



PATIENT

Myrtle Krampien

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

2 years

WEIGHT

6.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shannah Duffy

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Duffy

INVOICE

69649

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Seen 12/26/25 for chronic vomiting, lethargy, hyporexia, weight loss. No hx of FB although there is sewing equipment in house, O introduced Greenies around onset of clinical signs. No further instances of vomiting since starting maropitant 4 mg PO SID. Appetite has improved some on supportive care, lethargy unchanged per O.

Abnormal PE/Chem/CBC/UA Results: 12/26/25 mildly dehydrated on PE; CBC/Chem 10+lytes-neuts 21.6 K/uL, monos 1.6 K/uL, basos 0.28 K/uL, BUN 12 mg/dL, K+ 3.3 mmol/L; STAT AXR moderate poor abdominal serosal detail.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed small calculi. The calculi were non-obstructive measuring up to 0.2 cm. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal.

The **kidneys** were mildly swollen with slight, hyperechoic medullary rim sign noted. The left and 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.

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 up to 1.7 cm.

Liver

The **liver** revealed coarse architecture and increased portal markings. The liver was slightly subnormal in size. Vascularity was unremarkable. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

Variable areas of intestinal thickening were noted. The ileocecal junction revealed an undifferentiated, hypochoic mass that measured 3.0 x 2.6 cm. The mass was comprised of intestine and lymph nodes. Areas of mineralization were noted. Slight areas of free fluid were noted. A separate mass appeared to involve the upper duodenum. Other lymph nodes were enlarged.

Pancreas

The **pancreas** was hypochoic and irregular with a dilated duct and some level of pancreatitis. Generalized enlargement was noted.

ULTRASONOGRAPHIC FINDINGS

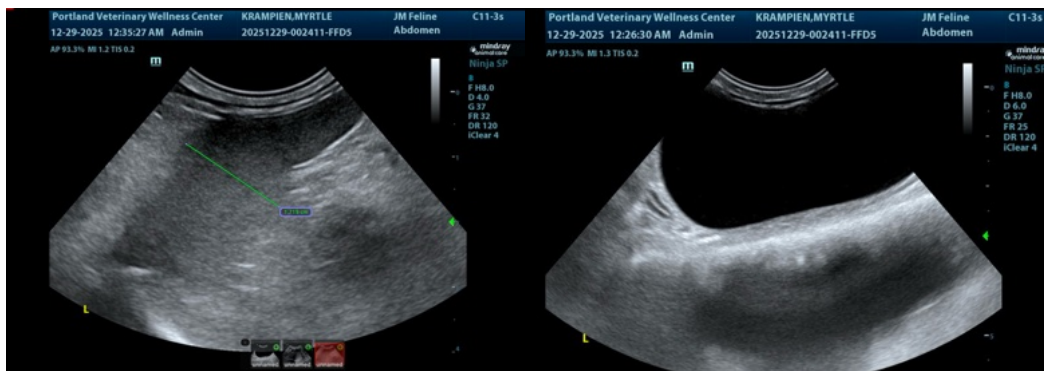
Splenomegaly.

Medullary rim kidneys.

Intestinal/lymph node based mass. Multi-centric round cell neoplasia or FIP are the primary concerns.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the spleen and various intestinal/lymph node masses are indicated for further **definition**. The prognosis is guarded to poor depending upon eventual response to therapy based on cytology results. Chest radiographs are warranted to assess for comorbidities/metastatic disease.





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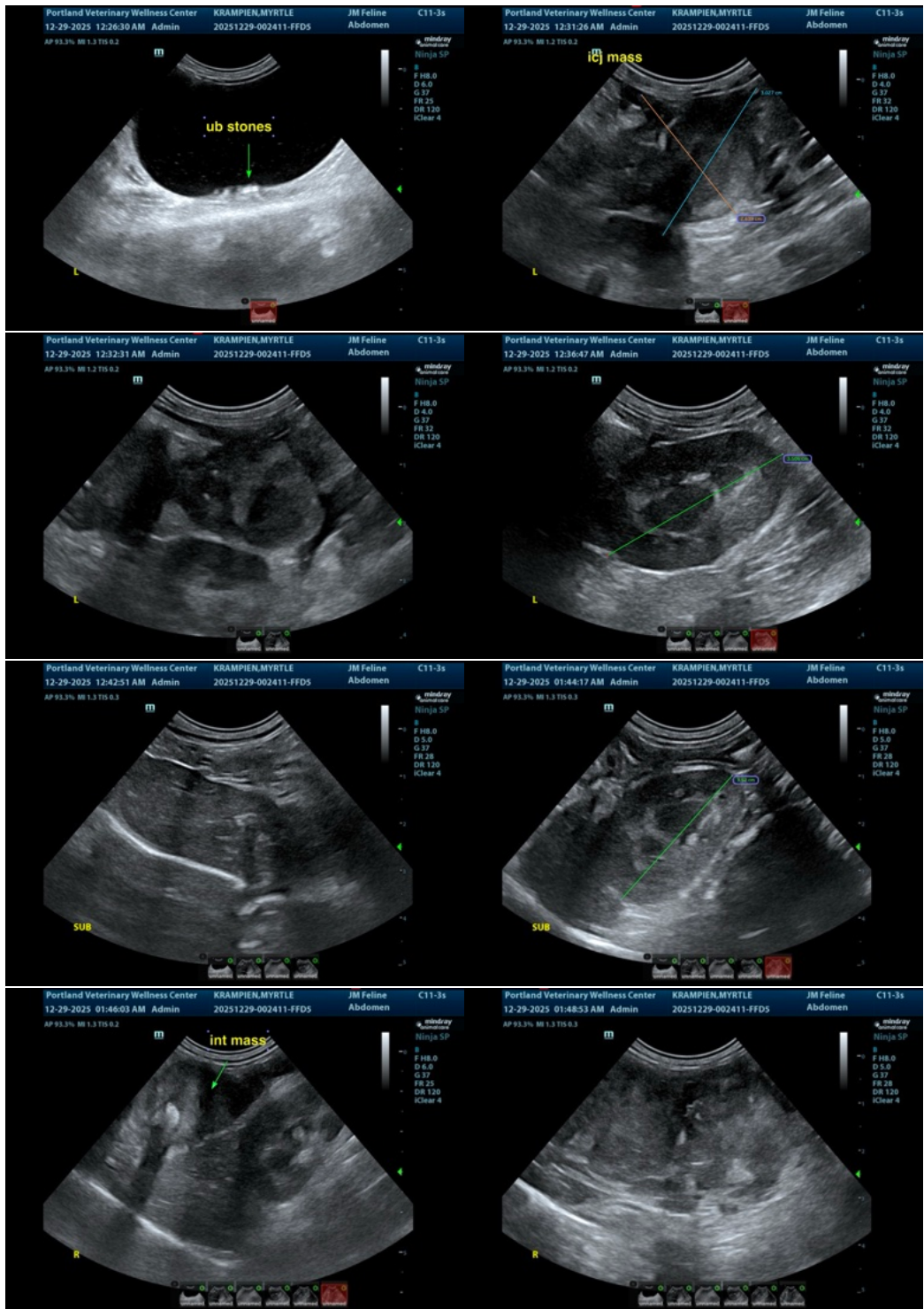
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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