



PATIENT

Mischief Finn

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

19 Years 10 Months

WEIGHT

8.66 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Akin

HOSPITAL NAME

Boise Cat Clinic

REFERRING VET

Dr. Layna Irwin

INVOICE

16310

DATE

06/03/26

PRESENTING CLINICAL SIGNS

Significant unintentional weight loss (2.5#) since end of December. Worsening azotemia, isosthenuria, proteinuria, and hypercalcemia. Medications: amlodipine 1.25mg SID, Miralax 1/4 tsp SID, dorzolamide/timolol OS SID, latanoprost OS SID, Renal K+ 1 scoop SID, LRS 100mL QD.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 sublumbar/iliac **lymph nodes** were enlarged and hypoechoic with length: width ratio maintained, however, some disruption of architecture was present. An example measured 1.6 cm x 0.6 cm. Reactove mesentery was noted.

The **kidneys** presented with a hyperechoic medullary rim sign, increased cortical echogenicity, some loss of cortical medullary detail and minor pyelectasia measuring at 0.39 cm on the left kidney and 0.36 cm on the right kidney. The left kidney measured 3.0 cm in length. The right kidney measured 3.5 cm in length. Corticomedullary mineralizations were noted.

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

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. An overt intestinal mass was present measuring 3.6 cm x 2.7 cm. The regional lymph nodes were also enlarged. Lymph node-based and intestinal lymphoma is likely. Some retention of ingesta was noted at the level of the mass. Cannot rule out soft foreign matter or hair accumulation as well.



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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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.

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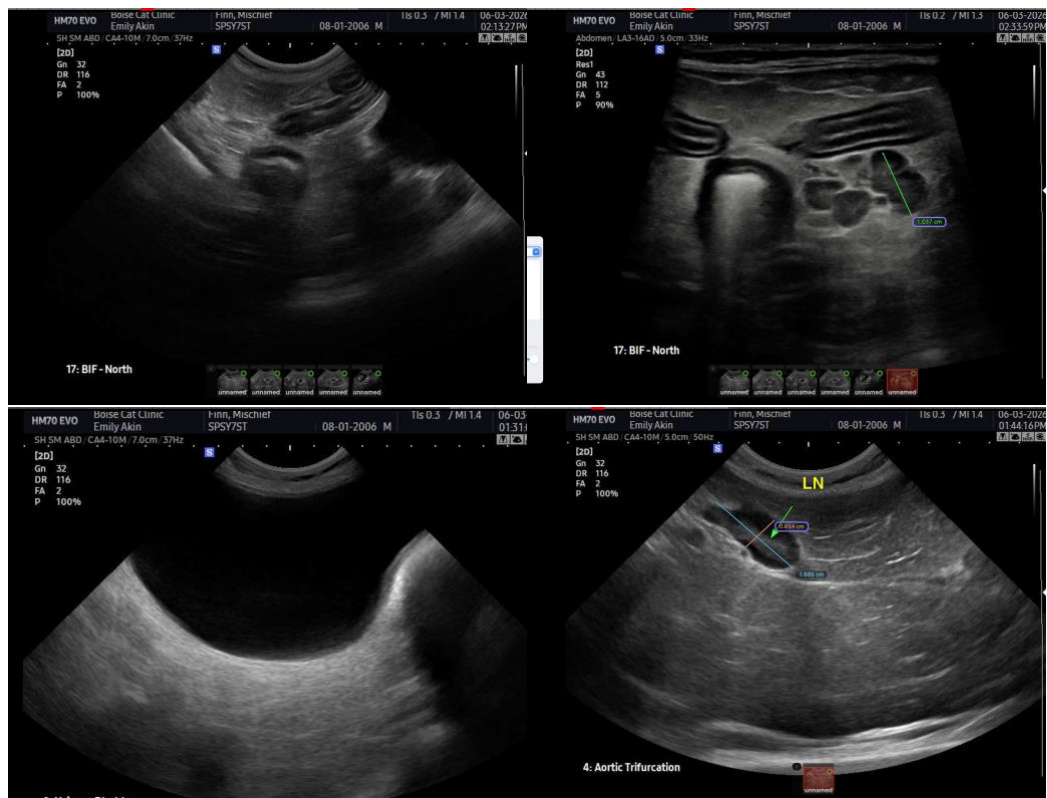
06/03/26

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes with corticomedullary mineralizations.
- Intestinal mass with diffuse intestinal thickening- intestinal lymphoma suspected, perineoplastic azotemia likely.
- Sublumbar/iliac lymph nodes.
- Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the intestinal mass is indicated. Recommend focusing on the intestinal mass in this patient. IV fluid support to correct the azotemia, urine culture, blood pressures are all indicated. Small cell lymphoma is suspected.





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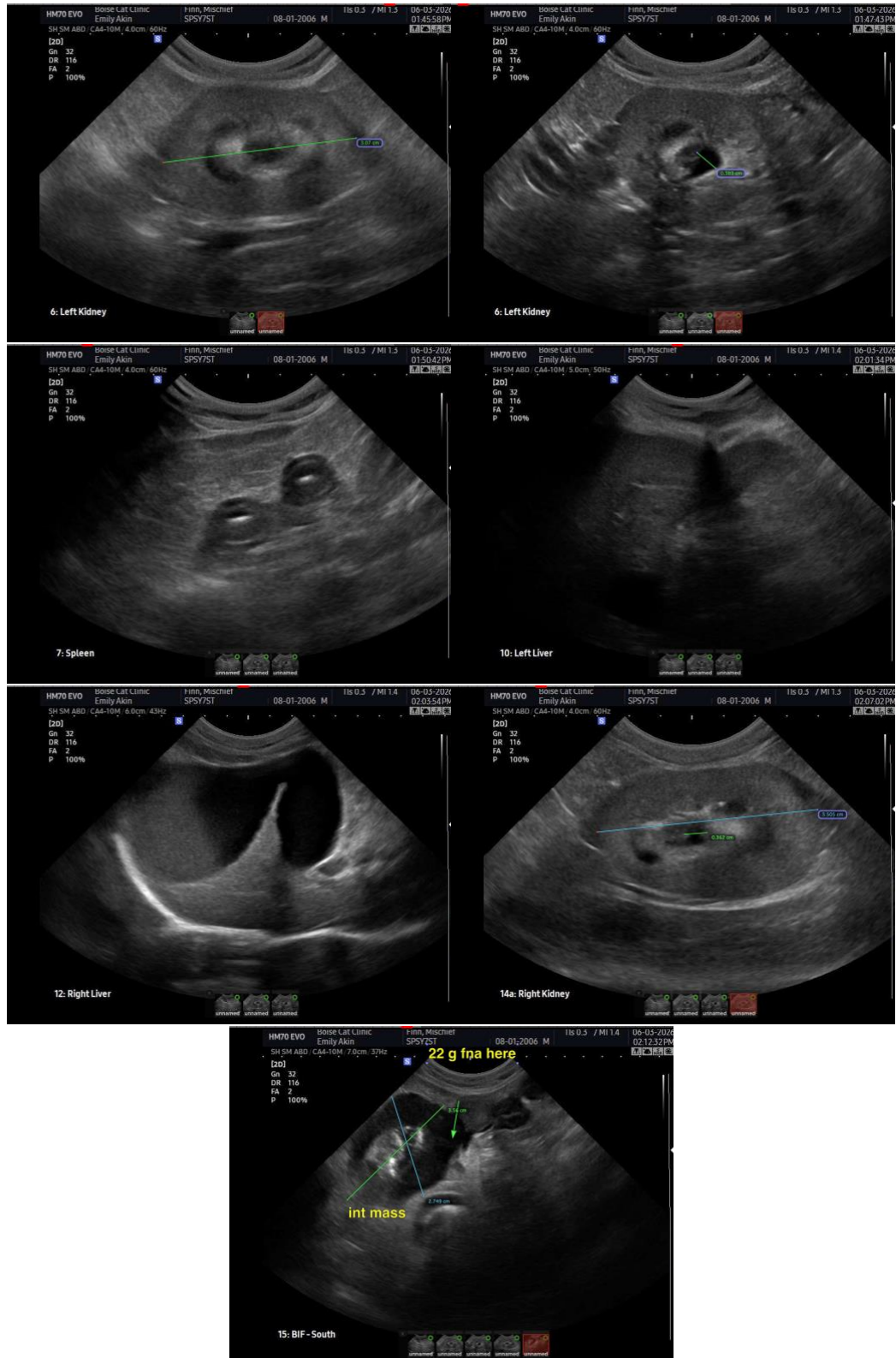
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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