



## PATIENT

Gracie Smith

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

13 years

## WEIGHT

14.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Wes Spangler

## HOSPITAL NAME

TotalBond Veterinary  
Hospital Paw Creek

## REFERRING VET

Dr. Spangler

## INVOICE

69969

## DATE

1/9/26

## PRESENTING CLINICAL SIGNS

History: 13yo FS DSH with recurrent intermittent frank bloody diarrhea. Will have formed stools in between bouts of blood. Has occurred monthly over the last four months, has now occurred twice in the last 8 days. No other symptoms

## 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight cortical mineralization was noted in the kidneys. The right kidney measured 4.5 cm. The left kidney measured 4.7 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 0.3 cm. The left adrenal gland measured 0.4 cm.

### Spleen

The **spleen** was enlarged with scalloping contour. The spleen measured 1.2 cm in width. A hyperechoic lipid plaque was noted at the cranial body measuring 0.6 cm.

### Liver

The **liver** revealed an expansive, mildly echogenic mass that occupied the right liver measuring 4.6 cm. The mass impinged dorsally upon the diaphragm and ventral cranially upon the gallbladder and cystic duct. The cystic duct and common bile duct were deviated ventrally. The hepatic mass appears to envelop the portal hilus. It does not appear resectable. The gallbladder was duplicated. This is an idiopathic finding.



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## Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

## 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.

## ULTRASONOGRAPHIC FINDINGS

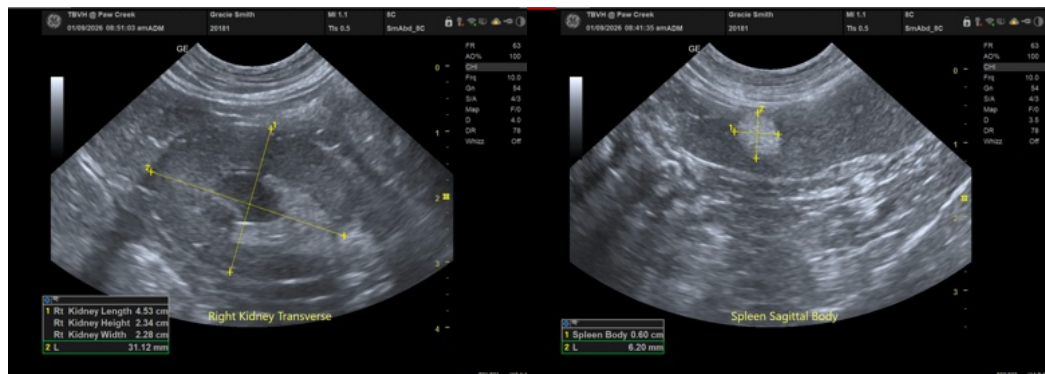
Splenomegaly.

Isoechoic, hepatic mass.

Mild, chronic GI changes, non-specific.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided, 25-gauge FNA of the hepatic mass and spleen is indicated. I am most concerned about the splenic and hepatic presentation in this patient. Sampling is essential. Round cell neoplasia versus carcinoma and hepatoma, less likely and is extremely rare in cats. The prognosis is guarded.





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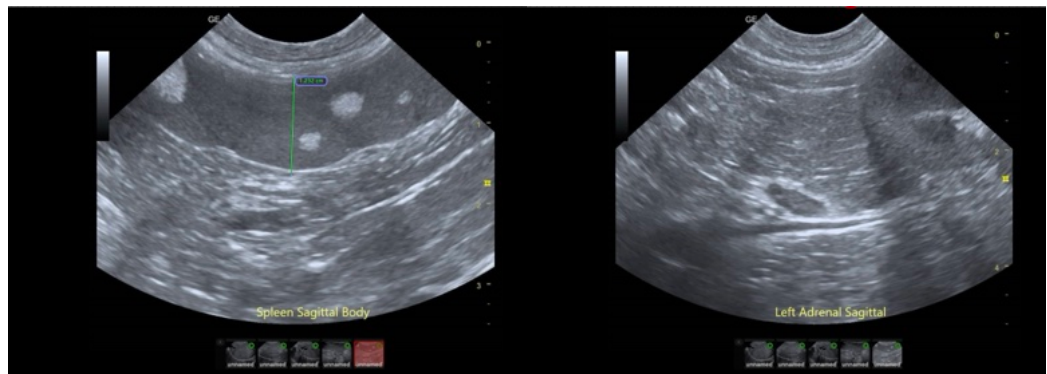
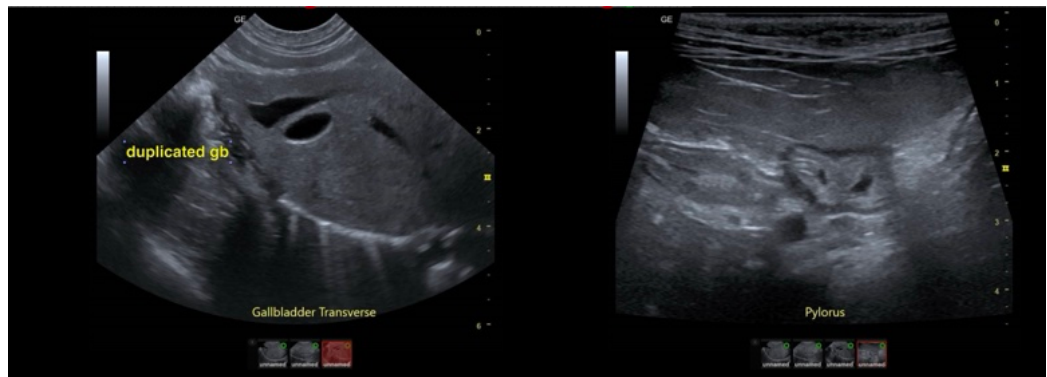
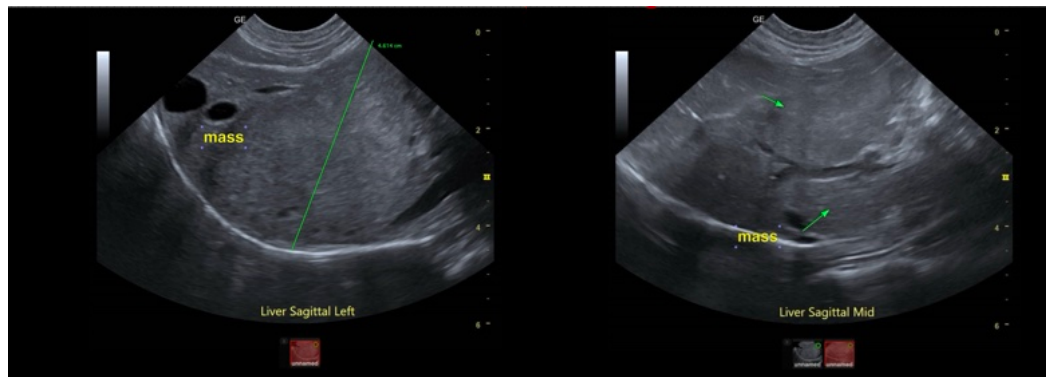
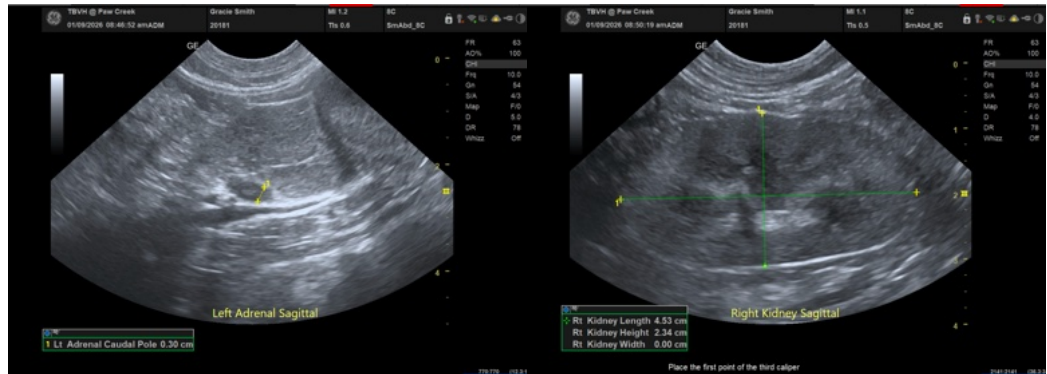
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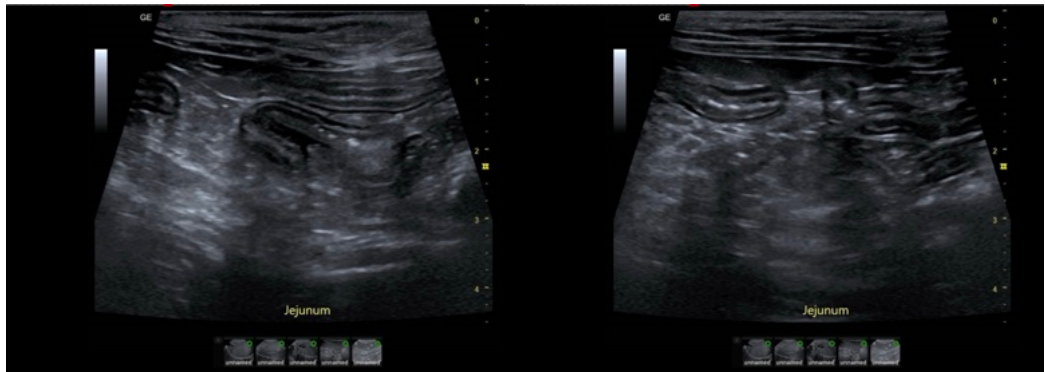
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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