



## PATIENT

Miss Kitty Hiley

## SPECIES

Feline

## BREED

Siamese

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Michael  
Wasserman

## HOSPITAL NAME

Village Pet Clinic

## REFERRING VET

Dr. Defabio

## INVOICE

35375

## DATE

1/12/26

## PRESENTING CLINICAL SIGNS

History: Progressive inappetence, lethargy, weight loss, vomiting, diarrhea. Suspect IBD, emerging neoplasia, pancreatitis. No improvement on transdermal prednisolone. Recently d/c and dexamethasone SP(4mg/ml): 0.5ml SQ q48hr started (owner unable to give any oral meds). Significant improvement after starting dex (eating, not vomiting, etc.).

Abnormal PE/Chem/CBC/UA Results: Normal Chem/CBC

## 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 right kidney measured 3.65 cm. The left kidney measured 3.44 cm.

### *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 right adrenal gland measured 0.26 cm. The left adrenal gland measured 0.24 cm.

### *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.

### *Liver*

The **liver** revealed a hypoechoic nodule, measuring 1.5 cm in the medial liver, with other similar nodular changes. The gallbladder and common bile duct were unremarkable.

### *Gastrointestinal*

The **gastric** wall was thickened, hypoechoic, and irregular. Gastric wall thickening measured up to 1.5 cm. Full stomach was noted. The small intestine and colon were unremarkable.

### *Pancreas*

A hypoechoic 1.1 cm x 0.83 cm rounded structure was noted adjacent to the spleen, which appears to be at the caudal aspect of the **left pancreatic limb**. A mild inflammatory pattern was noted around the hypoechoic structure mediocaudal to the spleen. This is likely of pancreatic origin.



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## Free Abdomen

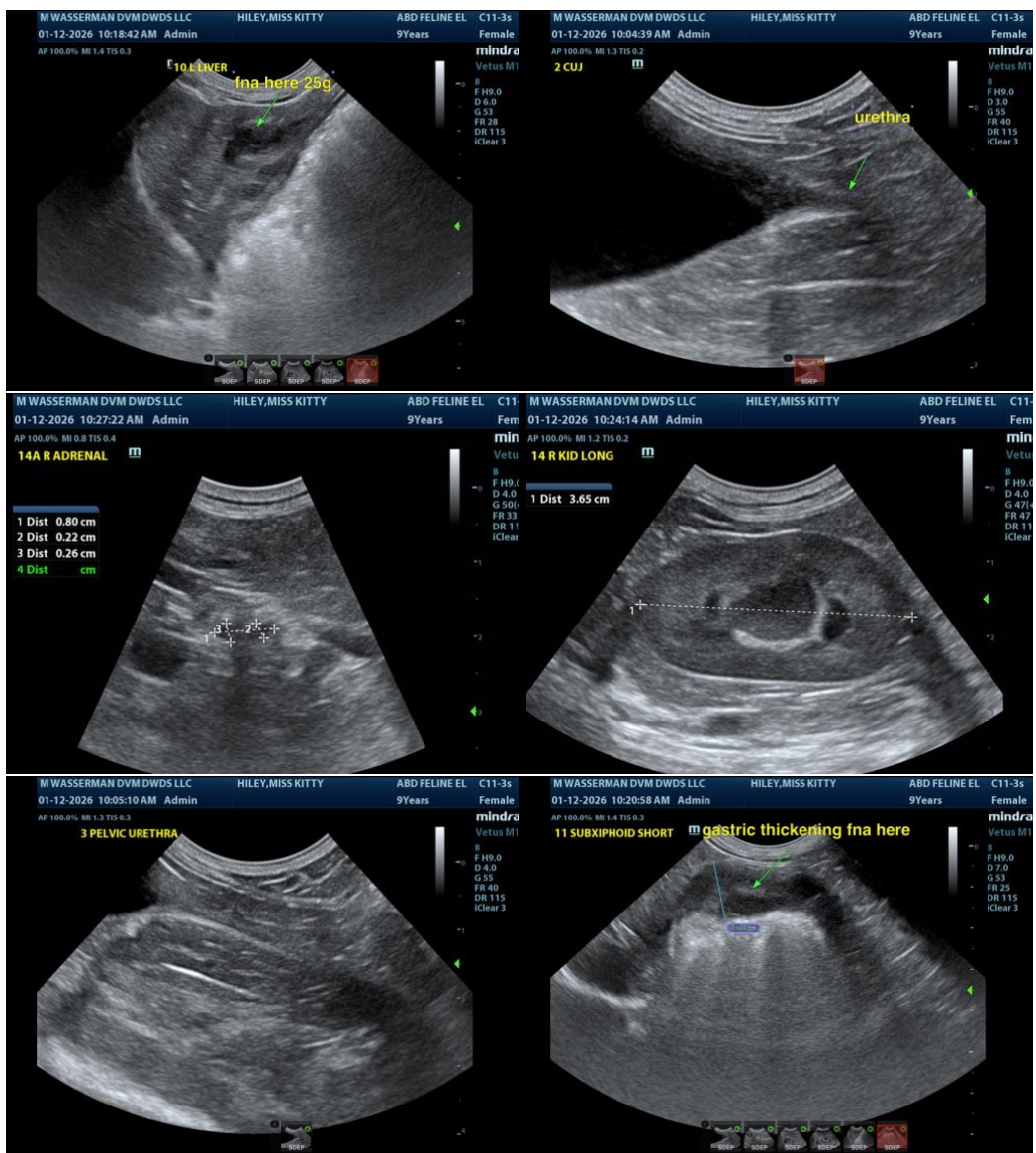
Cranial abdominal lymph nodes were mildly enlarged, rounded, and hypoechoic, measuring up to 1.2 cm.

## ULTRASONOGRAPHIC FINDINGS

- Multifocal round cell neoplastic pattern involving lymph nodes, stomach, liver, and potentially pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the respective lesions is indicated. Prognosis is guarded. This is likely round cell neoplasia.





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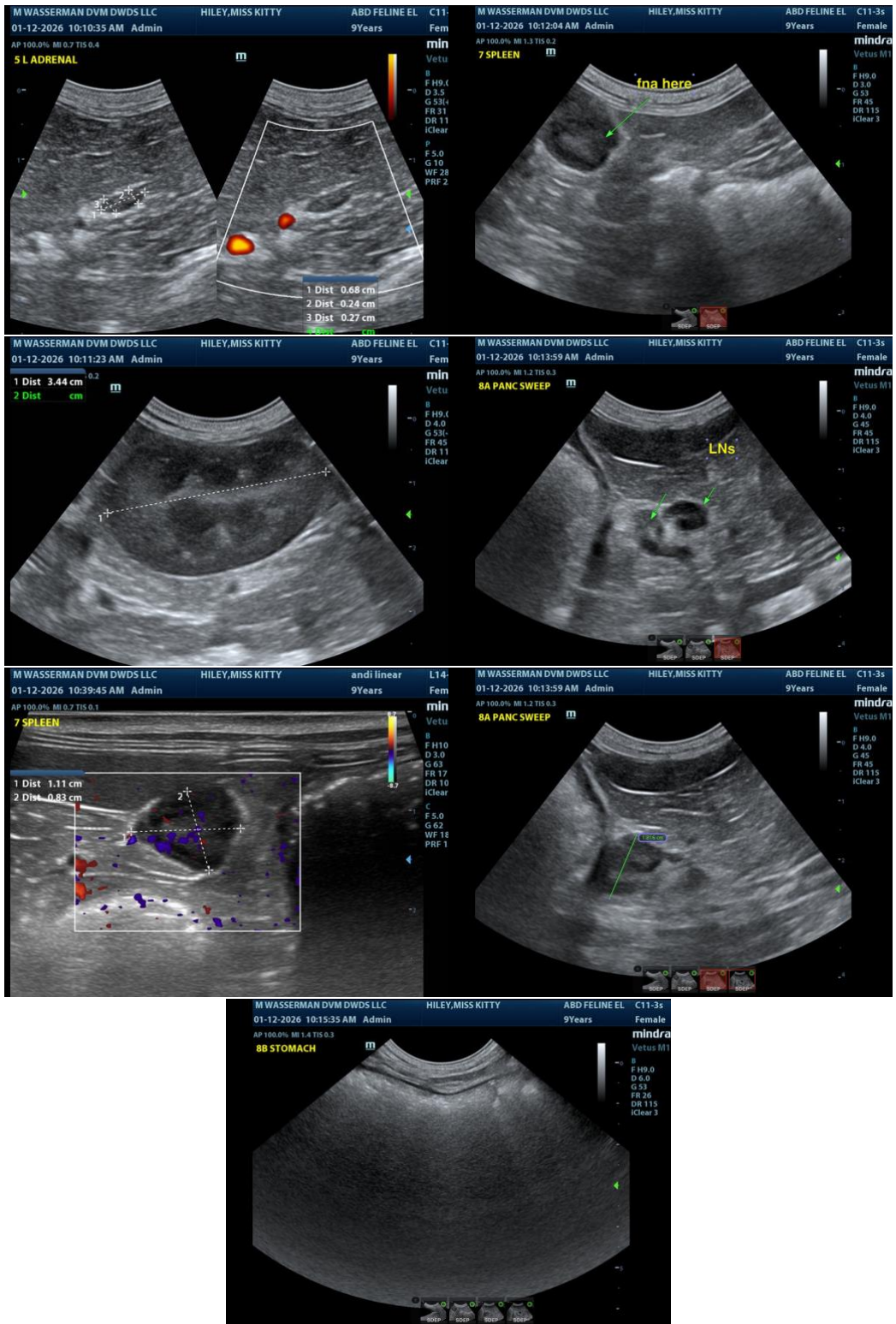
Dr. Defabio

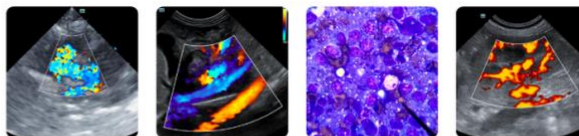
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)