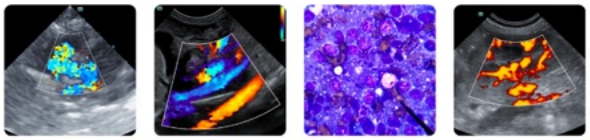


PATIENT

Cabbit Martin

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

8.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

Dr. Todd

INVOICE

69533

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: Pt has history of intermittent (every other week) vomiting. Starting on 12/20, pt started vomiting frequently throughout the day and not eating. Upon exam pt is dehydrated 7% and has a palpable firm mass within mid to cranial abdomen, nonpainful on gentle palpation.
Abnormal PE/Chem/CBC/UA Results: See attached labs: CBC: mild monocytosis Chem: WNL Electrolytes: moderate hypokalemia (2.5mmol/L) Pancreatic lipase: mild elevation (8.0U/L) See attached rads: Large soft tissue opacity mass within mid abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

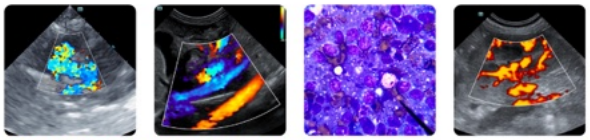
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.87 cm. The right kidney measured 3.9 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** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. Irregular contour was noted, primarily at the caudal body. 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.



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Liver

The **liver** was hypoechoic, irregular and enlarged. The liver is likely involved in the neoplastic process. The gallbladder and common bile duct were unremarkable. The hepatic lymph nodes were also enlarged, rounded and hypoechoic measuring up to 2.0 cm.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted. The midabdomen revealed an undifferentiated 5.2 x 5.4 cm hypoechoic mass. The area of the mass is cavitated, potential secondary abscessation.

Pancreas

Reactive mesentery was noted throughout the region of the **pancreas**. Secondary pancreatitis is likely.

Free Abdomen

The midabdomen revealed multiple enlarged rounded lymph nodes with reactive mesentery.

ULTRASONOGRAPHIC FINDINGS

Undifferentiated lymph node and intestinal mass occupied the midabdomen and measured nearly 6.0 cm.

Multi-centric lymphoproliferative pattern involving undifferentiated intestine, lymph node, spleen, and liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor. FNA of the spleen, lymph node, primary mass, and liver is all indicated as well as drainage of the cystic portion of the mass with culture. Immediate chemotherapeutic intervention is warranted. However, given the extent of the aggressiveness of the pathology the prognosis is poor long term.

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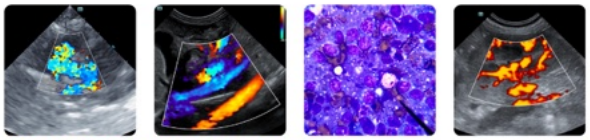

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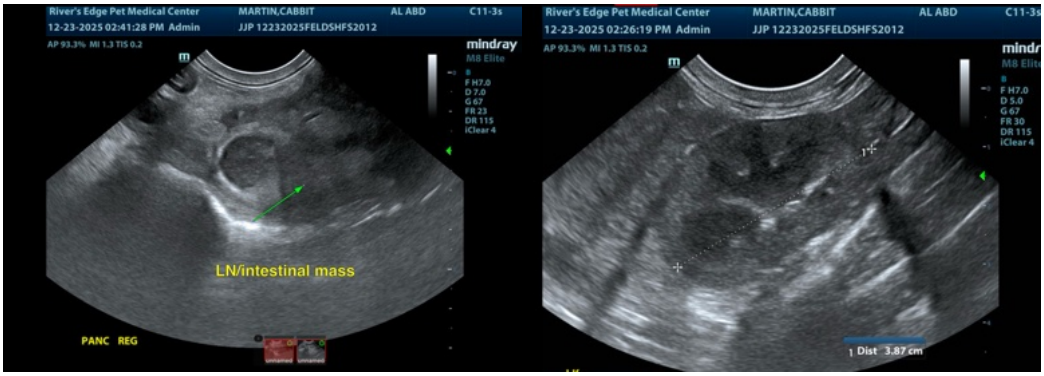

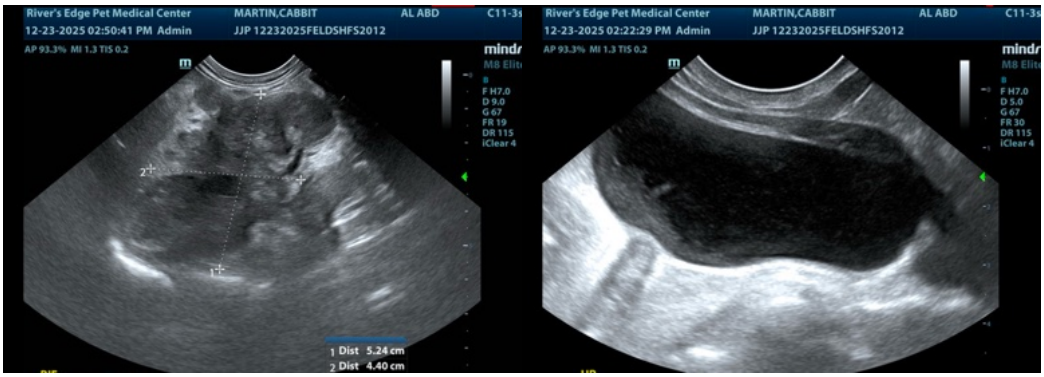

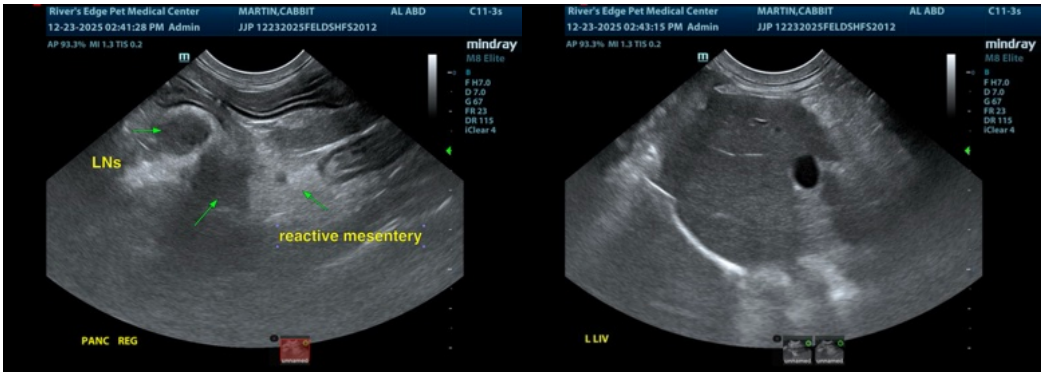

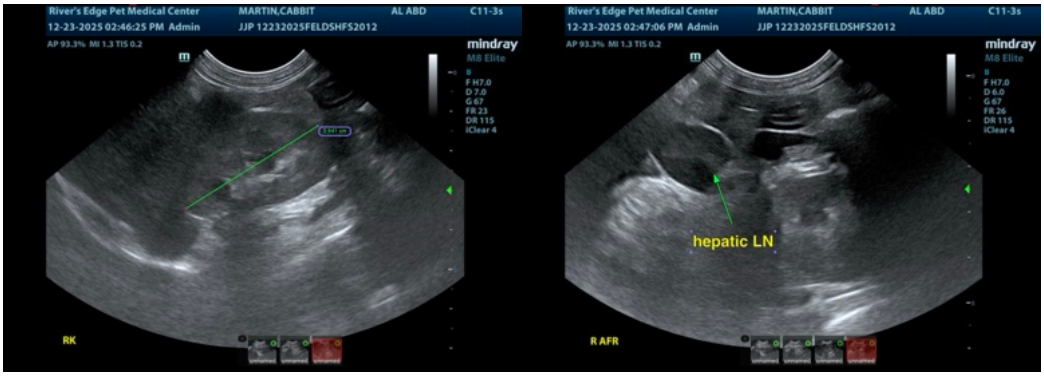

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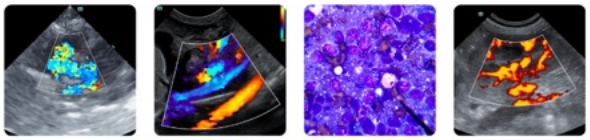

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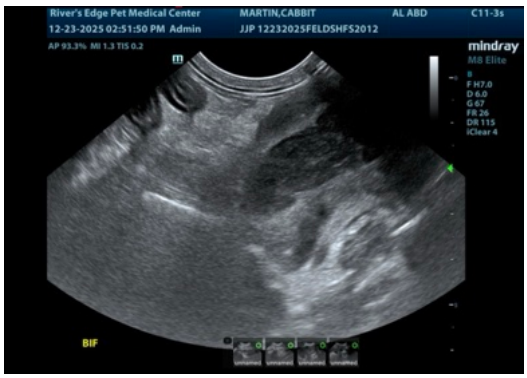

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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