



PATIENT

Albus Sokolov

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

16 years

WEIGHT

8.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Klein

HOSPITAL NAME

Alison AH

REFERRING VET

Dr. Klein

INVOICE

75298

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Pt presented for vomiting and weight loss. Vomiting is occurring approx 4 days weekly. Appetite is decreasing over several months. Pt lost 2 pounds in 6 months. CBC/CHEM/T4 wnl. PLI elevated (12.7 {WNL 0-4.4}). No diarrhea.

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 left kidney measured 3.9 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.

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 measures 0.86 cm.

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. A hypoechoic nodule was noted in the left medial liver and measured 1.3 cm. Other subtle, micronodular changes were noted measuring 0.65 cm and 0.37 cm. 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



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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 minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The **pancreas** was prominent, irregular and hypoechoic.

ULTRASONOGRAPHIC FINDINGS

Undefined hepatic nodules.

Inflammatory bowel pattern.

Prominent pancreas.

Moderate degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for emerging neoplasia of the liver, potential metastatic. Various intestinal thickening was noted with muscularis hypertrophy. Ultrasound-guided 22-gauge or 25-gauge FNA of the liver nodules would be warranted.

If accessible 25-gauge FNA of the pancreas could be considered or full thickness GI biopsies with liver inspection and biopsy would also prove effective for a definitive diagnosis. Inflammatory bowel, nodular hypoplasia versus emerging round cell or other neoplasia are concerns.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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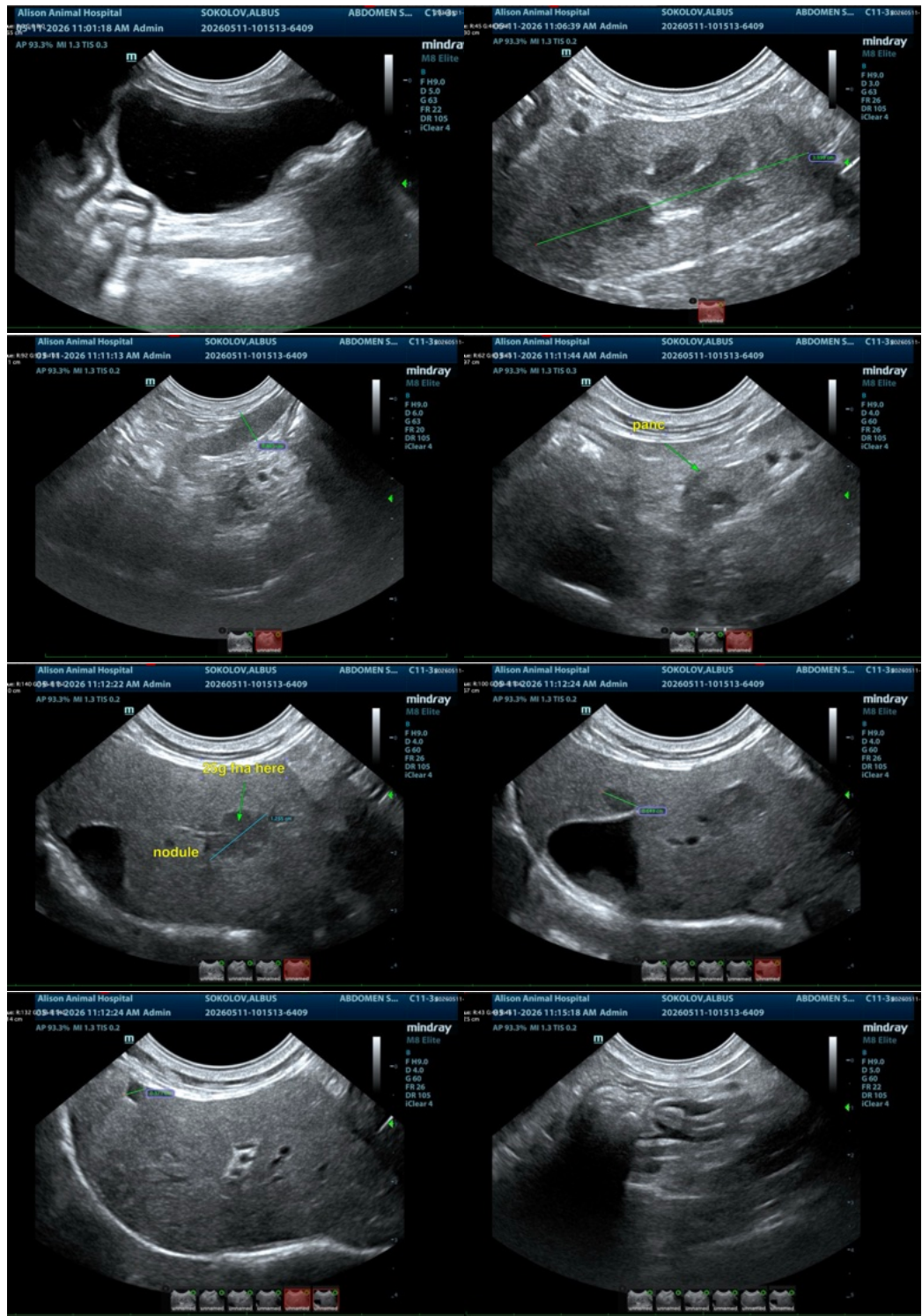
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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