



PATIENT

Bella Hill

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Burns

INVOICE

35870

DATE

12/13/25

PRESENTING CLINICAL SIGNS

History: P having diarrhea outside of liter box. P is lethargic and doesn't seem to feel well. P is switching over to z/d because of another cat in the house. P doesn't have health issues no meds. P does occasionally chew on string.

Abnormal PE/Chem/CBC/UA Results: PE-Hydration - 7-10% dehydration, prolonged skin tent, tacky MM Abdomen/Gastrointestinal- Painful on palpation of cranial abdomen, palpable thickened intestinal loop present in cranial abdomen. Chem 10/CBCWNL except , Eos 6.66 (H), Baso 0.54 (H).

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 3.3 cm. The right kidney measured 3.3 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 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.

Gastrointestinal

The **stomach** itself was unremarkable. The small intestine presented a concentric mass, measuring 3.0 cm. Loss of mural detail was noted. Variable areas of the small intestine appeared to be thickened. The colon was unremarkable.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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

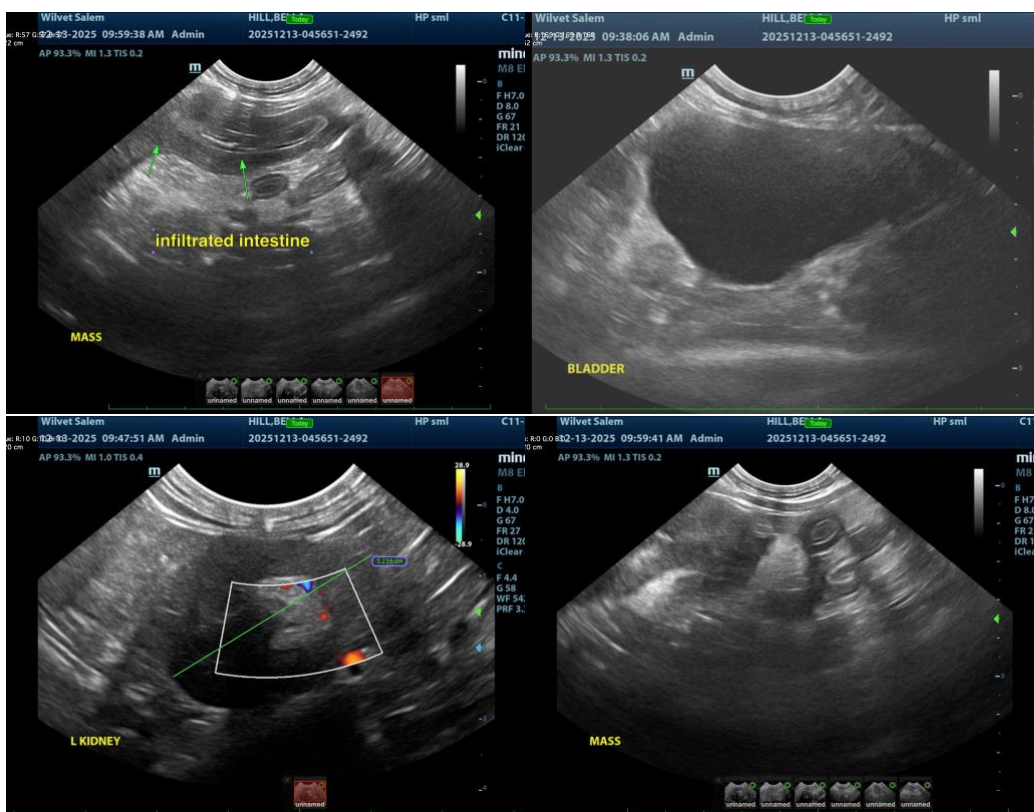
A mesenteric **lymph node mass** was also noted, measuring 2.8 cm. Slight areas of free fluid and reactive mesentery were noted.

ULTRASONOGRAPHIC FINDINGS

- Multicentric intestinal and lymph node based lymphoma pattern +/- splenic involvement.
- Free fluid and reactive mesentery
- Mildly enlarged spleen
- Age-related pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the primary intestinal mass and lymph node is recommended. This is not a surgical case. Chest radiographs are warranted if not already performed to reach a definitive diagnosis. FNA of the spleen is also indicated, ideally.





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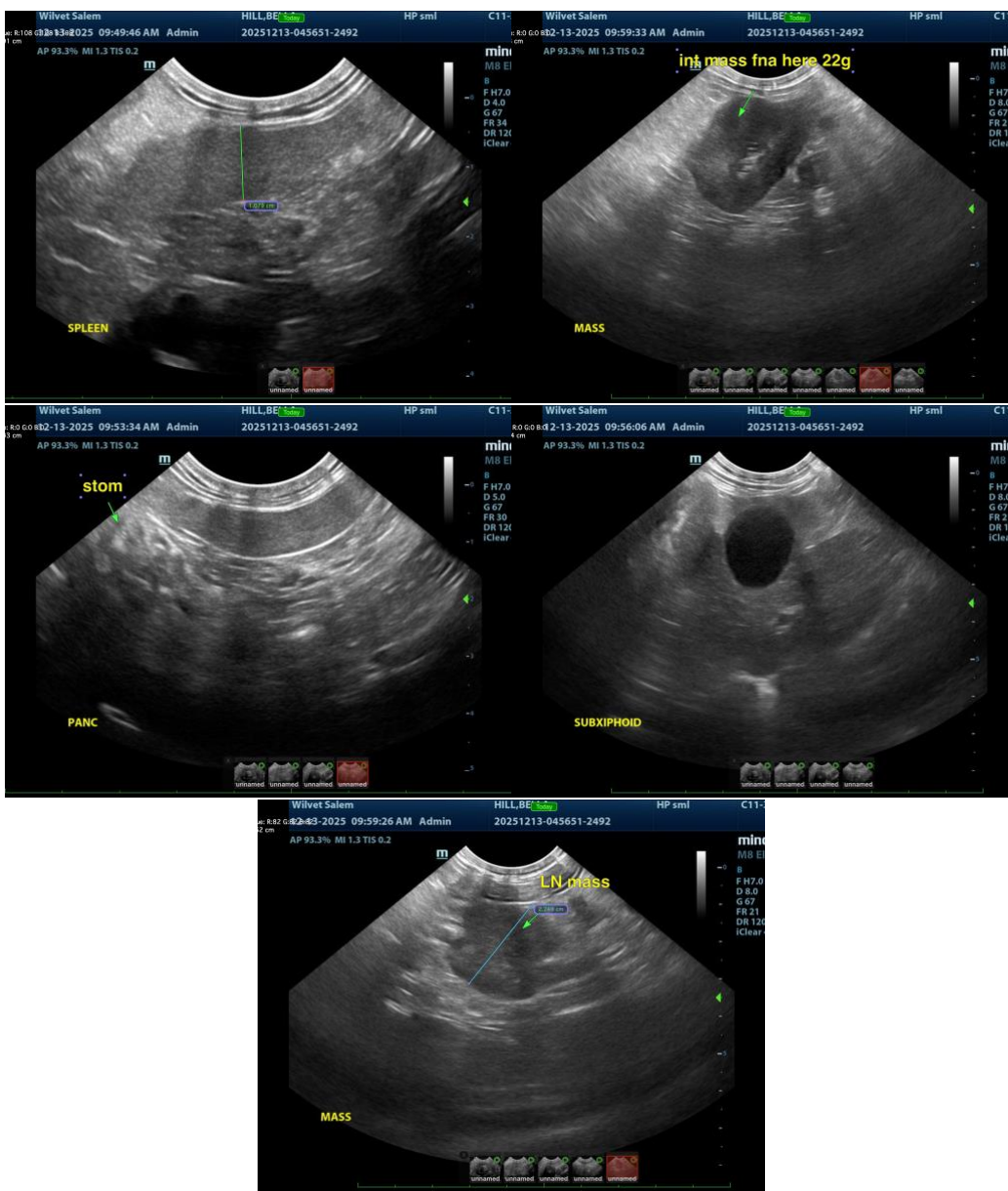
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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