



**PATIENT PRESENTING CLINICAL SIGNS**

Dani California Ziskin

History: decreased appetite acutely, hiding, vomited once, palpable painful abdominal mass on exam today. Hyperthyroid historically.  
Abnormal PE/Chem/CBC/UA Results: December unremarkable except TT4 was 10 and methimazole was increased. haven't rechecked because haven't been giving meds while cat is hiding.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

16 years

**WEIGHT**

11.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Melissa Pascucci

**HOSPITAL NAME**

American AH

**REFERRING VET**

Dr. Stockmal

**INVOICE**

42572

**DATE**

1/9/23

**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 was 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 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 and no evidence of pelvic dilation was present. The left kidney measured 3.5 cm. The right kidney revealed a cortical infarct at the caudal pole with corticomedullary mineralization. The right kidney measured 4.0 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 left adrenal gland measured 0.4 cm.

**Spleen**

The **spleen** revealed parenchymal masses.

**Liver**

The **liver** revealed multiple metastatic type lesions that were hypoechoic, undifferentiated and irregular with enhanced surrounding mesentery. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. An extensive intestinal mass was noted in the mid cranial abdomen. Multiple coalescing masses were noted associated with the primary mass. Variable lymph nodes were also enlarged.



**PATIENT**

**Pancreas**

Dani California Ziskin

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.

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Feline

**Free Abdomen**

**BREED**

Domestic Shorthair

A moderate amount of echogenic free fluid was noted with multiple lymph nodes. Nodular omental changes were noted throughout the midabdomen.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Aggressive multi-centric round cell neoplasia involving intestine, lymph nodes, spleen and liver.  
Nodular omentum and regional lymphadenopathy.

**AGE**

16 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

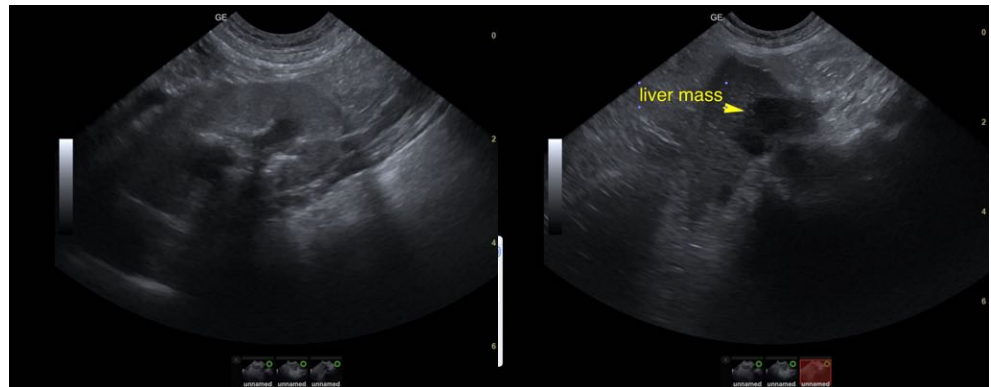
**WEIGHT**

11.5 lbs

Lymphomatosis type presentation. FNA can be considered with immediate chemotherapy; however, this is an extensive, aggressive pathology. Humane euthanasia should be considered.

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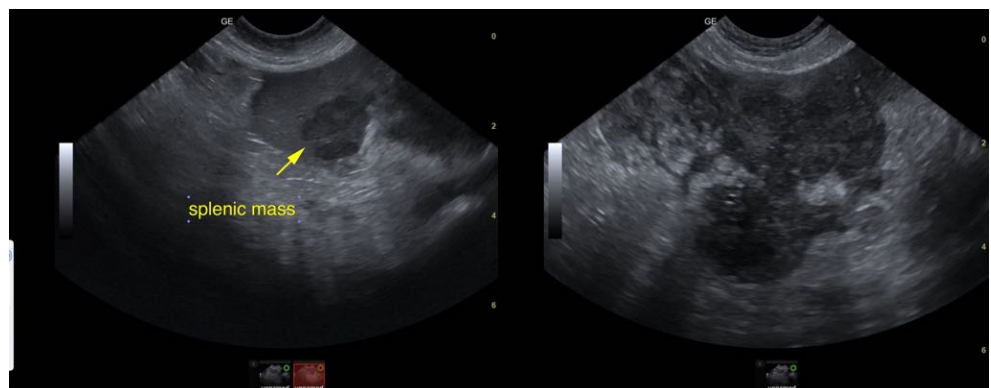


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**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

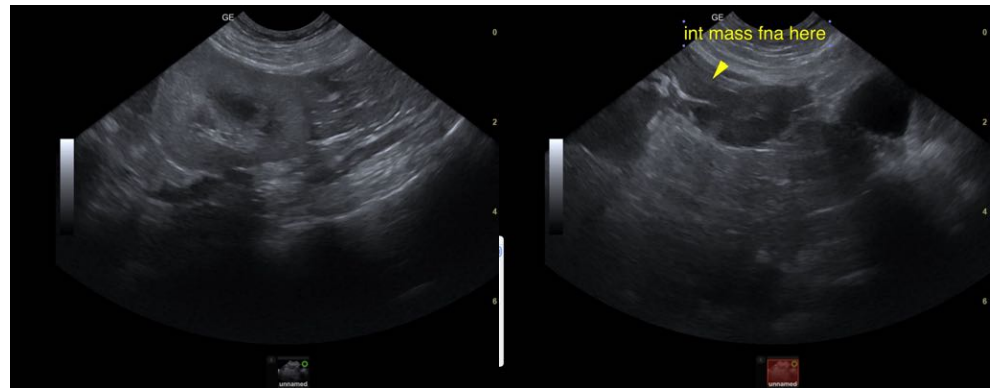
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

Melissa Pascucci

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.

**HOSPITAL NAME**

American AH

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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