



## PATIENT

Kya Horn

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

7.1 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brittany Wolfe

## HOSPITAL NAME

HomeVets

## REFERRING VET

Dr. Brittany Wolfe

## INVOICE

13502

## DATE

01/30/26

## PRESENTING CLINICAL SIGNS

- P presents for screen abd US and chest x-rays prior to mammary mass removal. Thorax clear.
- P has a hx of chronic intermittent vomiting, about 1x a week.
- hx of CKD

Abnormal PE/Chem/CBC/UA Results: Mild stable BUN elevation (40) Stable hypercalcemia since 2024 (11.5) remainder of BW normal

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight mineralizations were noted. The left kidney measured 2.5 cm in length. The right kidney measured 2.6 cm in length.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### Spleen

The **spleen** presented mildly enlarged, hypoechoic and swollen contour. The spleen measured 1.4 cm in 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. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the



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most representative mural sample, would be necessary to rule out this possibility. Some enhanced mesentery was noted associated with the small intestine.

### **Pancreas**

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.

### **Free Abdomen**

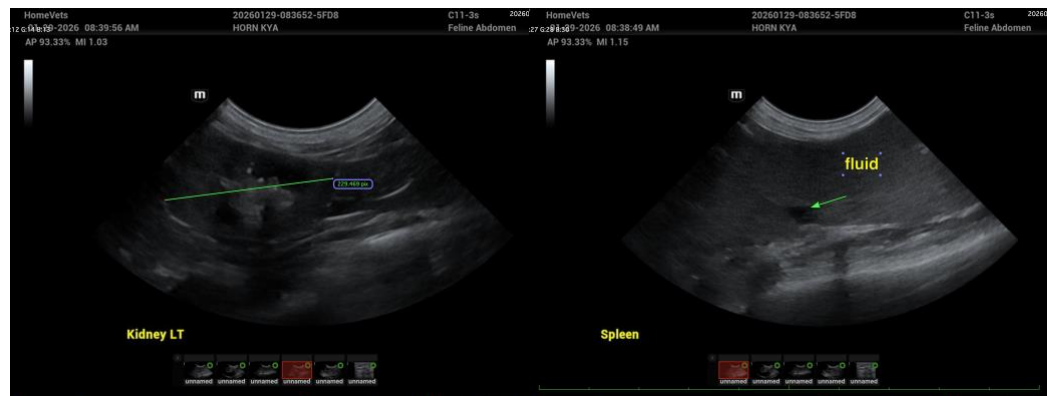
Enlarged mesenteric lymph nodes were present measuring up to 1.0 cm x 0.50 cm. A trace amount of free fluid was noted in the cranial abdomen adjacent to the spleen.

### **ULTRASONOGRAPHIC FINDINGS**

- Diffuse small intestinal thickening.
- Mesenteric lymphadenopathy.
- Age-related renal changes with mineralizations.
- Splenic enlargement- reactive spleen, splenitis, round cell neoplasia are all potentials.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen and accessible lymph nodes would be ideal in this patient. I am concerned for underlying round cell neoplasia. Prognosis is guarded depending upon cytology results.





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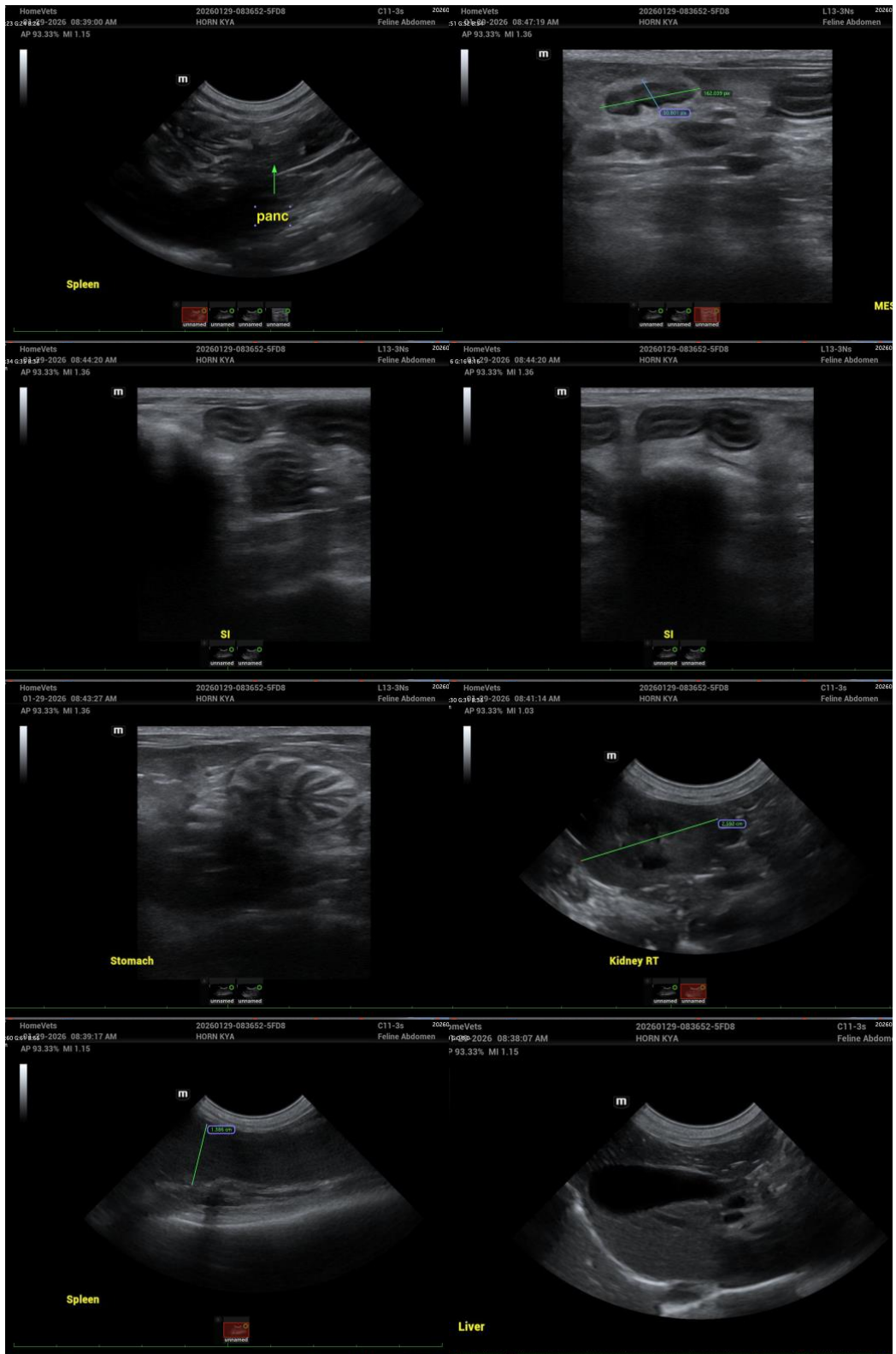
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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