



## PATIENT

Peter Olds

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

3 Years

## WEIGHT

9.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kari Cameron

## HOSPITAL NAME

Moyock Animal  
Hospital

## REFERRING VET

Dr. Tracy Eure

## INVOICE

16281

## DATE

06/03/26

## PRESENTING CLINICAL SIGNS

5/26: Presented for lethargy for 2 weeks; IV fluids/Cerenia/DexSP. 6/3: Returned for recurrent lethargy, inappetence (owner reports had been doing better after initial visit)

5/26: Temp 103.1F; depressed; see attached CHEM/CBC results; Negative FELV/FIV/HW 6/3: Temp 103.5F; jaundice; depressed; see attached CHEM/CBC results

## 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 **kidneys** presented mildly swollen yet maintained structural contour. The left kidney measured 4.26 cm in length. The right kidney measured 3.82 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 X cm width. The right adrenal gland measured X 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 up to 1.45 cm.

### Liver

The **liver** was swollen with hypoechoic parenchyma and increased portal markings. The gallbladder and common bile duct were unremarkable.

### Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable thickening with some areas of loss of mural detail.

### 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.

### Free Abdomen



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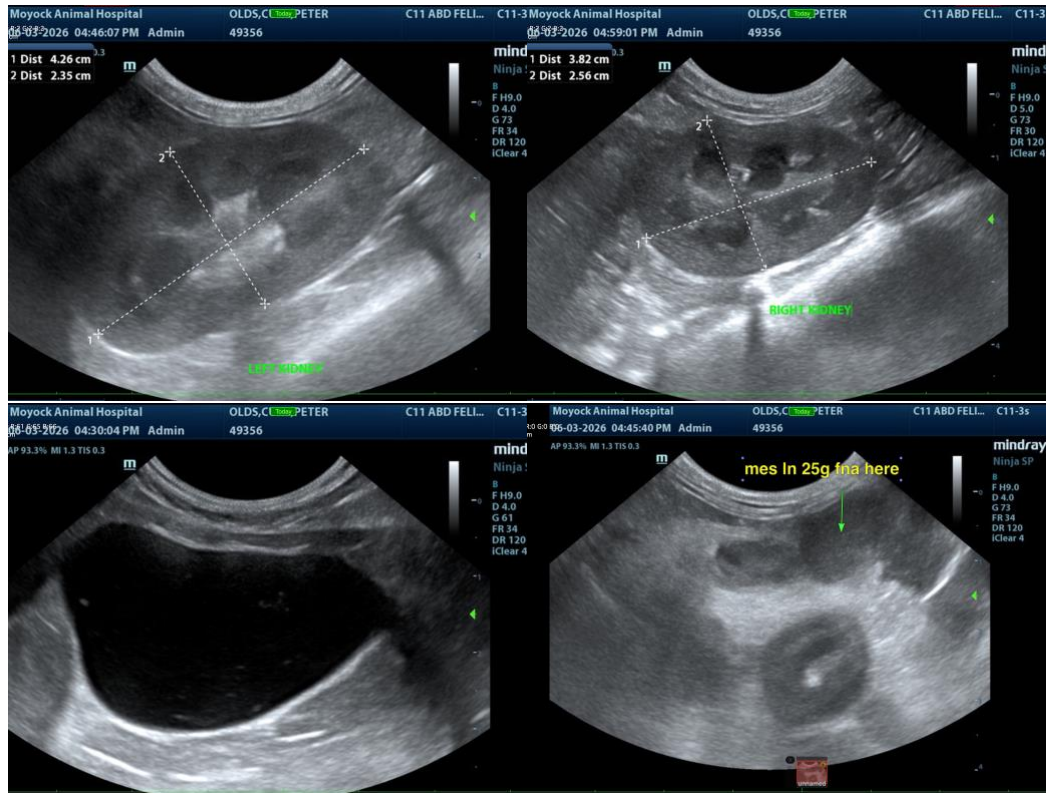
The mesenteric lymph nodes were enlarged, hypoechoic with irregular contour measuring up to 3.8 cm x 1.85 cm. enhanced mesentery was present.

**ULTRASONOGRAPHIC FINDINGS**

- Splenohepatic, lymph node and possible intestinal based infiltrative disease- strong concern for round cell neoplasia/lymphoma, dry form FIP is a remote potential.
- Swollen kidneys.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen, liver, and lymph nodes are all indicated.





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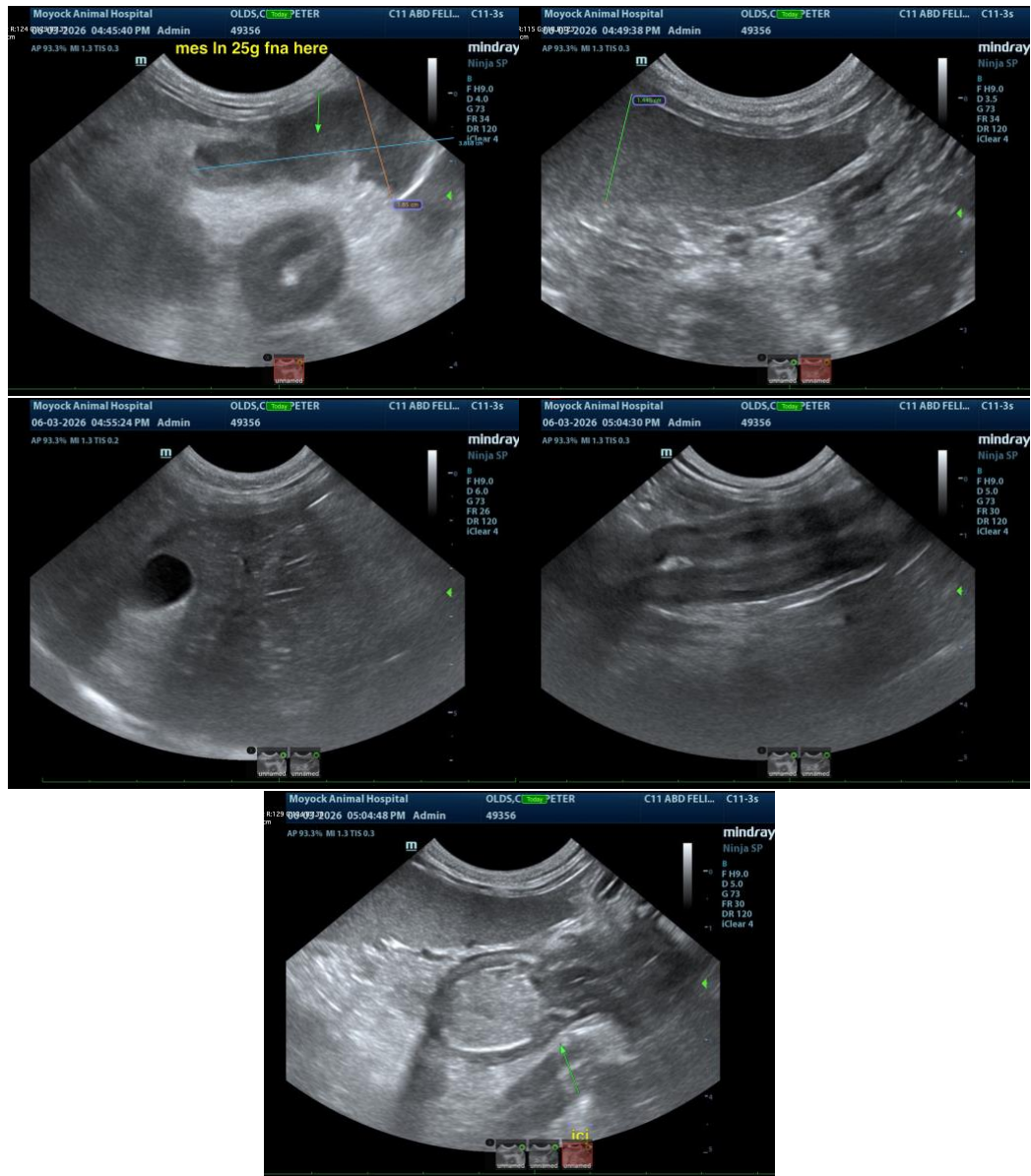
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

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



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