



PATIENT

Carlo Peters

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

3.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fish Creek Emergency

REFERRING VET

Dr. Whale

INVOICE

16263

DATE

06/02/26

PRESENTING CLINICAL SIGNS

Vomiting began yesterday at approximately noon. Between noon and 7 pm yesterday, Carlo vomited about 6 times. There has been no vomiting observed today. He is lethargic and has no interest in food, which is abnormal as he is typically very food motivated.

Abnormal PE/Chem/CBC/UA Results: ALT 780 (12-130) U/L TP = 95 g/L (H) 57 - 89 GLOB = 62 g/L (H) 28 - 51 NEUT 11.83 x10⁹/L (H) 2.30 - 10.29

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 3.77 cm in length. The right kidney measured 3.77 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 0.4 cm width. The right adrenal gland measured 0.41 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 1.2 cm width.

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. The hepatic **lymph node** 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 lymph node measured 1.56 cm x 0.7 cm.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No evidence of foreign bodies. The jejunal lymph node was mildly enlarged measuring 1.6 cm x 0.7 cm.

Pancreas

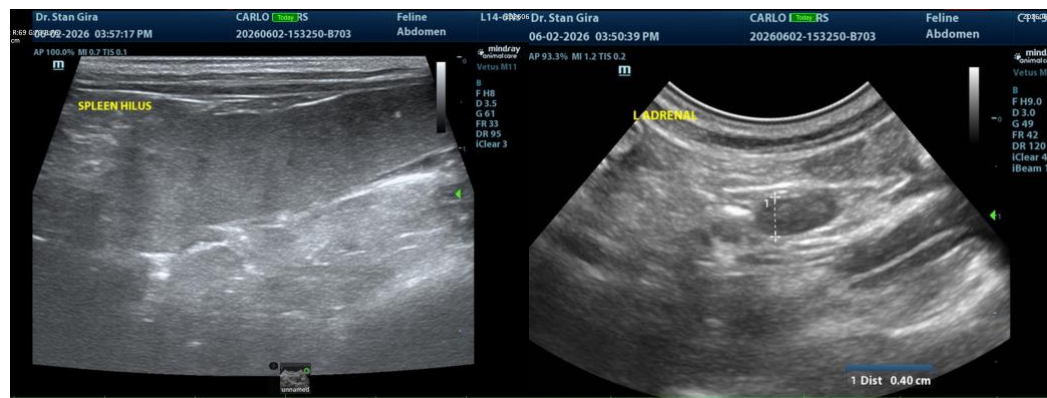
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted. The pancreas measured 0.7 cm.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.
- Slight reactive hepatic lymph node.
- Mild splenic enlargement- normal if the patient was sedated at the time of the sonogram or if any weight loss is an issue.
- Potential low-grade pancreatitis.
- Enlarged jejunal lymph node.
- Nonspecific inflammatory hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. Ultrasound-guided FNA cytology and culture would be ideal. Mild potential for emerging round cell neoplasia. Underlying infectious agents such as toxoplasmosis or Bartonella should be considered if not already tested.





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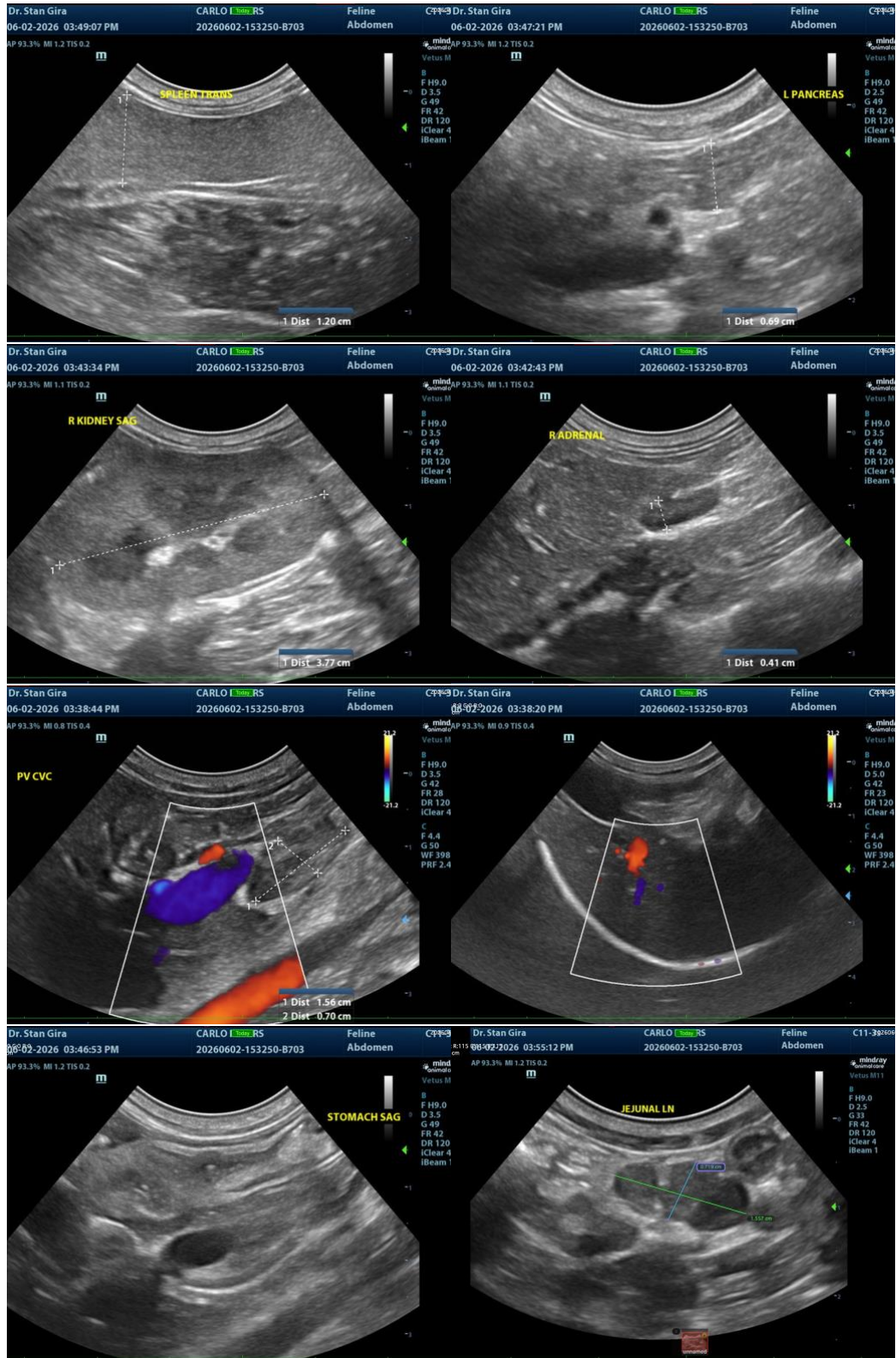
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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CEO, Owner, Founder -- SonoPath.com

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info@SonoPath.com

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