



PATIENT

Vinny Brown

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Liz Jacka

INVOICE

16398

DATE

05/21/26

PRESENTING CLINICAL SIGNS

Presented Mon 5/18/26 for inappetence and lethargy. Only very minimally responsive to SQF/inj Cerenia. Very difficult to pill at home, so hasn't been getting oral Cerenia regularly. Minimal response to TD mirtazapine. Several other cats in the home so unsure about LB habits or eating/drinking habits; however, did observe frequent trips to LB (IS producing urine though).

5/18/26 - ALB = 1.8; TBIL = 1.1; BUN = 34; GLU = 226. WBC = 22.8k - all cell populations uniformly elevated. Confirmed left shift on slide review. USG = >1.050; urobili = +1; Bili = +2. Culture negative.

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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.38 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Variable **small intestinal** thickening was noted with areas of small intestine and upper gastrointestinal dilation.

Pancreas



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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.

Free Abdomen

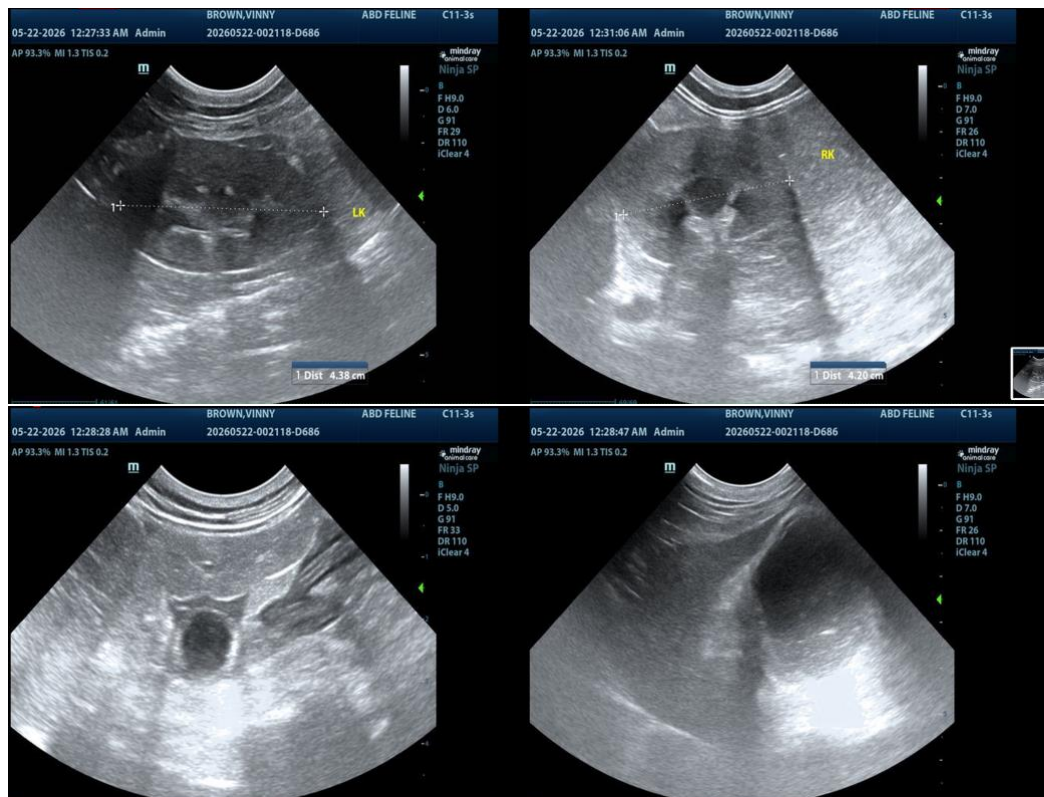
Free fluid was noted in the abdomen. Omental nodular changes were noted in the cranial abdomen, tethering portions of the small intestine consistent with steatitis or more concerning for carcinomatosis or similar. Undifferentiated tissue and mass formation were noted in the region of hypoechoic irregular parenchyma in the mid-cranial abdomen, measuring approximately 2.0 cm, may be deriving from the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Variable intestinal thickening and partial obstructive pattern with undifferentiated tissue proliferation in the mid-abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the hypoechoic area and abdominocentesis of the free fluid are all indicated. Prognosis is guarded. Carcinomatosis/lymphomatosis are suspected, pancreatitis and steatitis are possible with enteritis, less likely.





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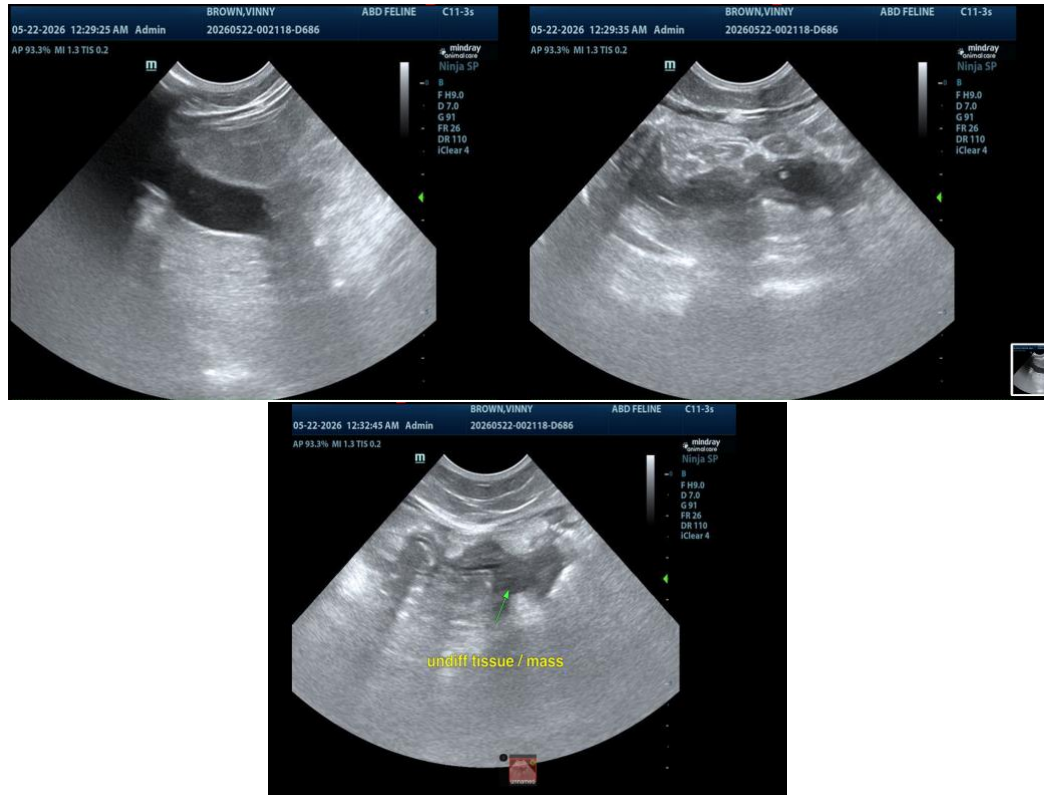
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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