



PATIENT

Wyatt Shiffman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 6 Months

WEIGHT

8.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Bergen County
Veterinary Center

REFERRING VET

Dr. Shiffman

INVOICE

16082

DATE

05/11/26

PRESENTING CLINICAL SIGNS

Initial Inc. app. (Voracious) now decreased with vomiting bile and food. Intermittent murmur (grade 1/6) T4 consistently normal. R/O LSA vs. IBD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was largely unremarkable yet with a large amount of suspended debris. The urethra was visible to a depth of 2.0 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 and no evidence of pelvic dilation was present. The left kidney measured 4.62 cm in length. The right kidney measured 4.46 cm in length. Blood flow to the kidneys was subnormal on color flow assessment.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.5 cm width. The right adrenal gland measured 0.4 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 1.5 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. 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 noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. Two separate nodules were present in the cranial liver and appeared echogenic measuring 0.75 cm and 0.77 cm, most consistent with cystadenomas.

Gastrointestinal

The upper **gastrointestinal tract** was normal with some reactive mesentery and slightly thickened intestine without overt neoplastic criteria.

Pancreas



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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. The pancreatic lymph nodes were slightly enlarged measuring 0.50 cm.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The largest of which measured 1.5 cm x 0.55 cm.

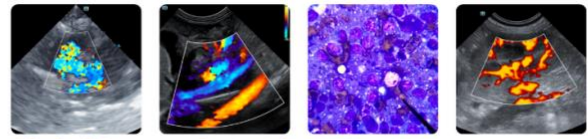
ULTRASONOGRAPHIC FINDINGS

- Large amount of urinary bladder debris.
- Age-related renal changes.
- Stress-induced adrenal glands.
- Mesenteric and occasional abdominal lymphadenopathy- reactive patterns, length to width ratios were maintained in all lymph nodes. Emerging round cell neoplasia is possible.
- Subacute on chronic inflammatory bowel.
- Splenic enlargement- emerging round cell neoplasia versus lymphadenitis or reactive spleen, all of which can present in this fashion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for any evidence of Uti is indicated. Ultrasound guided FNA of the spleen +/- accessible lymph nodes could be considered, however, the lymph node aspirates may be difficult to obtain an adequate recovery for cellular diagnosis. PAR or PCR may be necessary for a definitive diagnosis.

The most direct way to arrive at a definitive diagnosis in this patient is full thickness surgical biopsies amid the distal small intestine where reactive mesentery is present, along with biopsy or cultural removal of the larger mesenteric lymph nodes and then perform PAR or PCR if necessary. Dry form FIP is also a remote potential in this patient. Probability is chronic inflammatory bowel with reactive mesenteric lymph nodes and reactive spleen, emerging round cell neoplasia or even mast cell disease, possible.



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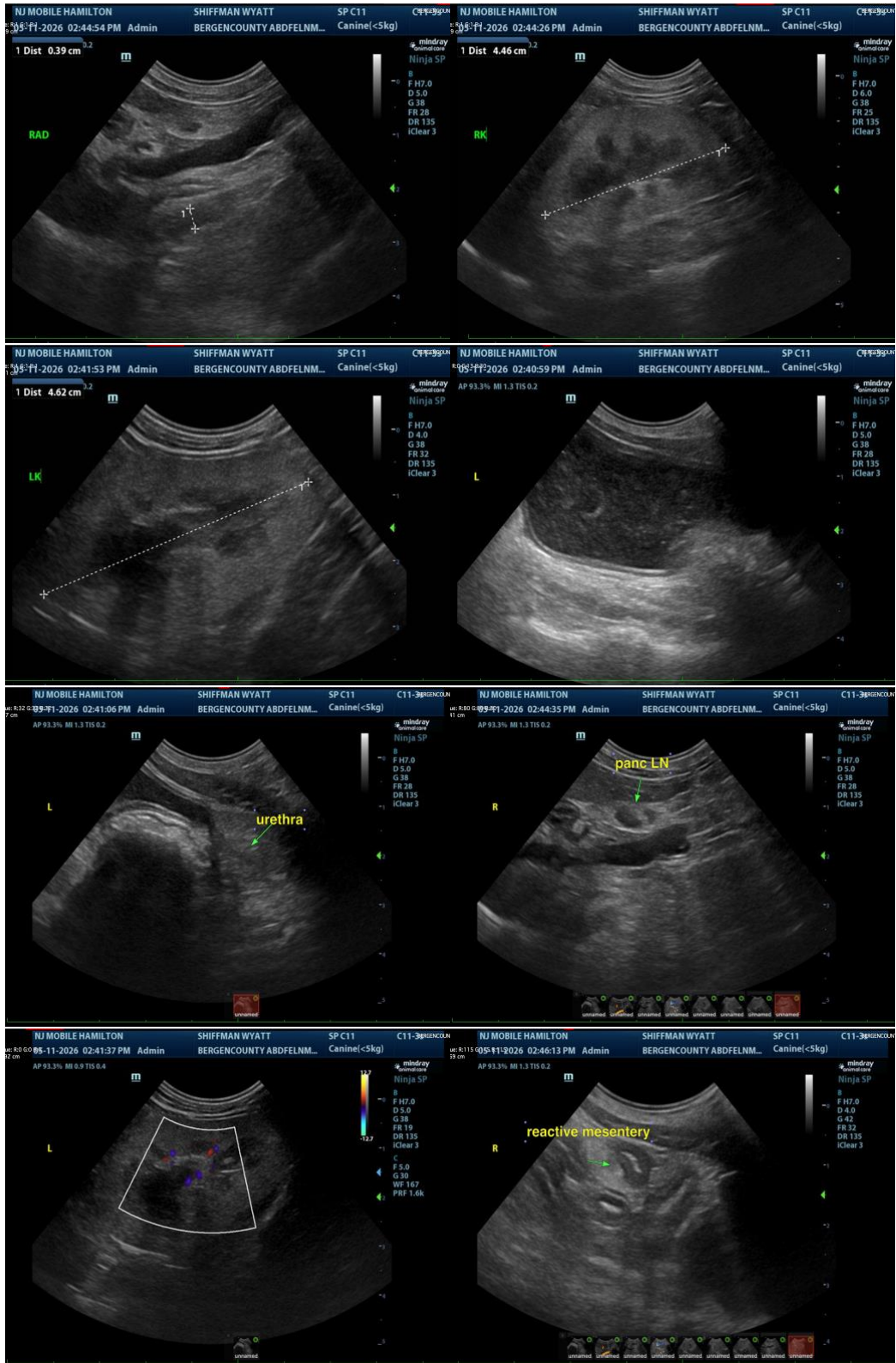
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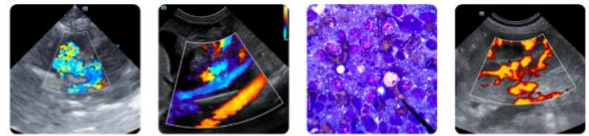
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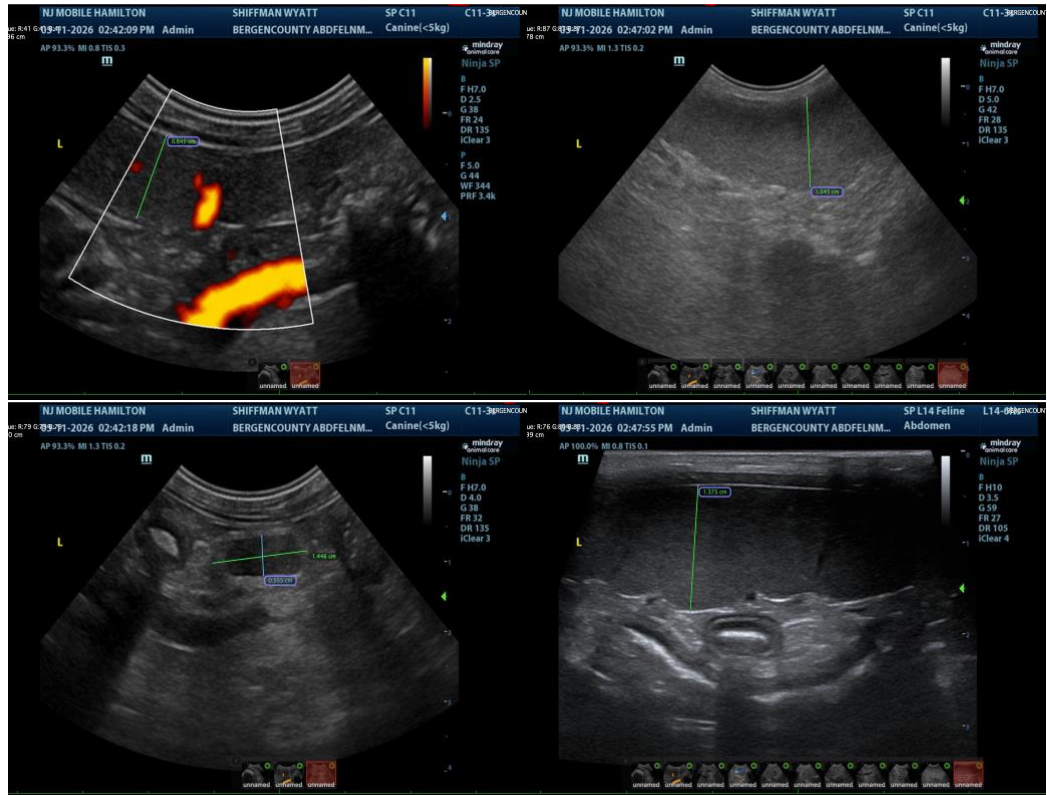
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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