



**PATIENT**

Joey Gallipoli

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

18 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse LVT,  
CVT

**HOSPITAL NAME**

Farview Animal Clinic

**REFERRING VET**

Dr. Mosaad

**INVOICE**

12561

**DATE**

12/04/25

**PRESENTING CLINICAL SIGNS**

V+, weight loss, pale MM, decreased appetite, last BW showed anemia, x-rays show abdominal mineralized mass mid abdomen, abnormal kidneys, and possible mass in lungs

Abnormal PE/Chem/CBC/UA Results: RBC 7.18, PLT 109, Eos 0.6, AMY 1155

**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 and no evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.06 cm in length. Blood flow to the kidneys was moderately subnormal on power doppler assessment.

**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. The left adrenal gland measured 0.31 cm width. The right adrenal gland measured 0.35 cm width.

**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 were 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.

**Gastrointestinal**

The distal **small intestine** was mildly thickened and revealed a regional mass with partial obstructive pattern. The mass appeared to be ileocecal and stricturing. Regional inflammation and lymphadenopathy was noted. The mass measured 5.0 cm x 3.0 cm. Other portions of intestinal



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thickening was noted with early neoplastic criteria. Second thickening of small intestine measured 2.0 cm x 1.0 cm. Soft stool was noted in the colon. The stomach was unremarkable.

**Pancreas**

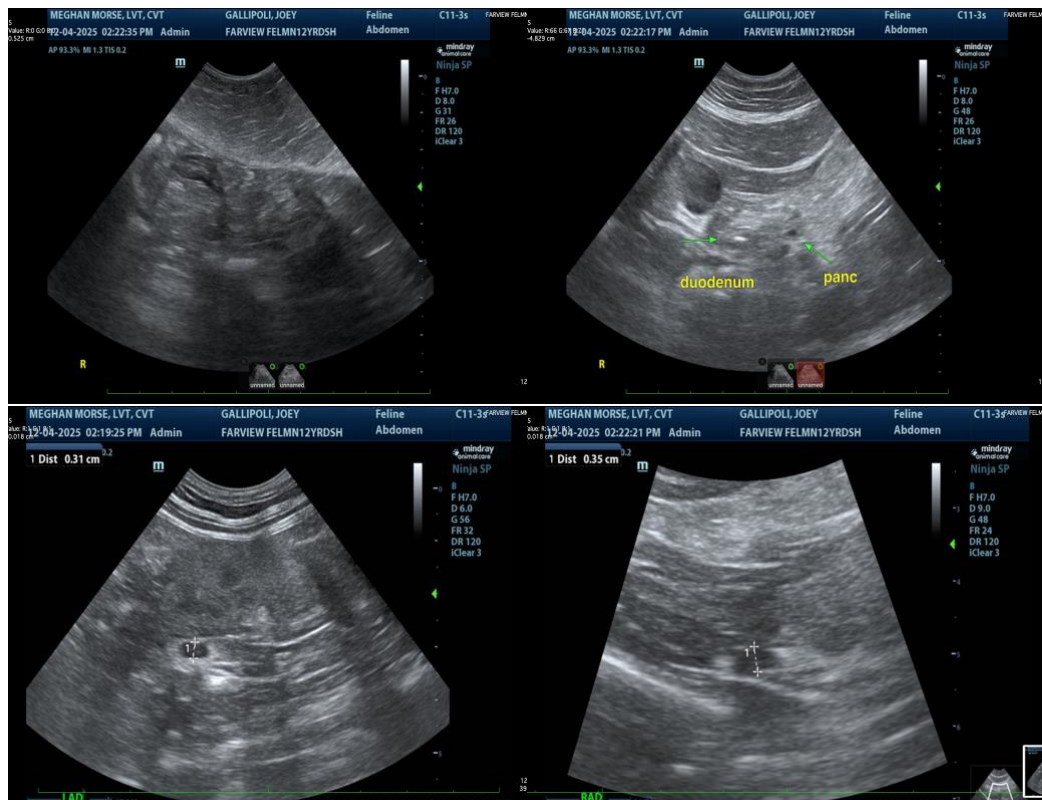
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

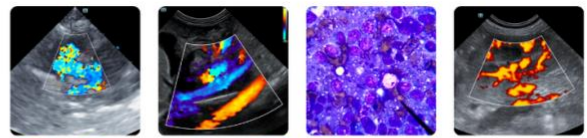
**ULTRASONOGRAPHIC FINDINGS**

- Geriatric abdomen.
- Distal small intestinal mass and structuring.
- Regional inflammation/lymphadenopathy- round cell neoplasia versus lymphoma.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA of the primary intestinal mass and immediate chemo-reduction recommended in this patient. Given the probable thoracic involvement, FNA of the potential lung lesion would also be indicated if accessible by ultrasound. Intestinal lymphoma, carcinoma, granulomatous disease such as FIP are all possible.





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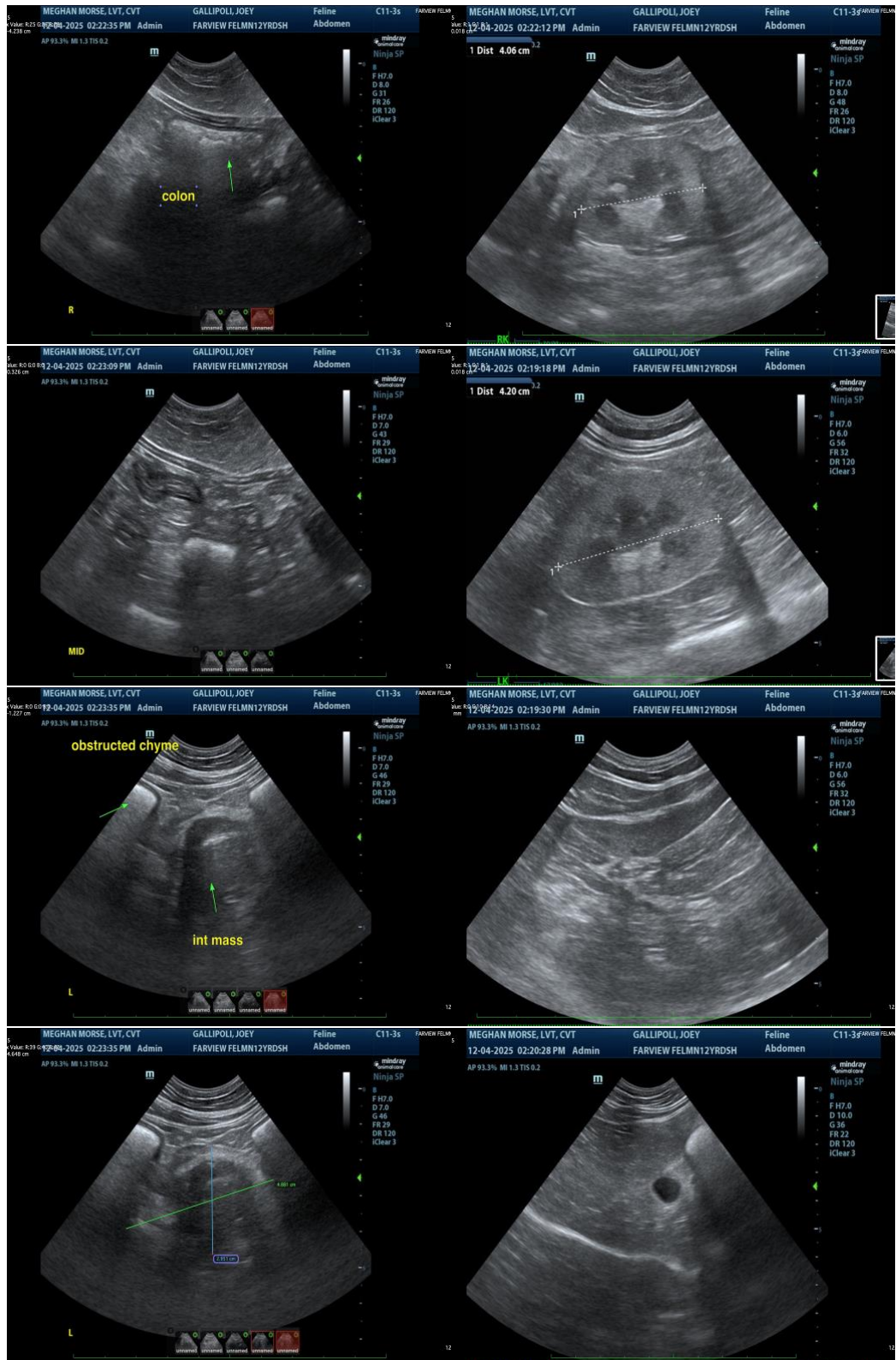
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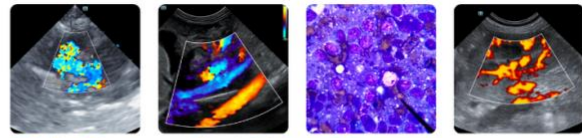
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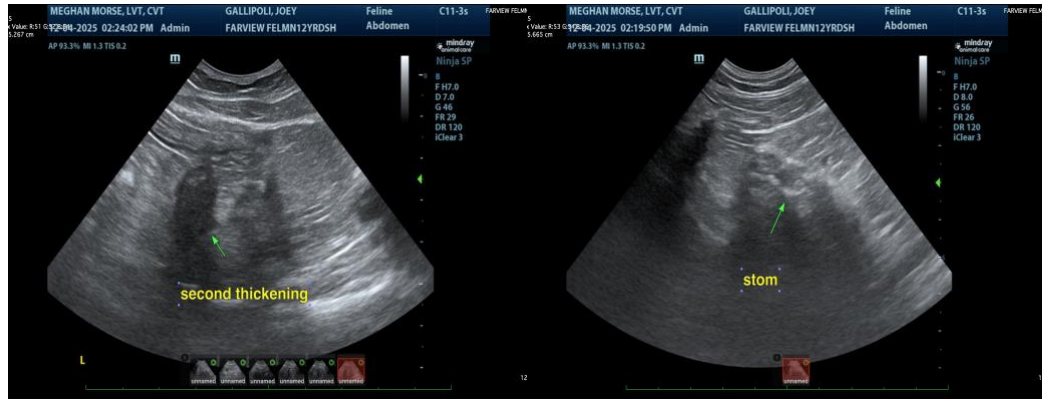
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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