



**PATIENT**

Mya Kidd

**PRESENTING CLINICAL SIGNS**

History: Anorexia past week.  
Abnormal PE/Chem/CBC/UA Results: Increased PrecisonPSL and mild increase in total bilirubin.  
Doughy feel to abdomen.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Domestic Shorthair

**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.

**SEX**

Spayed female

The **kidneys** were slightly irregular in contour. The right kidney measured 4.16 cm. The left kidney was subnormal in size with a cortical infarct and collapse of mineralization at the caudal pole. The left kidney measured 2.79 cm.

**AGE**

14 years

**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 0.4 cm. The right adrenal gland measured 0.4 cm.

**WEIGHT**

12 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 was noted.

**IMAGING PERFORMED BY**

Dr. Christensen

**HOSPITAL NAME**

Tranquility VC

**Liver**

The **liver** was mildly enlarged with uniform parenchyma. The gallbladder was edematous. Pleural effusion was noted through the diaphragm.

**REFERRING VET**

Dr. Christensen

**Gastrointestinal**

The stomach revealed a separate undifferentiated mass that measured 4.0 cm. . Variable intestinal thickening was noted with an overt intestinal mass cranial to the urinary bladder. The intestinal mass appeared to be jejunal. The mass measured 3.0 cm in width. Variable other portions of small intestine were thickened.

**INVOICE**

42906

**DATE**

12/6/22



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Spayed female

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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

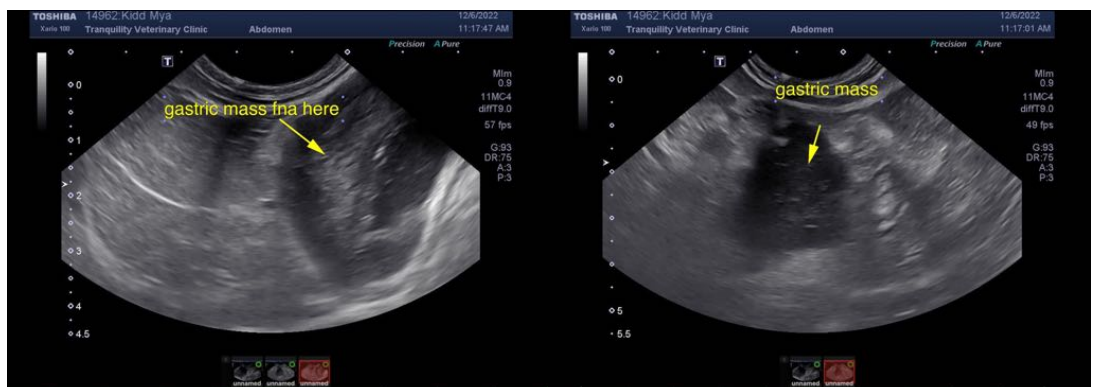
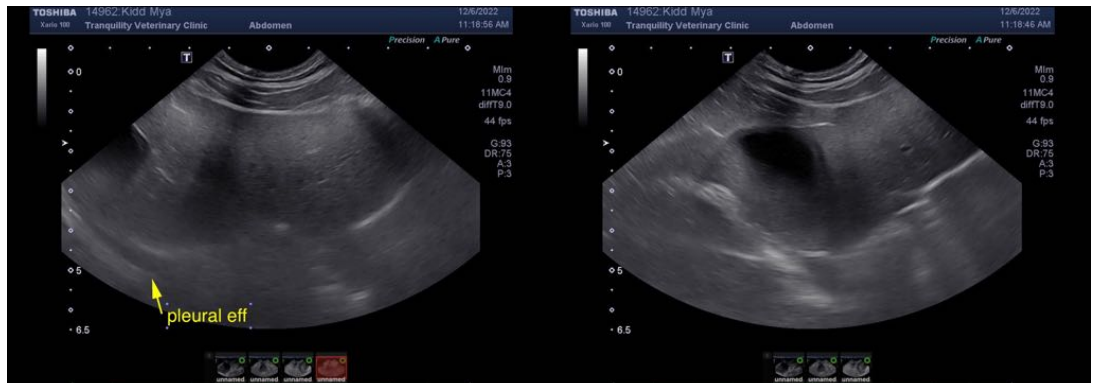
Multi-centric intestinal neoplasia, possible hepatic involvement.

Gastric and small intestinal masses.

Pleural effusion, suggestive for metastatic disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the intestinal masses and liver are recommended.





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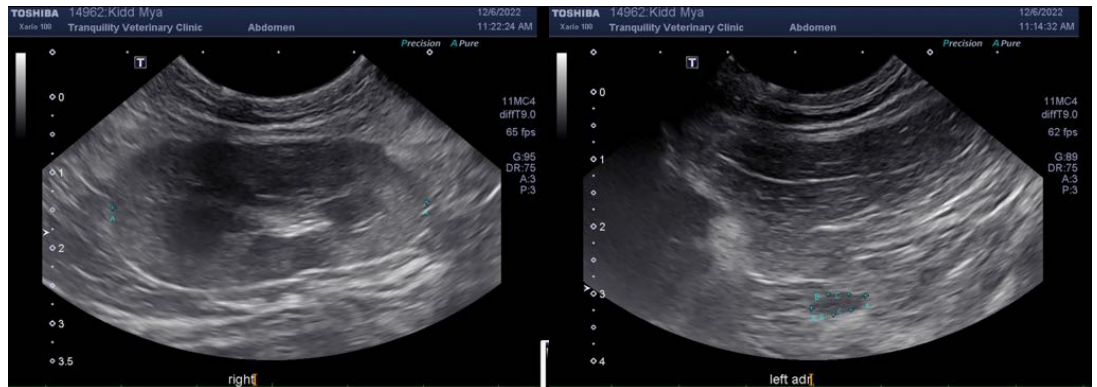
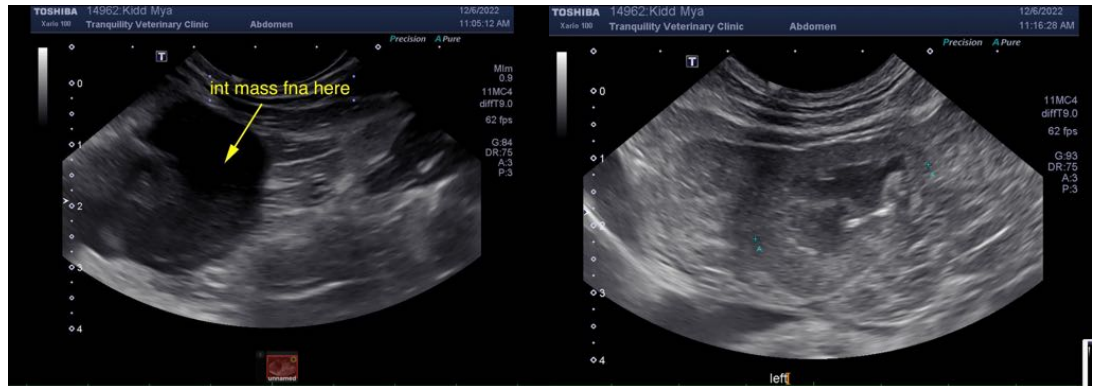
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
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