



PATIENT

Harry Barnes

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

13 ½ years

WEIGHT

4.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kirsten Henderson

HOSPITAL NAME

Riverside Small AH

REFERRING VET

Dr. Carrigan

INVOICE

68367

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: History of weight loss and chronic vomiting at home.
Abnormal PE/Chem/CBC/UA Results: GHP fairly unremarkable except for mild hypokalemia.
Pancreatic Lipase: WNL

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 left kidney measured 3.5 cm. The right kidney measured 3.86 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.

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



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Gastrointestinal

The **stomach** revealed retention of fluid and chyme. A structure was noted in the lumen and was isoechoic to the surrounding tissue measuring 1.8 cm. This does not appear to involve the gastric wall and may be deriving from the mucosa or retention of ingesta is possible. The upper duodenum was mildly thickened. An epithelial based 2.1 cm mass was noted in the pyloric outflow with positive color flow signals with concurrent upper duodenal thickening. Intestinal wall thickness measured up to 0.33 cm. The mesenteric lymph nodes measured up to 0.7 x 0.3 cm. The epigastric lymph nodes are mildly enlarged and measured up to 0.7 cm.

Pancreas

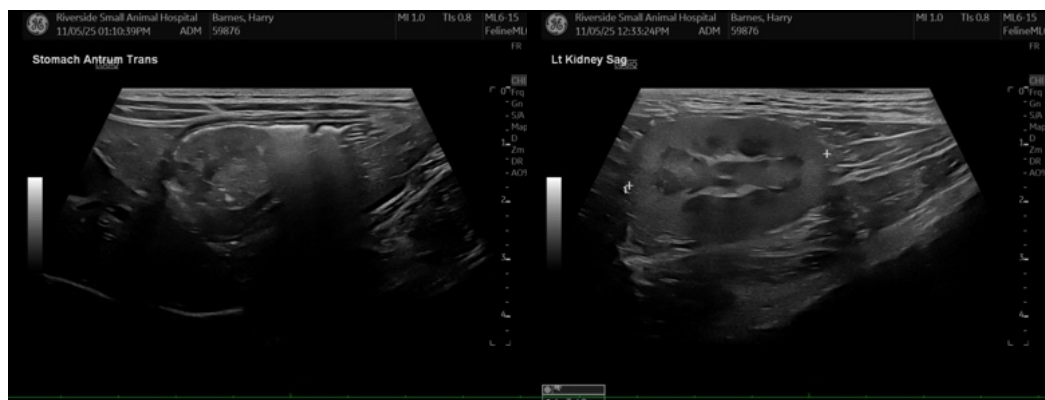
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Questionable upper duodenal and pyloric antrum pathology. Inflammatory bowel with retention of chyme or foreign matter versus neoplastic process.
- Pyloric outflow mass, not likely resectable.
- Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy is indicated. Surgical approach could also be considered. Debulking effort may prove effective in this patient as the mass appears to be epithelial in origin, which would suggest potential low-grade epithelial or potentially a low-grade process. Sampling is strongly recommended or a surgical approach. There was no evidence of metastatic disease unless the epigastric lymph node is involved, yet the pattern would be more reactive than metastatic.





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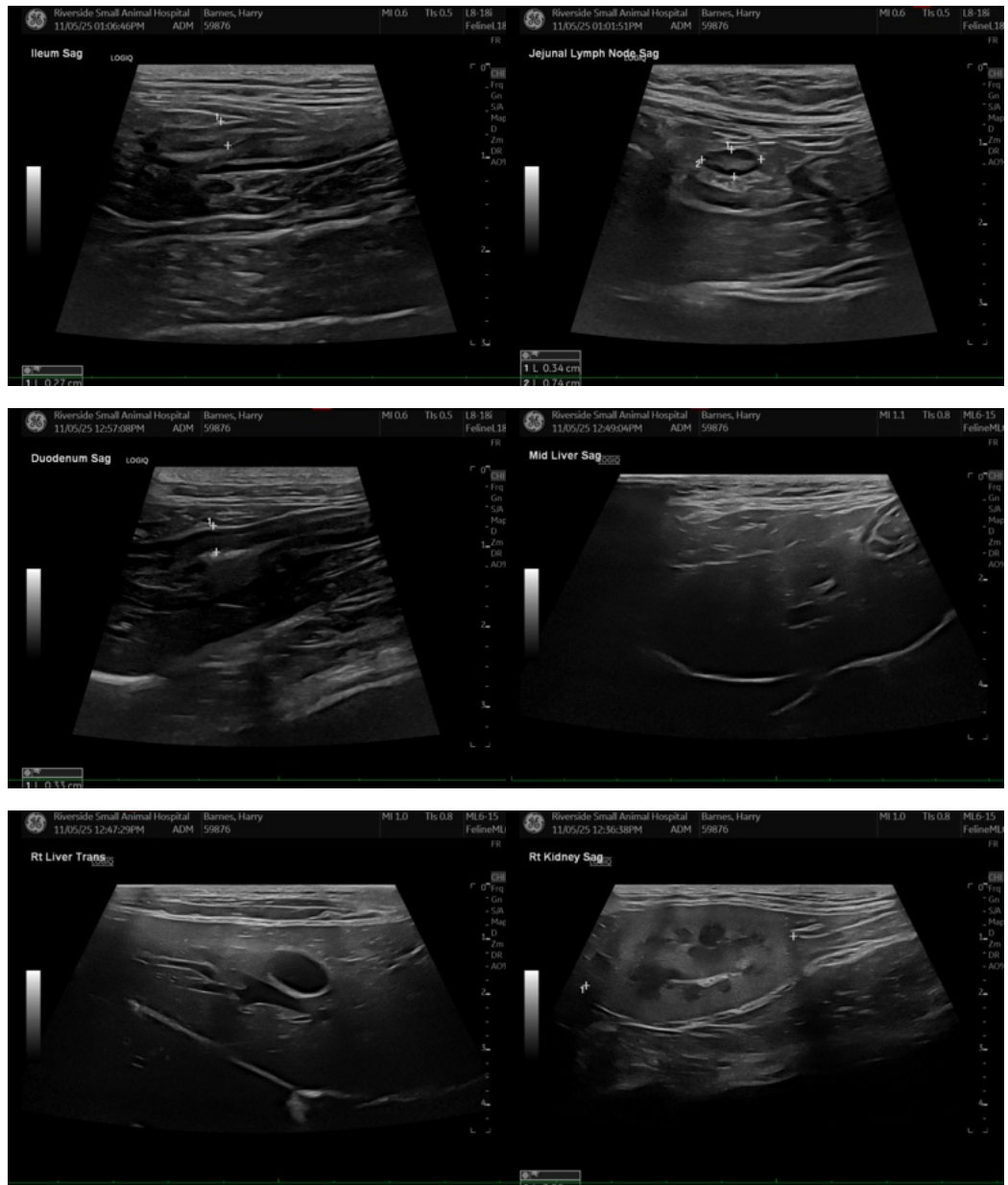
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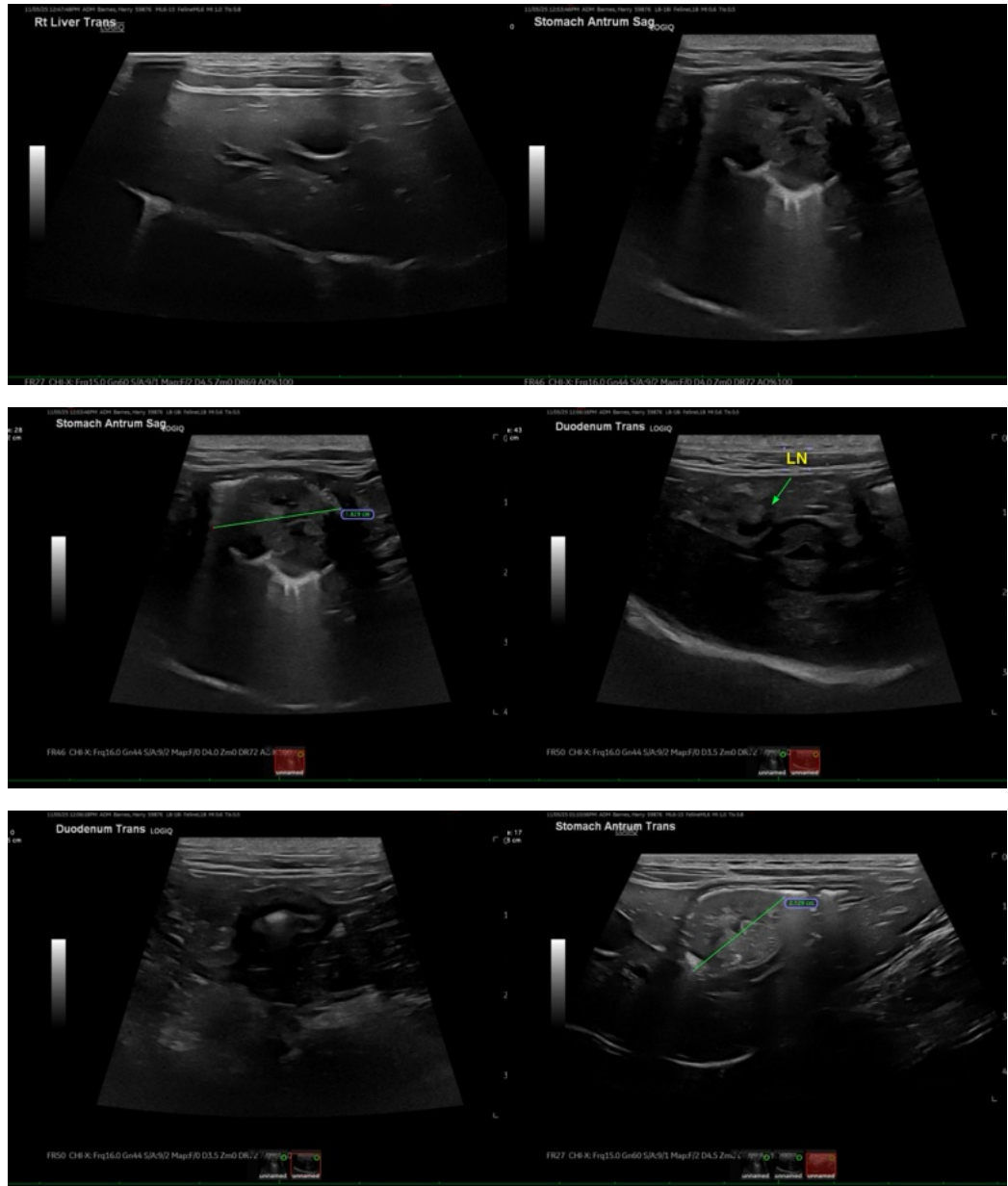
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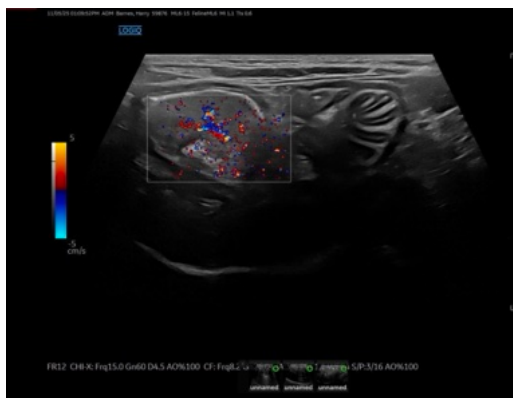
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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