



PATIENT

Feist Bell

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

16 Years 4 Months

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

12224

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Feist, a 17-year-old feline, was hospitalized for vomiting, hyporexia, and weight loss (5.6 kg → 3.71 kg). On exam, she was BAR but uncomfortable on abdominal palpation with a palpable cranial abdominal mass (walnut-sized).

Abnormal PE/Chem/CBC/UA Results: Temp: 39C HR: 200/bpm Respiratory Rate: 24/min Mucous Membranes: pink CRT: <2sec BP: 155/142 (144) General Appearance/Attitude: BAR Abdominal: A mass is palpable in the cranial abdomen, size of a walnut. The patient remains uncomfortable on abdominal palpation. leukocytosis with neutrophilia (including bands) and lymphocytosis, mild anemia (Ht 28.5%), and low BUN and creatinine, and hypoalbuminemia. Total T4 was at the low end of normal (12 nmol/L).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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 mild 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 in length. The right kidney measured 3.87 cm in length with slight pinpoint mineralizations noted.

Adrenal Glands

The left **adrenal gland** was 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 0.40 cm width.

The **right adrenal gland** was sonographically unremarkable.

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. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Variable areas of **small intestinal** thickening were noted without overt neoplastic criteria. The stomach and colon were unremarkable.

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

Mixed hypoechoic undifferentiated mass was noted escaping into the regional omentum measuring 3.3 cm x 2.5 cm. The mass appears to derive from the wall of the ileocecal junction and does not appear to be resectable given the regional omental involvement. Areas of mineralization are noted as well as slight areas of free fluid.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal/pancreatic changes.
- Ileocecal junction mass- strongly suggest for carcinoma, mild potential for granulomatous disease.
- Small intestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA cytology and culture of the mass is indicated. Round cell neoplasia is possible yet thought less likely. Chest radiographs are recommended to assess for metastatic disease.



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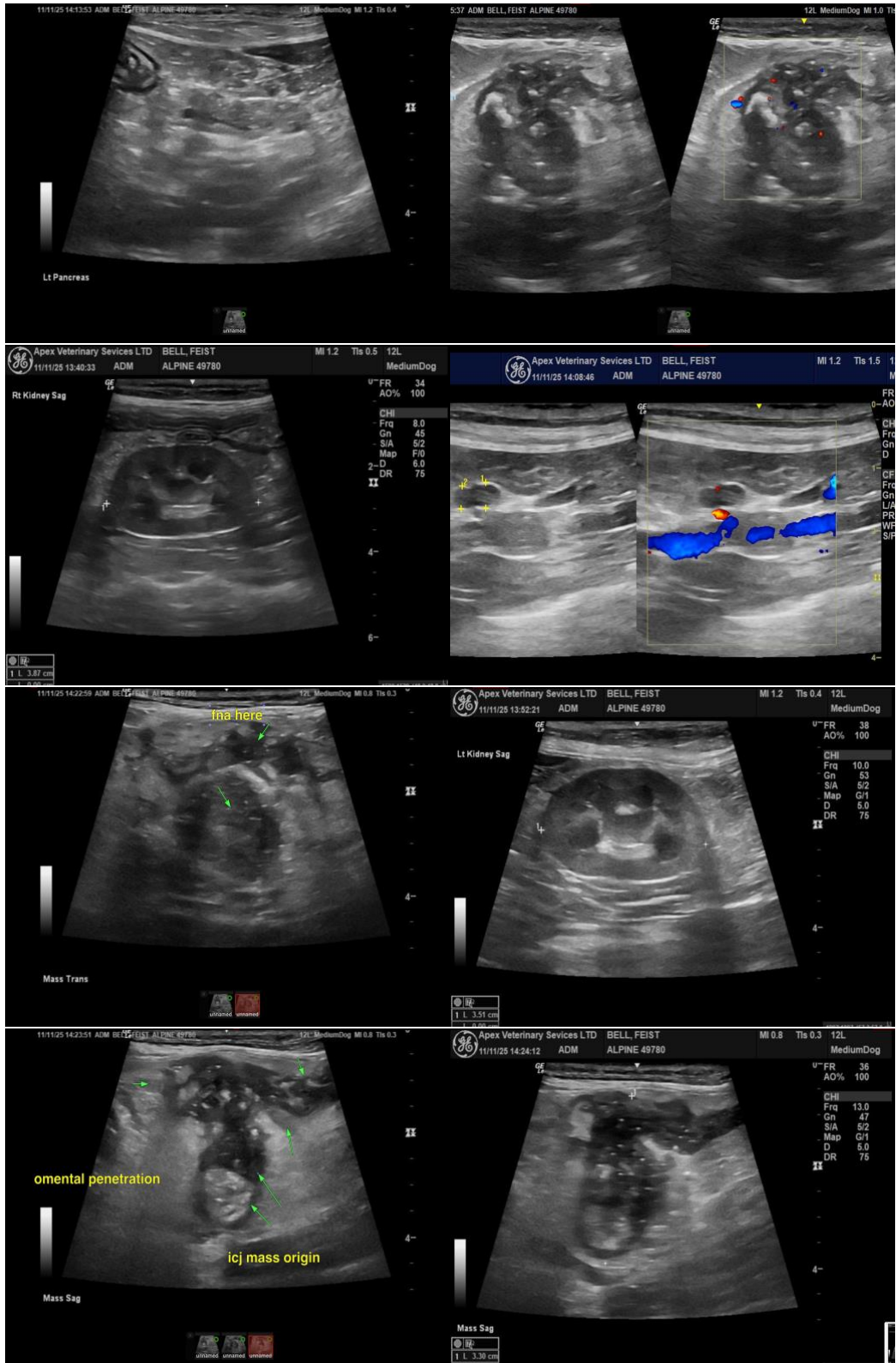
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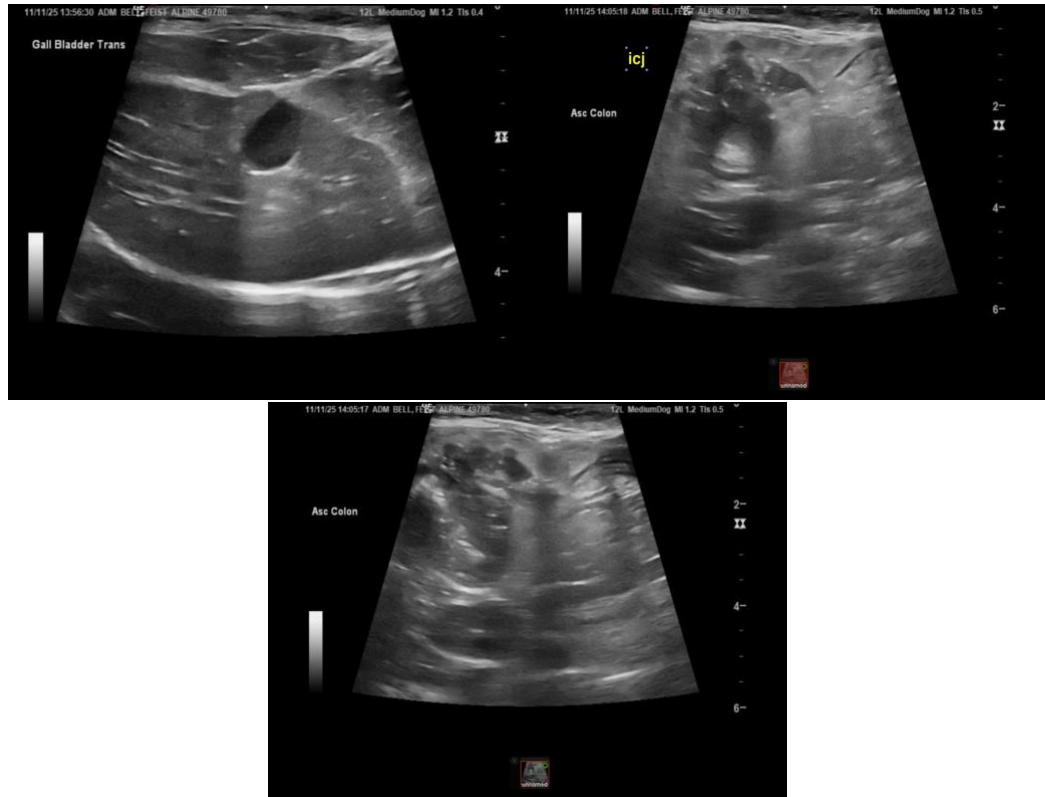
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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