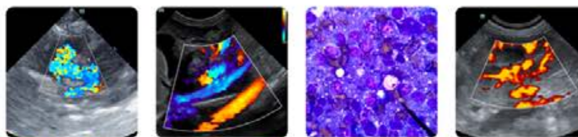


PATIENT

Aria Weber

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

8 Years

WEIGHT

7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh Veterinary Hospital

REFERRING VET

Colleen Andrews, DVM

INVOICE

71546

DATE

11/4/25

PRESENTING CLINICAL SIGNS

BCS 3/9 Weight loss (1lb in 1 month, 3.5 since last year). Decreased appetite with increased vomiting for 2-3 months.

Abnormal PE/Chem/CBC/UA Results: Normal CBC/Chem/ T4 10/30/2025 UA- USG 1.062, 2+ protein UPC 0.1

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 left kidney measured 3.2 cm. The right kidney measured 3.5 cm.

Adrenal Glands

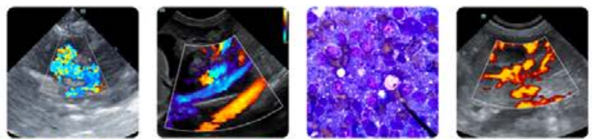
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.30 cm. The left adrenal gland measured 0.30 cm.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

Sectorial **gastric** thickening noted, particularly in the greater curvature and pyloric antrum, measuring up to 1.5 cm with loss of mural detail. Regional lymph nodes were slightly enlarged at 7.0 mm. Strong concern for emerging round cell neoplasia. The small intestine and colon were unremarkable.

Pancreas

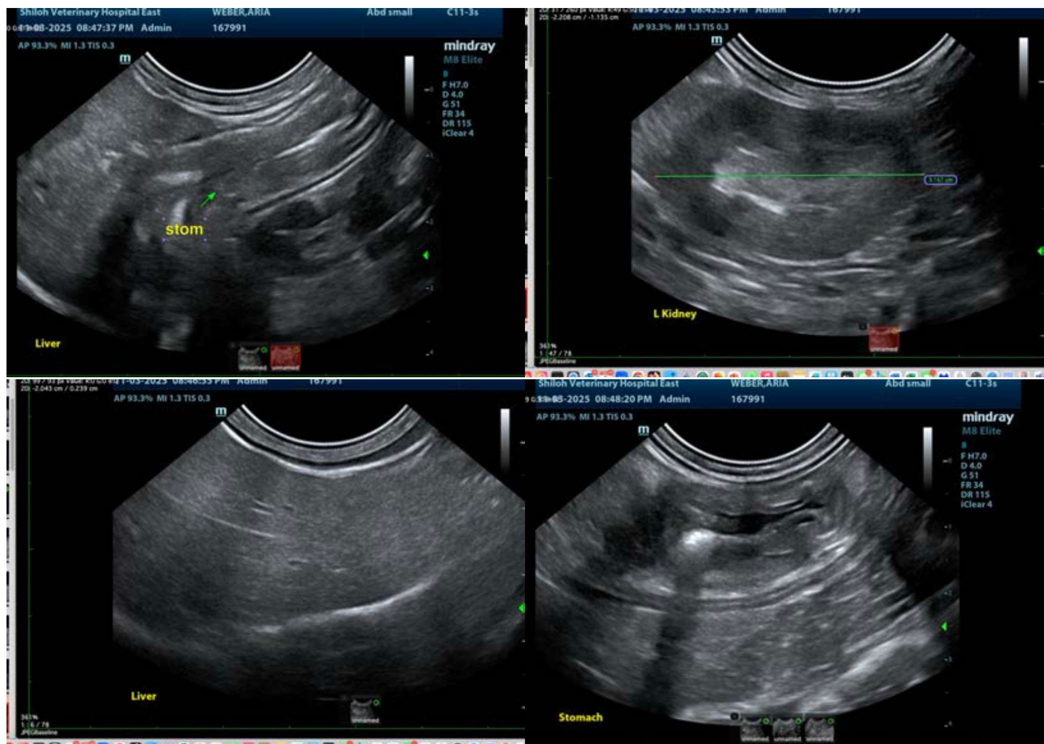
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastric wall thickening with regional lymphadenopathy.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for emerging round cell neoplasia. Fibroplasia or granulomatous disease possible. Sampling is essential. I strongly recommend full thickness gastric wall and lymph node biopsies as opposed to endoscopy, as the pathology is intramural and biopsy samples from endoscopy may not be representative. The remainder of the abdomen is unremarkable. Guarded prognosis.



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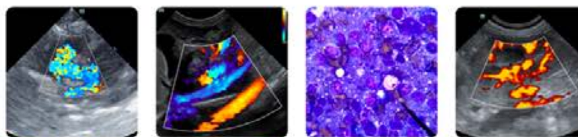

Clinical Sonography & Telecytology
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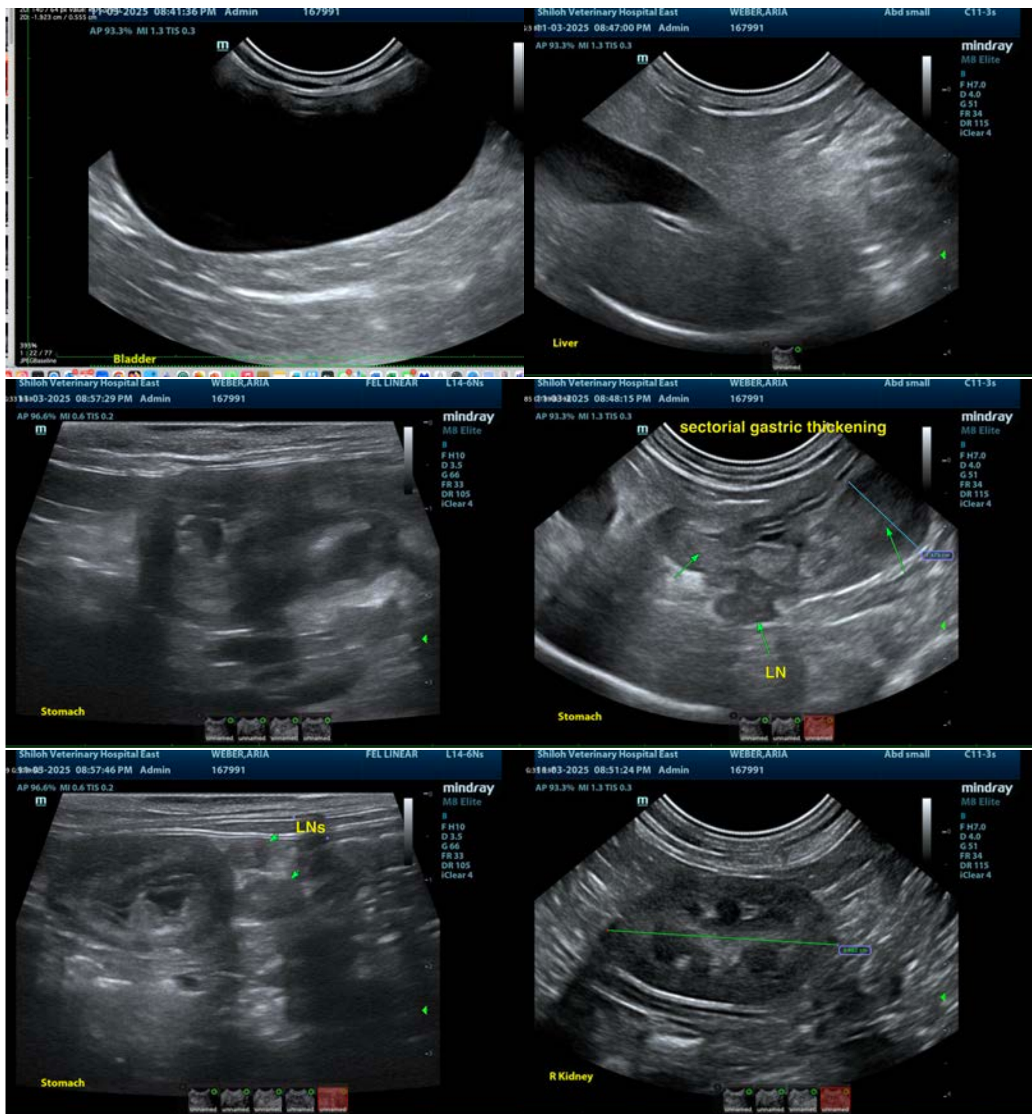

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com