



PATIENT

Percy Palladino

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years 11 Months

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary
Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

15938

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Clinical signs: vomiting, anorexia, weight loss History: Presented for wellness 5/6/26. Owner had noticed lethargy over the past couple days. Had vomited a couple times as well. Not eating. Drinking less water. Previous exam was in March of 2026 and he had been 12.3#. Weighed 9.88# on 5/6/26. Rx's i/d. Vomited after trying i/d. Lab work run. Bilirubin in urine noted. Ultrasound to assess cause of symptoms. Symptoms have persisted since 5/6. Indoor only. Current medications: Terramycin eye ointment for herpes flare

PE: further weight loss today (9.2#), 6-8% dehydrated, no obvious pain on abdominal palpation, no organomegaly, mm pk and CRT<2sec, no HM, peripheral LNs normal, no thyroid slip, normal exam otherwise Labs: chest rads pending Senior panel 5/6/26 Glucose high 220 Magnesium high 2.7 Chloride low 99 White blood cell high 25.3 Neutrophils high 13,662 Lymphocytes high 9867 Monocytes high 1518 Thyroid normal 1.2 FEL V/FIV negative/negative Heartworm test pending Fecal pending USG 1.069 Protein 2+ Bilirubin 1+ Occult blood trace Red blood cells 0-1

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. A hyperechoic medullary rim sign was present. The left kidney measured 4.09 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 0.44 cm width. The right adrenal gland measured 0.41 cm width.

Spleen

The **spleen** presented slightly heterogenous with mild enlargement measuring 0.94 cm.

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.



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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.

Pancreas

The **pancreas** presented hypoechoic and irregular measuring 0.70 cm in the left limb.

Free Abdomen

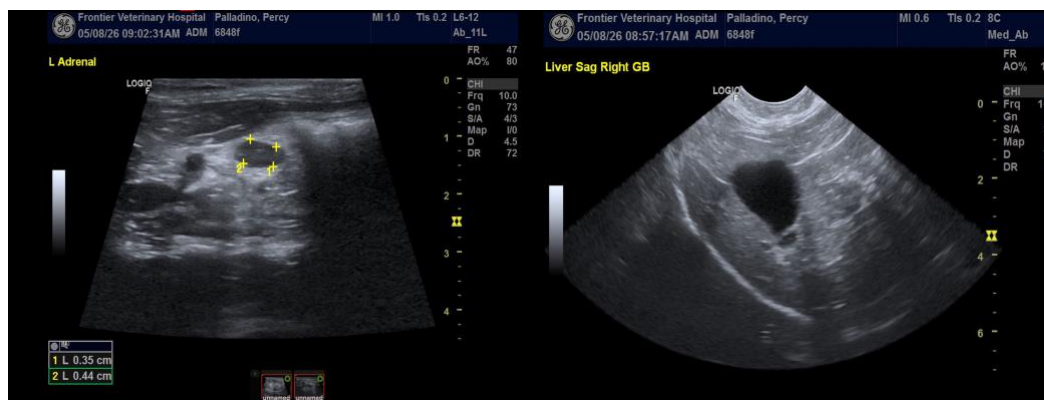
The jejunal **lymph nodes** presented normal length to width ratio with slight, swollen contour and enlargement. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 2.0 cm x 0.50 cm.

ULTRASONOGRAPHIC FINDINGS

- Enteritis with reactive lymph nodes.
- Interstitial nephrosis renal pattern.
- Minor splenic enlargement.
- Hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated in this patient to ensure an emerging round cell neoplastic event is not present such as mast cell disease or lymphoma. Management for inflammatory bowel, parasite management, diet change and potential Prednisone trial may all be appropriate if sampling is not an option.





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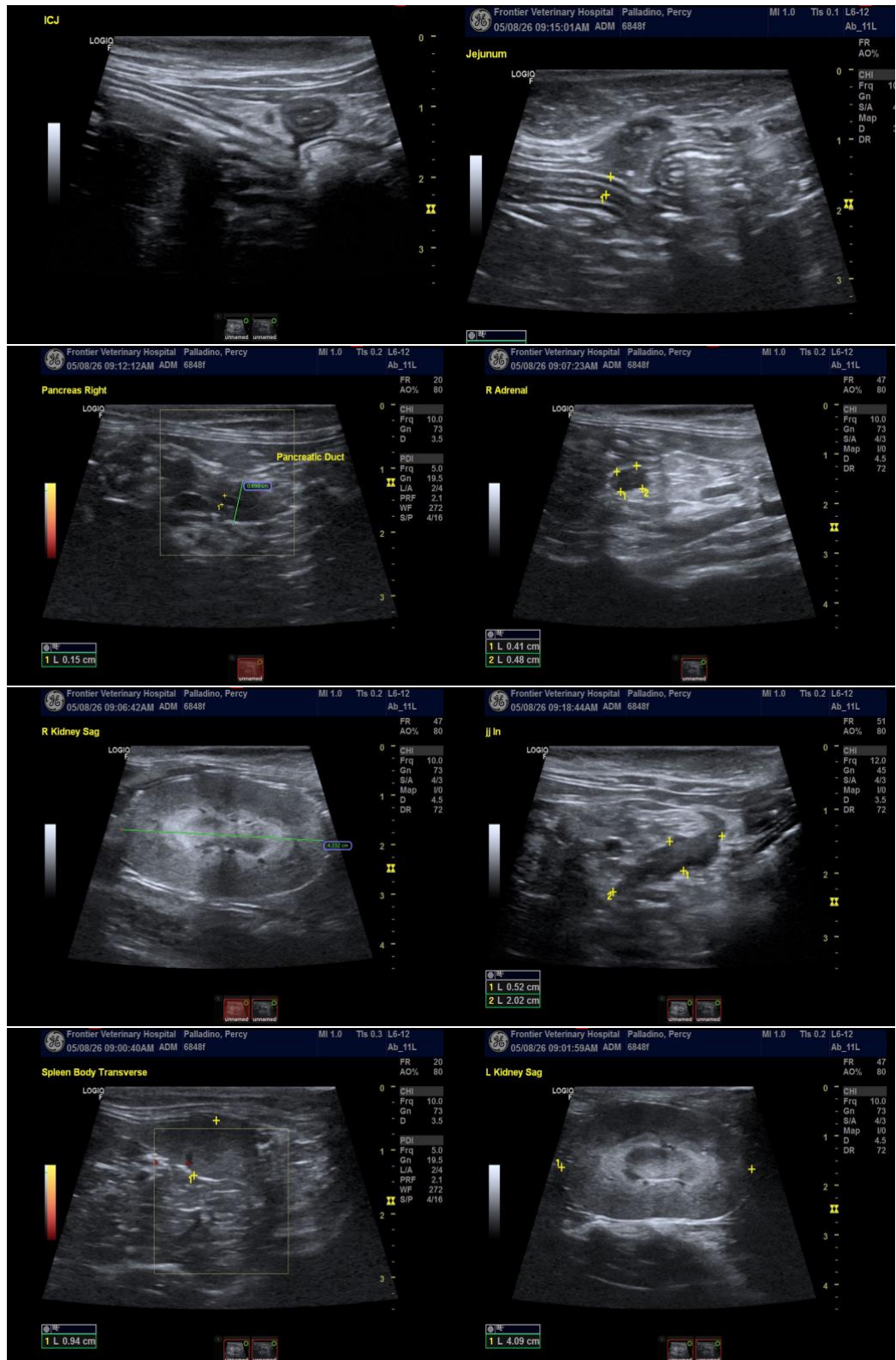
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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