



PATIENT

Autumn Golossi-Lais

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

9.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Naomi Salama, DVM

INVOICE

16317

DATE

06/04/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Patient presents due to concern for abdominal pain, evidenced by a hunched posture and poor appetite. Additionally, hyperthyroidism has been challenging to control, with multiple dose adjustments. Despite methimazole dose changes—initially transdermal, then oral—the T4 level fluctuated (most recently at 6.3). Recent attempts to improve absorption with cerenia did not restore appetite. Additional history: Diagnosed with hyperthyroidism in October 2024. Initially started on transdermal methimazole, doses were repeatedly increased, eventually requiring oral tablets. Despite dose adjustments, appetite worsened and weight loss continued. Vomiting remains intermittent but unchanged. Recent labs showed normal CBC, electrolytes, liver, and kidney values, with only the elevated T4. **CLINICAL SIGNS:** Anorexia. Weight loss. **MEDICATIONS:** Cerenia 8mgs PO SID. Methimazole 5mgs AM 2.5mgs PM. Discontinued Mirataz gel because it wasn't helping

May 05, 2026 CHLORIDE 113 mmol/L LOW T4 6.3 ug/dL HIGH MCV 36 fL LOW Retic Hgb 13.7 pg LOW Plt 541 K/uL HIGH April 02, 2026 Creatinine 0.8 mg/dL LOW BUN 15 mg/dL LOW T4 8.7 ug/dL HIGH Hgb 10.2 g/dL LOW Hct 30.9% LOW Retic Hgb 13.7 pg LOW Platelet 522 K/uL HIGH Eos 208/uL LOW

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 with severe enlargement with a hypoechoic subcapsular halo and loss of corticomedullary definition and nodular cortical changes. The left kidney measured 6.26 cm length. The right kidney measured 6.3 cm 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 0.46 cm width.

Spleen

The **spleen** was minor 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 1.05 cm width.

Liver

The **liver** revealed regional capsular expansion with mildly hypoechoic parenchyma to surrounding fat. The gallbladder and common bile duct were unremarkable.

Gastrointestinal



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The **gastrointestinal tract** was largely unremarkable with regional intestinal thickening and loss of urinal detail.

Pancreas

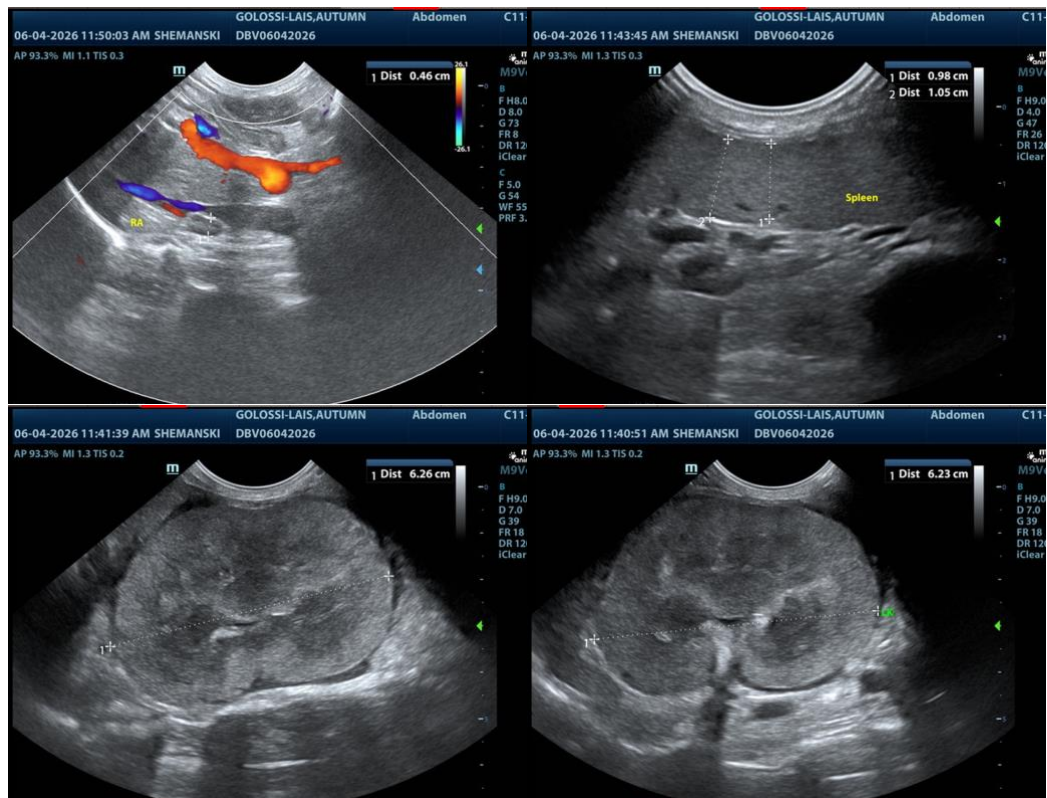
The cranial abdominal lymph nodes were enlarged, superimposing the **pancreas**.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renomegaly/renal lymphoma pattern.
- Potential splenohepatic involvement.
- Enlarged cranial abdominal lymph nodes.
- Intestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the spleen, liver and kidneys are warranted. Multifocal infiltrative pattern is suspected. Primary presentation is the pancreas or the kidneys, however other organs appear to have early infiltrative patterns as well including spleen, lymph nodes and possibly liver. Sampling and immediate chemotherapeutic intervention is recommended. Prognosis is guarded to poor depending on cytology results. Lymphoma is likely with FIP being a minor potential.





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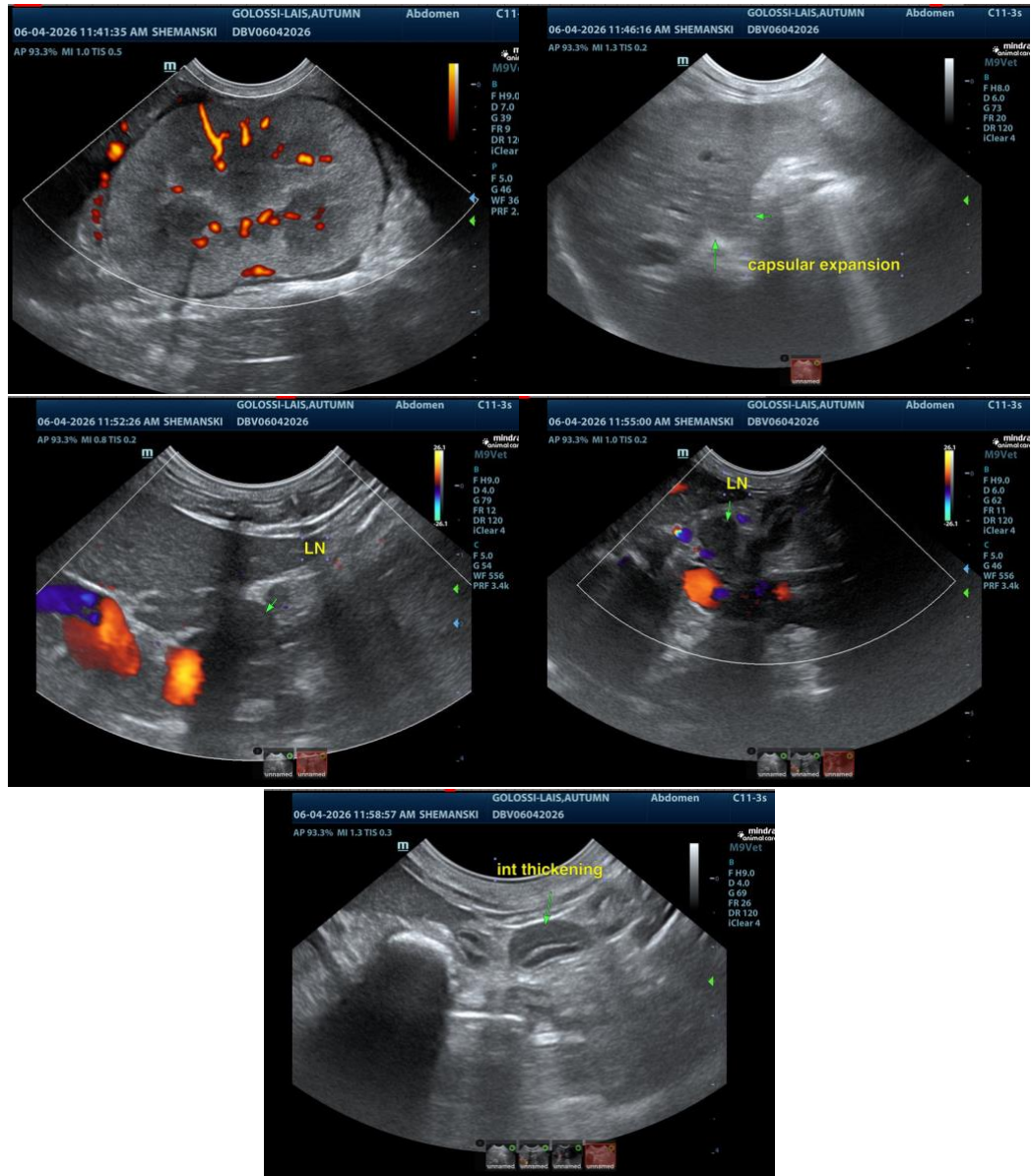
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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