



**PATIENT**

Mr. T Safin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5 Years 10 Months

**WEIGHT**

11.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Smithfield Animal  
Hospital

**REFERRING VET**

Dr. Boe

**INVOICE**

15910

**DATE**

05/07/26

**PRESENTING CLINICAL SIGNS**

Concern for parathyroid tumor or other cancer. Urinary issues from urinary stones.

Abnormal PE/Chem/CBC/UA Results: Phos 2.2; Ca 12.2; ALT 25

**ULTRASONOGRAPHIC EXAMINATION OF THE THYROID & ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a focal calculus measuring 0.47 cm. The bladder wall and proximal urethra were unremarkable.

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 4.1 cm in length. The right kidney measured 4.1 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 0.46 cm width. The right adrenal gland measured 0.45 cm width.

**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**

The **gastrointestinal** presentation revealed minor 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 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. Trace hair-type density/residual chyme was noted in the stomach.



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**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.

**Thyroid**

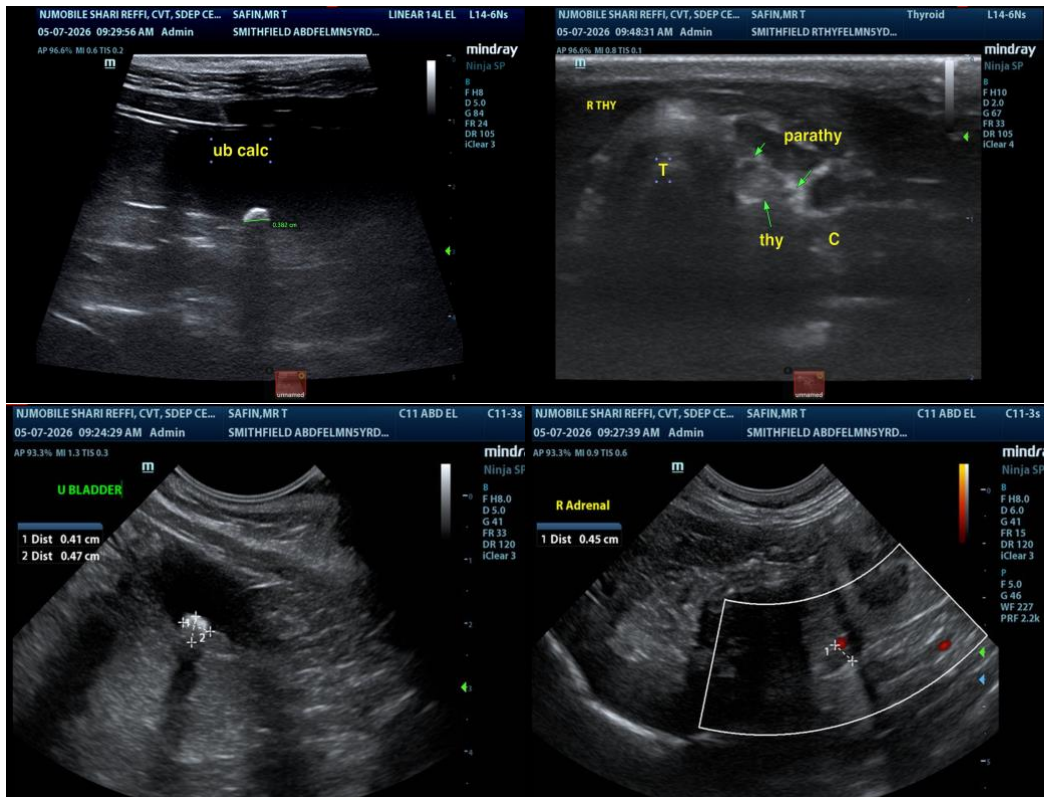
The **cervical regions** were imaged in this patient. Both thyroid lobes were visualized measuring approximately 4.0 mm width. The parathyroids were identified with uniform parenchyma. No evident pathology. Regional tissues such as salivary glands, trachea, carotid and regional tissues were all unremarkable. The parathyroids measured up to 2.0 mm.

**ULTRASONOGRAPHIC FINDINGS**

- Bladder calculus.
- IBD GI pattern- latent inflammatory bowel is likely given the minor thickening.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cystotomy, stone analysis and culture are indicated. If cystotomy is performed, then intestinal biopsies may prove useful.





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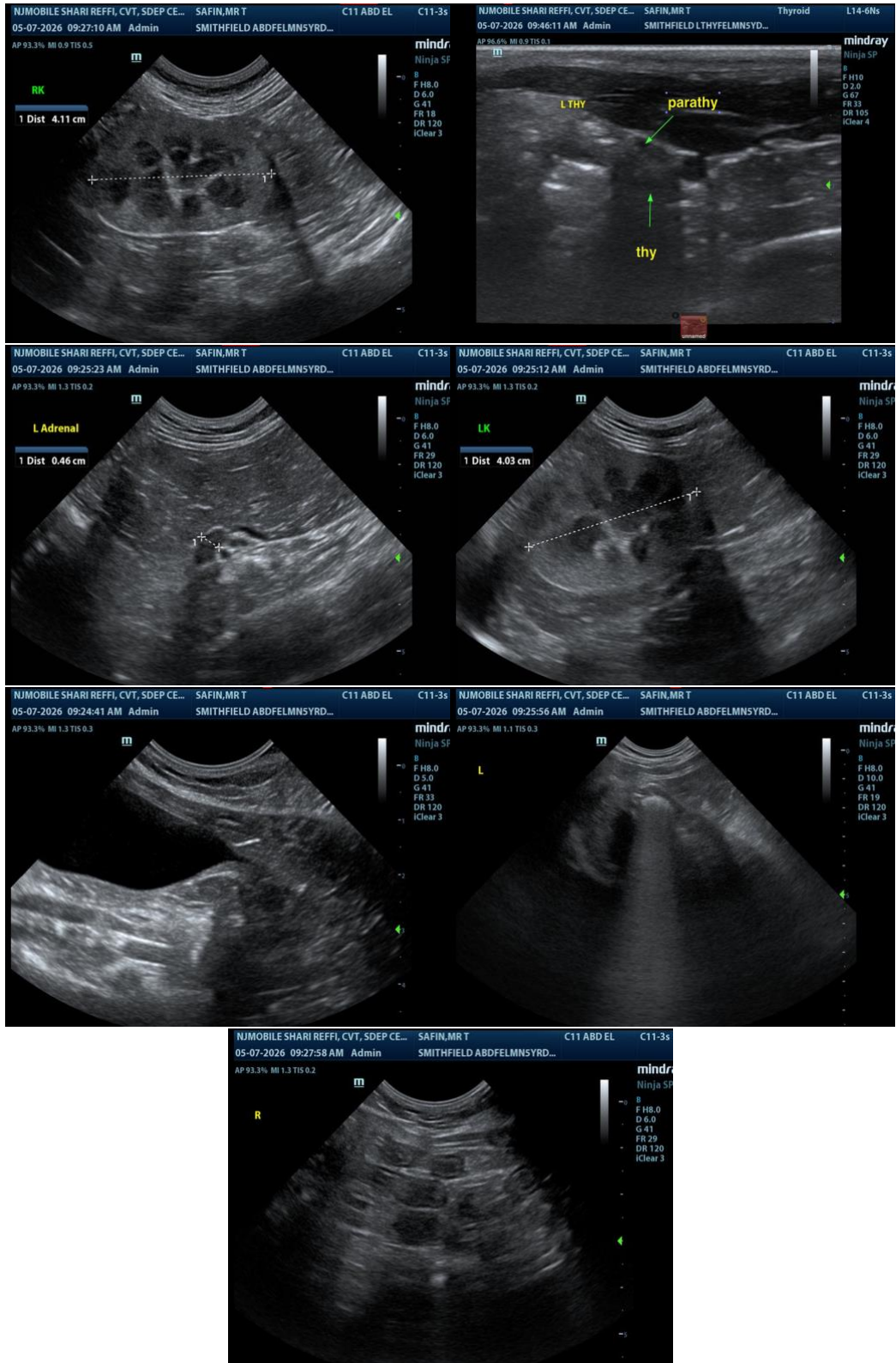
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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CEO, Owner, Founder -- SonoPath.com

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

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