



## PATIENT

Six Shafer

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

11 years

## WEIGHT

11 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Todd

## HOSPITAL NAME

Lambs Gap AH

## REFERRING VET

Dr. Knouse

## INVOICE

68516

## DATE

11/10/25

## PRESENTING CLINICAL SIGNS

History: Six is an eleven year old, FS, DSH cat with a history of overgrooming that is believed to be related to a previous foster cat that was in the home and has improved. She is noted to have flatulence at home but no v/d. Thickened intestines on exam plus a possible abdominal mass was palpated at her wellness exam and she has had some mild weight loss. On routine labwork, she had mild non-regenerative anemia, monocytosis, SDMA and BUN and phosphorus elevations, creatinine 1.6. Mildly low AST. Her fPL and T4 were WNL. Pending ultrasound, she was started on RC select protein rabbit diet in case it would help her gas and thickened intestines.

## 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 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 4.19 cm. The left kidney measured 3.55 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 0.38 cm. The right adrenal gland measured 0.3 cm.

### Spleen

The **spleen** was mildly 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 1.1 cm.

### 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



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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.

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### ***Gastrointestinal***

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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A jejunal mass was noted in this patient and was deriving from unilaterally the intestinal wall/muscularis. The mass measured 4.4 x 3.7 cm. Irregular, nodular omental tissue was also noted associated with the mass in adjacent loops of bowel. This is non-resectable. Some of the undifferentiated tissue in the midabdomen are likely lymph node origin. The undifferentiated tissue appeared to be herniated into the subcutaneous space and appears to be potentially in the area of the umbilicus measuring 3.3 x 0.77 cm. The hernia itself measured 0.35 cm.

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### ***Pancreas***

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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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### ***Free Abdomen***

A minor amount of free fluid was noted in the abdomen.

Slight free fluid was noted between the liver and diaphragm and between the liver lobes.

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A separate body wall mass was noted.

The iliac trifurcation was unremarkable.

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### **ULTRASONOGRAPHIC FINDINGS**

- Multi-centric neoplasia involving intestine, lymph nodes, likely spleen, possibly liver as well as undifferentiated herniated tissue through the body wall entering into the subcutaneous space. Round cell neoplasia is likely.

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

Ultrasound-guided FNA and immediate chemotherapeutic intervention is recommended. Chest radiographs are warranted if not already performed. Round cell neoplasia is likely with a mild potential for FIP.



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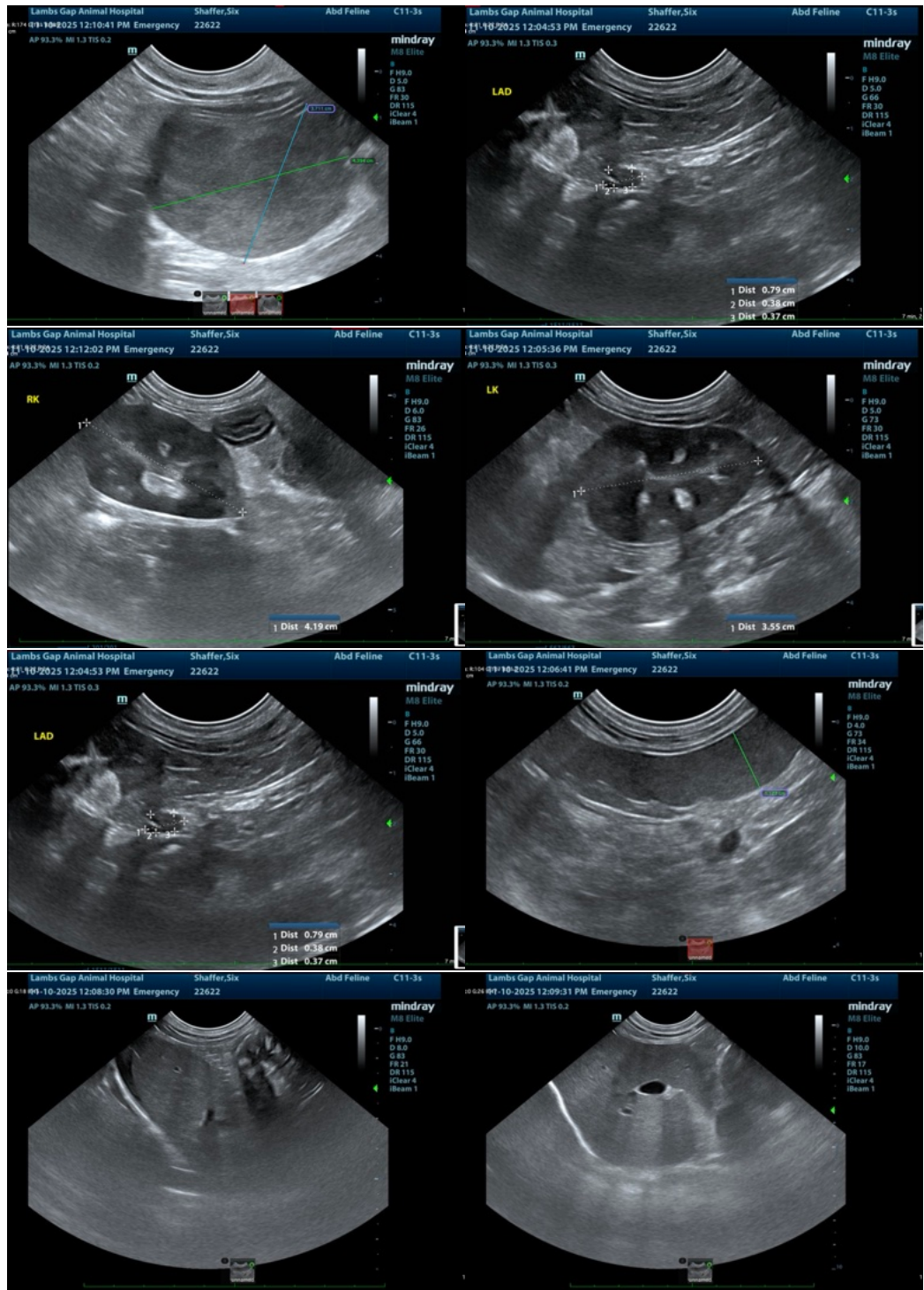
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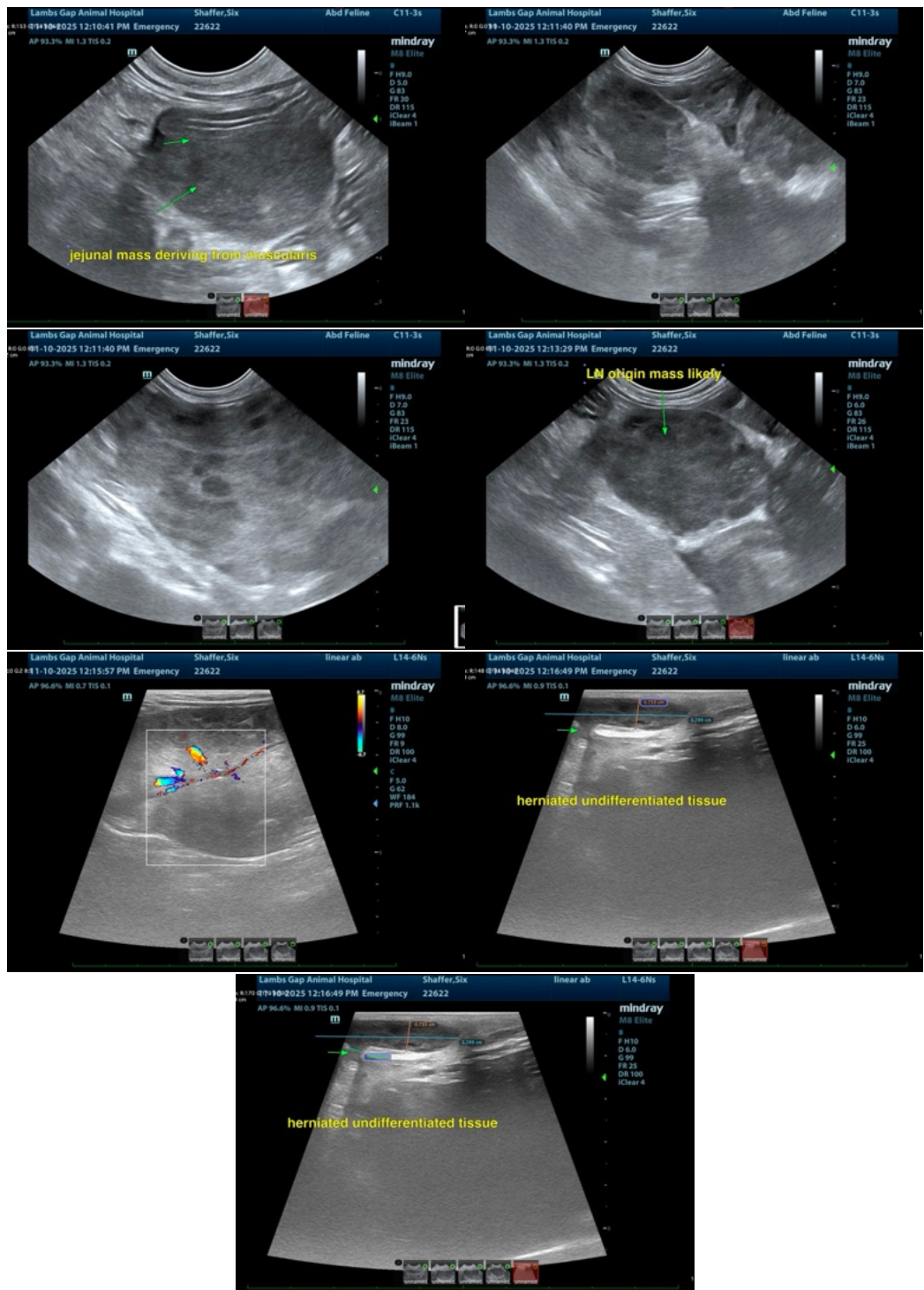
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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

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