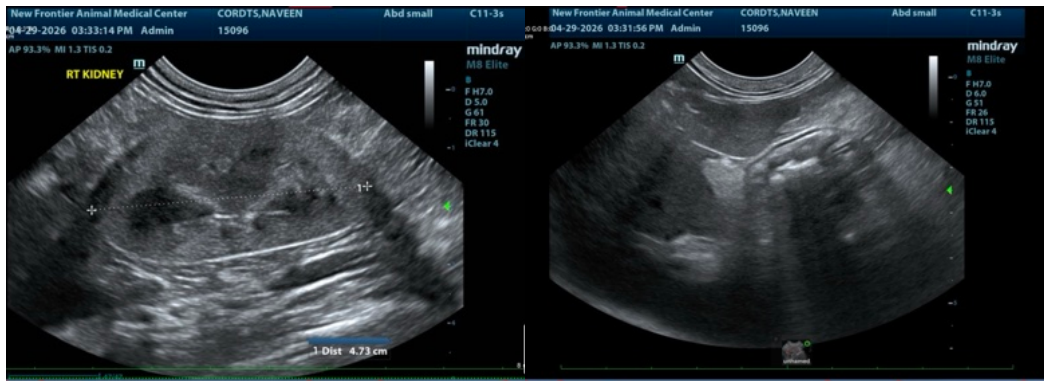
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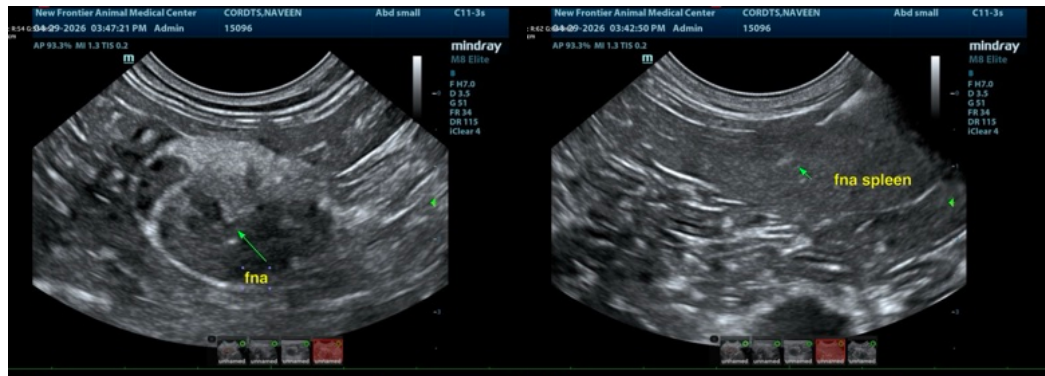
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com