



## PATIENT

Katiria Gonzalez

## SPECIES

Feline

## BREED

DLH

## SEX

Female

## AGE

8 Years

## WEIGHT

12 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kimberly Carrion Rivas

## HOSPITAL NAME

Consultorio Veterinario  
las Brisas

## REFERRING VET

Dr. David Trautmann

## INVOICE

12848

## DATE

12/29/25

## PRESENTING CLINICAL SIGNS

This patient was diagnosed with hemangiosarcoma (high grade) in the right side of her abdomen at hip level. She has undergone surgery several times in the past to remove masses in the same area. This ultrasound was performed because she has experienced periods of weakness and was recently diagnosed with anemia. Also, the biopsy said that the tumor had a potential for metastasis.

## 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 **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. Slight pinpoint mineralizations were noted bilaterally. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### Spleen

The **spleen** presented heterogenous and irregular and measured 1.5 cm in width.

### 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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### 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



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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**

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Feline

A subcutaneous hypoechoic, undifferentiated mass was noted in the right abdominal wall and does not enter into the peritoneum, measuring 1.6 cm. A second hypoechoic undifferentiated body wall mass was also noted measuring 2.23 cm in the right abdomen maintained within the body wall.

**BREED**

DLH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Female

- Multifocal body wall masses-strong potential for hemangiosarcoma.
- Age-related renal changes with mineralizations.
- Irregular spleen.
- Age-related pancreatic changes.
- Unremarkable abdomen otherwise.

**AGE**

8 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Oncological intervention is recommended. No evidence of overt hemorrhage at this point.

**WEIGHT**

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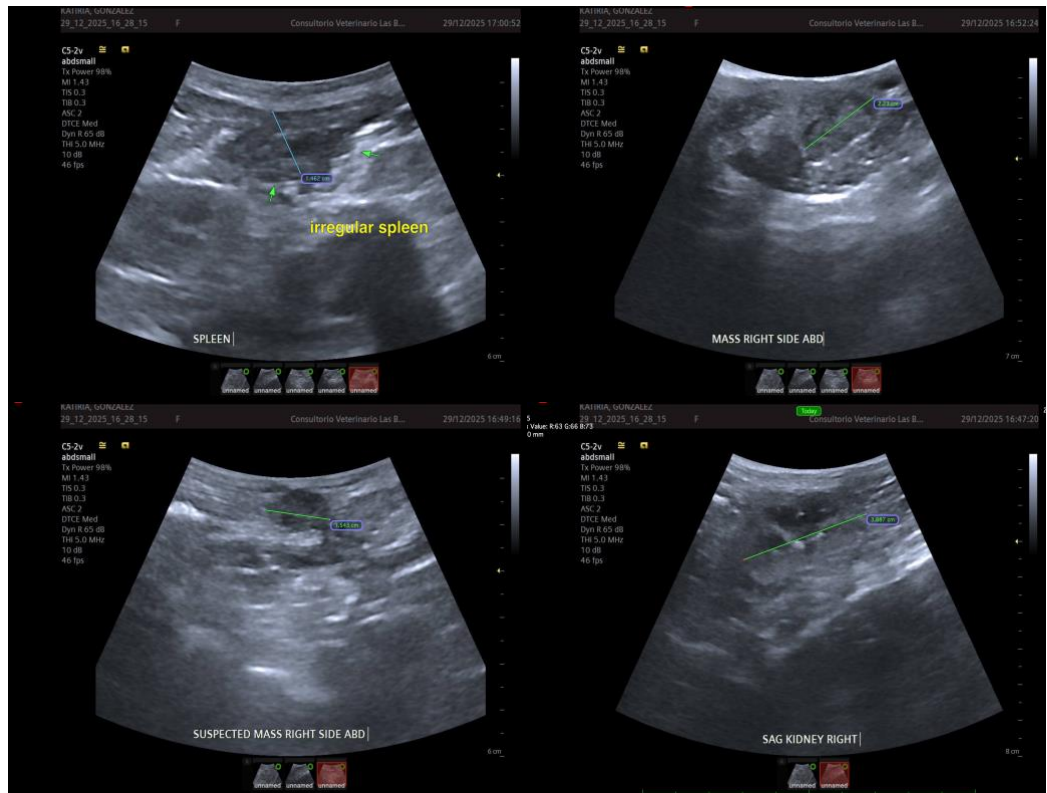
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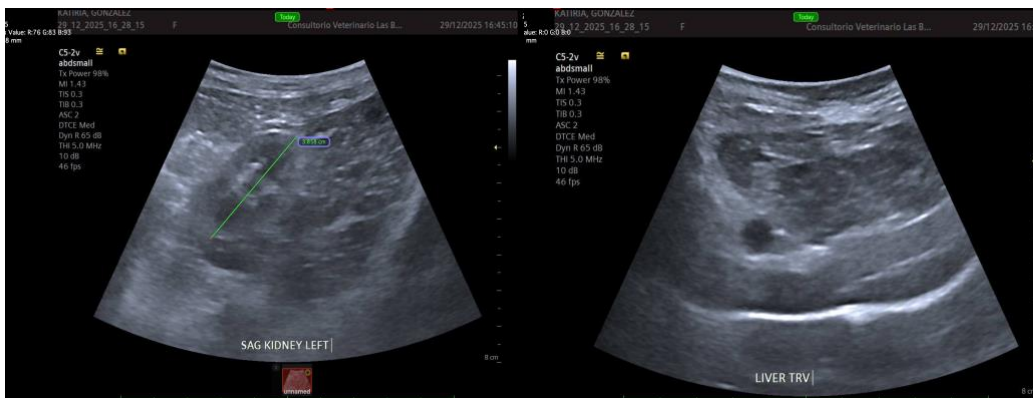
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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