



PATIENT

Rogue Wilkinson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna Veterinary
Hospital

REFERRING VET

Dr. Forwood

INVOICE

74211

DATE

4/4/26

PRESENTING CLINICAL SIGNS

Hyporexia, vomiting, and rapid weight loss over past 2 weeks. Tense distended abdomen on PE otherwise unremarkable. BC/biochem/UA unremarkable

Current tx: Mirtazapine 1.88mg SID, Cerenia 8mg SID

Abnormal PE/Chem/CBC/UA Results: Palpable abdominal mass obese BW unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a grouping of calculi measuring 1.0 cm. The bladder wall itself was unremarkable. Urine was anechoic.

The **right kidney** presented chronic dystrophic changes, subnormal in size at 2.8 cm, with pyelectasia and enhanced surrounding mesentery suggestive of active inflammation.

The **left kidney** presented mild degenerative changes. Normal size and contour otherwise, measuring 3.4 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** was slightly hypoechoic and mildly irregular. The gallbladder and common bile duct were unremarkable. Slight free fluid noted between liver lobes.

Gastrointestinal

The **gastrointestinal tract** revealed fluid-filled gastric lumen. Jejunal thickening noted measuring 0.73 cm wall thickness, extending for at least 3.0 cm in length.

An enlarged, rounded, hypoechoic mesenteric lymph node was noted measuring 3.0 cm with regional inflammation. Other lymph nodes were also enlarged, rounded and hypoechoic, measuring up to 2.3 cm.

Slight free fluid and reactive mesentery noted associated with the variable intestinal thickening and lymphadenopathy.

Pancreas

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.



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ULTRASONOGRAPHIC FINDINGS

- Jejunal infiltrative pattern and mesenteric lymphadenopathy – strongly consistent with round cell neoplasia. Potential for underlying dry form FIP. Lymphadenitis/inflammatory bowel possible yet less likely.
- Free fluid likely secondary to lymphatic obstruction.
- Concurrent urinary bladder calculi.
- Moderate degenerative right renal changes, mild degenerative left renal changes.
- Hypochoic, mildly irregular liver with slight free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytology and PCR culture of the aspirates would be appropriate. If cytology is not definitive, then surgical biopsies with lymph node and intestinal biopsies and cystotomy would be appropriate. Prognosis is guarded. Early hepatic involvement is a possibility given the slight free fluid between liver lobes.





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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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