



## PATIENT

Crosby Lubetkin

## SPECIES

Feline

## BREED

DLH

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

10.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Godwin

## HOSPITAL NAME

Wellesley Animal  
Hospital

## REFERRING VET

Dr. Meghan Godwin

## INVOICE

15596

## DATE

04/30/26

## PRESENTING CLINICAL SIGNS

History of decreased appetite and 4 pound weight loss in 1 year.

Abnormal PE/Chem/CBC/UA Results: CBC/chem 17/T4/UA: 2/24/26 Mild monocytosis Hematuria > 100 RBCs per HPF Otherwise unremarkable 2/6 left parasternal heart murmur Mild to moderate cachexia Subjectively thickened "ropey" intestines

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex. Pyelectasia was noted in the left kidney with slight proximal hydroureter and echogenic debris. The left kidney measured 3.7 cm in length.

The **right kidney** revealed calculus, infarcts and cortical collapse with subnormal size. The right kidney measured 3.0 cm in length.

### 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 adrenal gland measured 0.30 cm width. The right adrenal gland measured 0.30 cm width.

### 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. The spleen measured up to 1.4 cm.

### Liver

The **liver** presented mildly swollen and irregular. The common bile duct was tortuous. The gallbladder was unremarkable. The hepatic lymph nodes were enlarged up to 1.5 cm x 0.50 cm.

### Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. 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



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present. Chronic inflammatory bowel 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 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. Some enhanced mesentery was noted around the pancreas. Cannot discount potential for low-grade pancreatitis.

### **Free Abdomen**

The mesenteric **lymph nodes** were enlarged with the largest lymph node measuring up to 1.3 cm x 2.1 cm. Reactive mesentery was noted around the lymph nodes.

The tubular structure noted in the right mid-abdomen measuring approximately 5.0 mm and appears to be contracting. This is likely right ureteral dilation, potential obstruction from calculus or stricture.

## ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with left kidney pyelectasia.
- Multifocal lymphadenopathy.
- Splenohepatic enlargement.
- Tortuous common bile duct.
- IBD GI pattern.
- Right ureteral dilation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lymphadenitis, splenitis, hepatitis is all possible, yet round cell neoplasia is a strong concern. Urinary work up is warranted if not already performed to assess for any evidence of pyelonephritis/UTI. FNA cytology and culture is indicated of the liver and lymph nodes and spleen.



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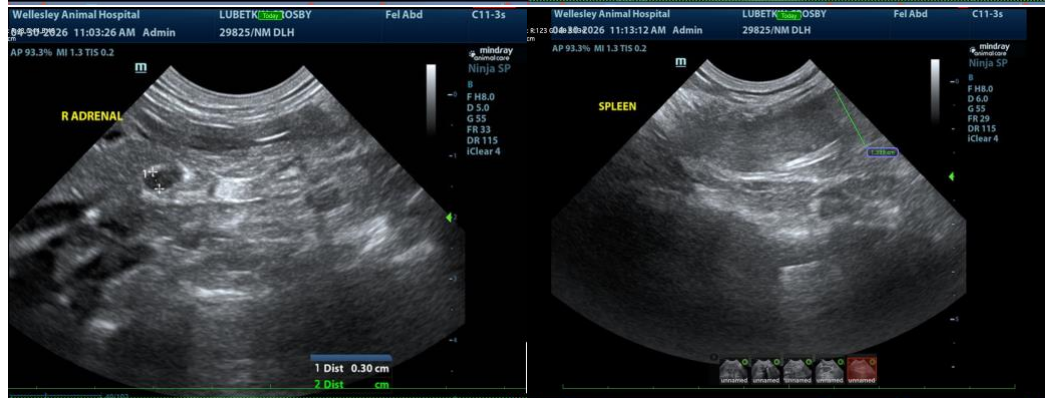
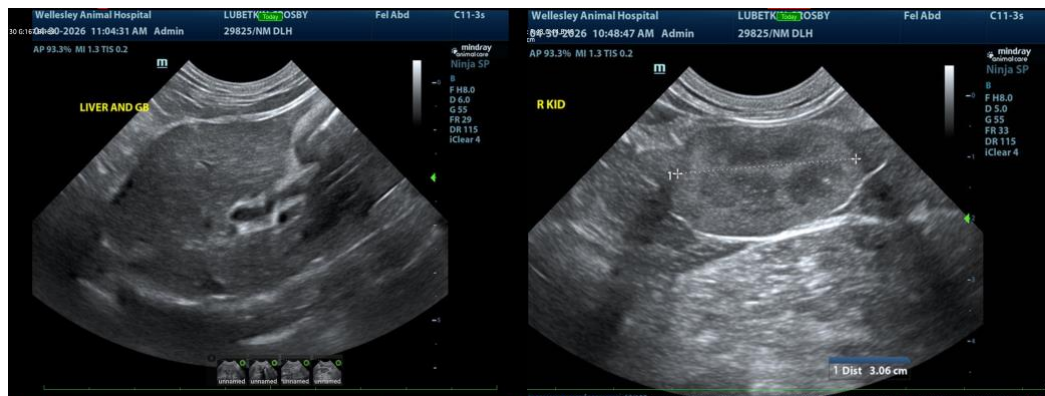
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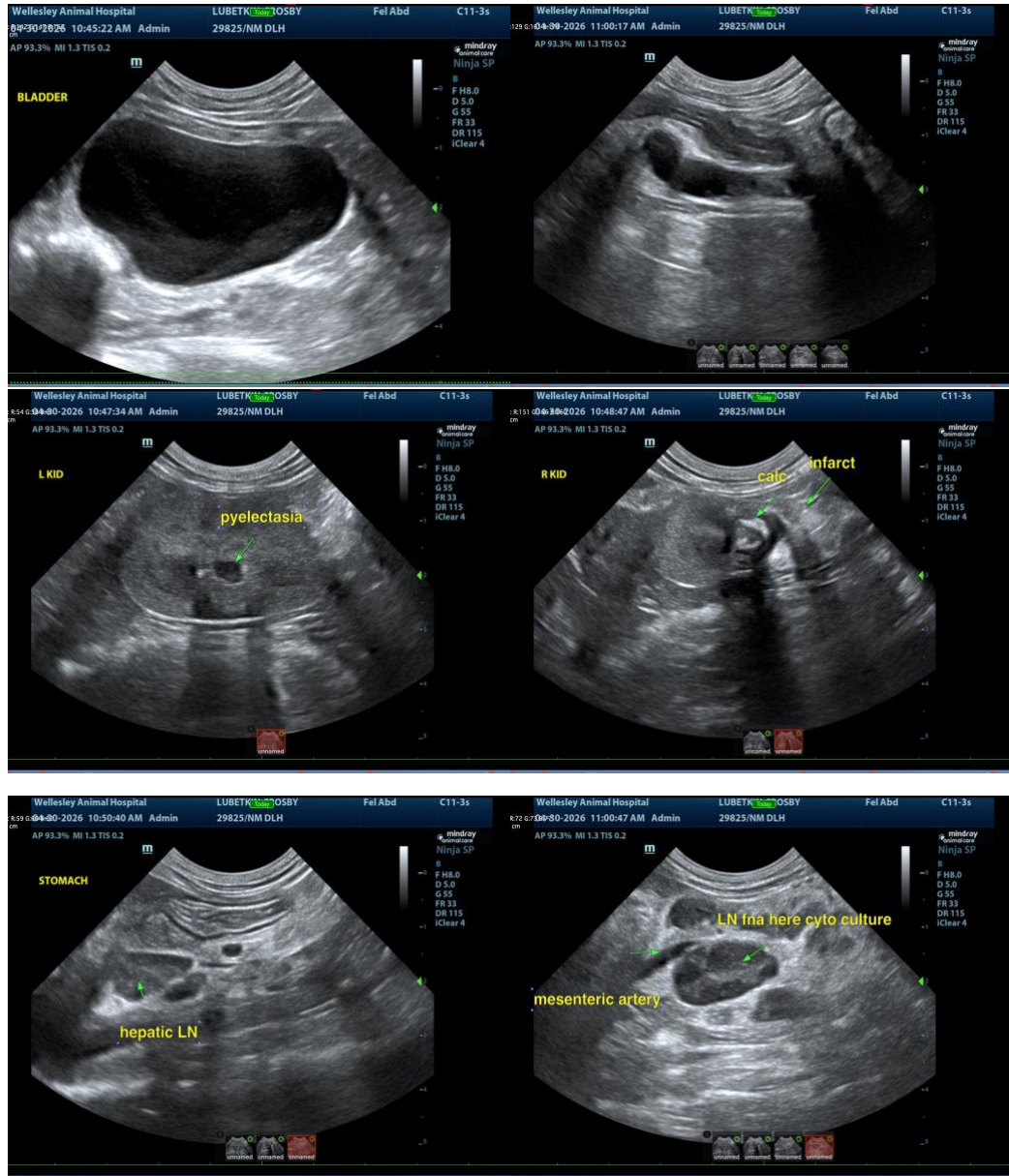
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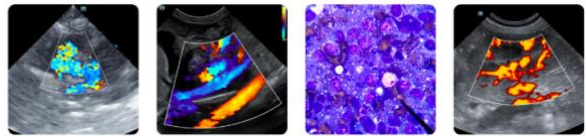
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)



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