



## PATIENT

Chyna Kelly

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

4

## WEIGHT

3.9

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Craig Seyler, DVM

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Craig Seyler, DVM

## INVOICE

72931

## DATE

2/13/26

## PRESENTING CLINICAL SIGNS

Has not E/D since Tuesday, also has not defecated since Tuesday. Dribbling urine, however.

Abnormal PE/Chem/CBC/UA Results: 2 enemas performed today at rDVM. FIV+

## 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. Minimal amount of urine present at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Left kidney measured 3.4 cm. Right kidney measured 2.9 cm.

### Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

### 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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Hard stool noted in the colon.

### 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.



**PATIENT**

**Free Abdomen**

Chyna Kelly

A sublumber lymph node was enlarged and hypoechoic with loss of structural detail, measuring 2.17 cm.

**SPECIES**

Iliac lymph nodes were also enlarged, rounded, and hypoechoic, measuring up to 2.5 cm. Pericapsular inflammatory pattern noted.

Feline

Mesenteric lymph nodes were also enlarged, up to 1.5 cm x 0.50 cm.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DSH

- Caudal abdominal lymphadenopathy.
- Hard stool in colon.

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female

No overt obstruction. I cannot rule out a primary lesion in the descending colon and pelvic inlet. CT evaluation would be necessary to evaluate for this potential. However, in the meantime, ultrasound guided FNA of the accessible lymph nodes with cytology and culture indicated. Strong potential for round cell neoplasia or metastatic disease. Lymphadenitis also possible. Cytology and culture of the lymph nodes indicated. Chest radiographs and pelvic CT warranted as a screening procedure for metastatic disease.

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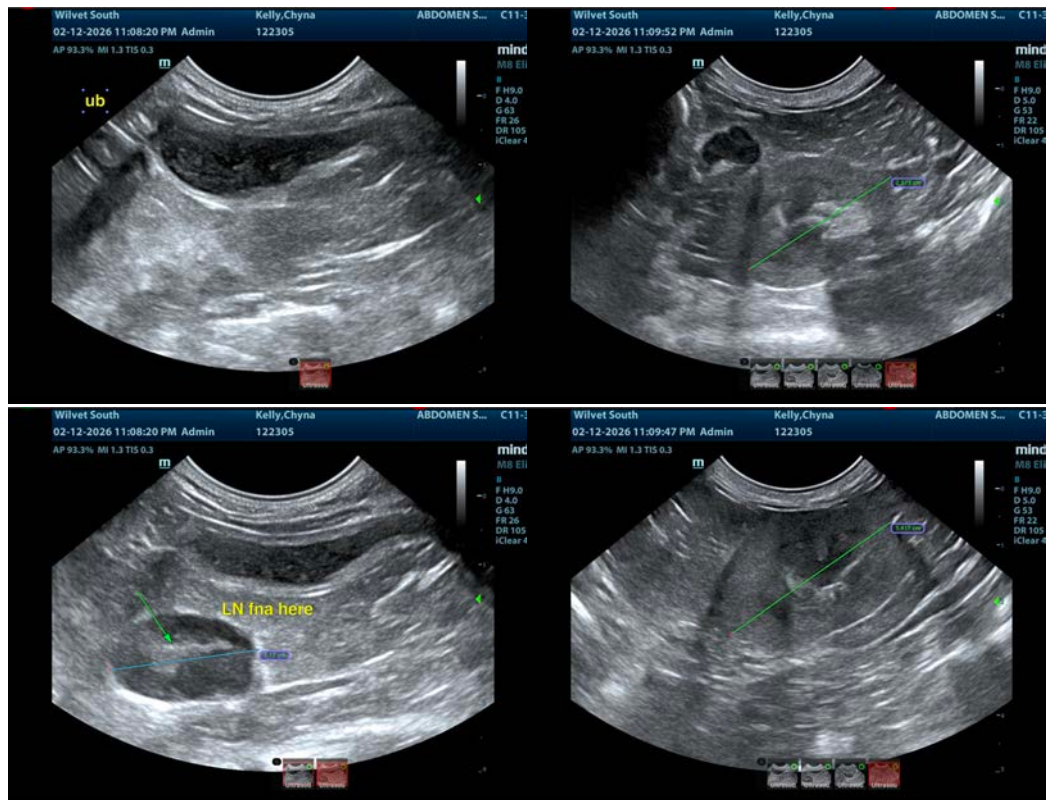
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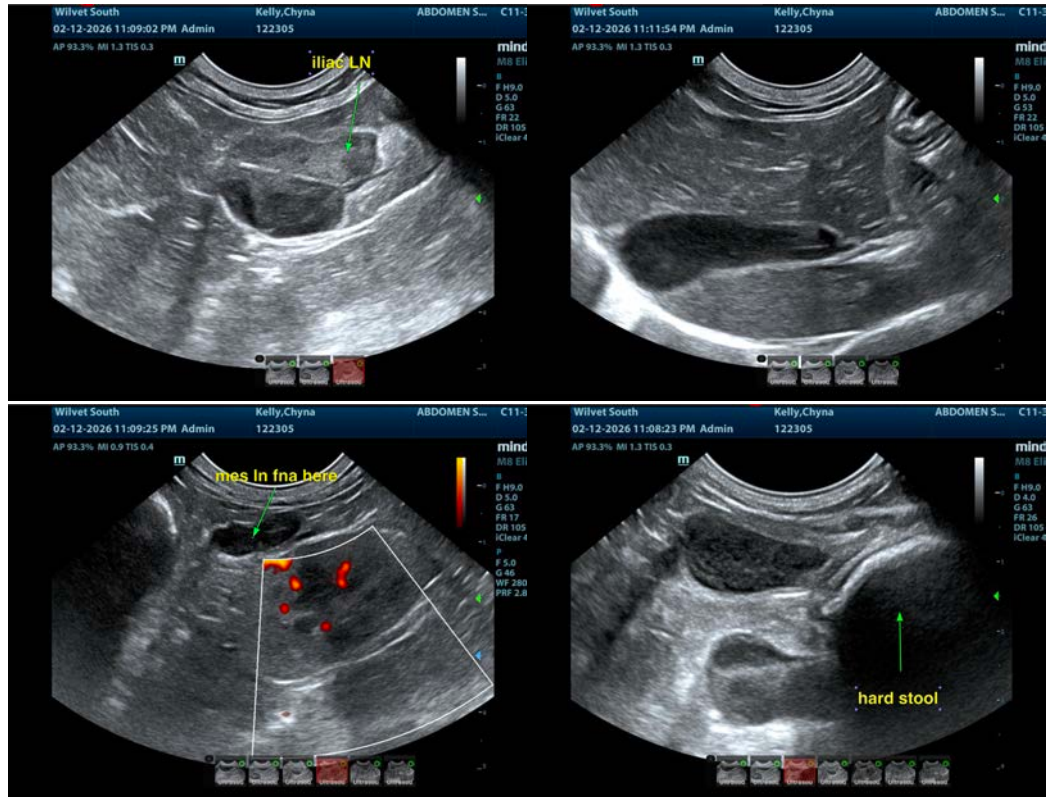
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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