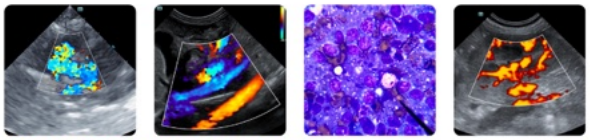

PATIENT

Pepi Haas

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

4 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

71809

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- Progressive hyporexia and weight loss for about 1 month
- Was seen on 2/6/26 - had severe periodontal disease and numerous tooth resorptive lesions
- dental performed 2/10 with significant extractions
- At recheck exam today - abdominal mass palpated Mass cytology pending CBC - moderate non-regenerative normocytic, normochromic anemia CHEM - low creatinine/BUN hypoalbuminemia 1.8 (2.2 - 4.0) mild elevation Tbili

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

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. The left kidney measured 4.01 cm. The right kidney measured 4.5 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. The right adrenal gland measured 0.28 cm. The left adrenal gland measured 0.23 cm.

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.

Liver

The **liver** was swollen and hypoechoic to minimal falciform fat. The gallbladder and common bile duct were unremarkable.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A 4.4 cm hypoechoic, undifferentiated intestinal mass was noted in this patient. The mass appeared to occupy the upper duodenum to the level of the jejunum.

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.

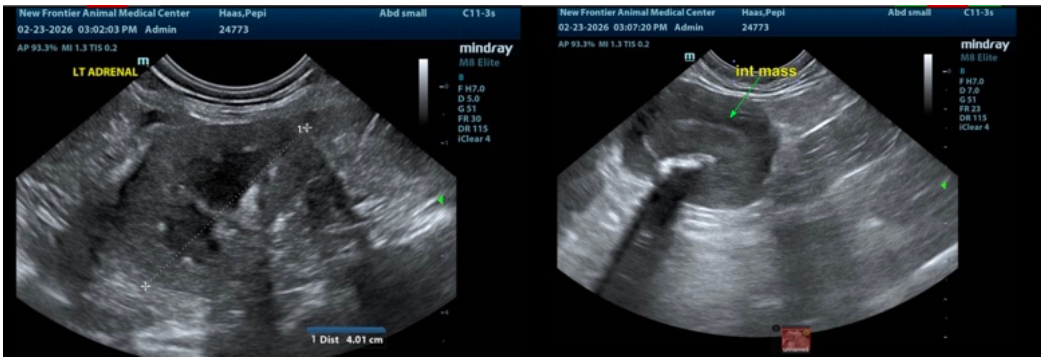
ULTRASONOGRAPHIC FINDINGS

Hypoechoic, undifferentiated intestinal mass.

Swollen, hypoechoic liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the intestinal mass was performed without complication. Resection is unlikely given the position. The hepatic swelling may indicate an early infiltrative event within the liver given the intestinal presentation. Screening 25-gauge FNA of the liver may also be appropriate especially given the bilirubin elevation, yet reassessment of the bilirubin is warranted to ensure that this is not artifactual as I would expect other liver enzymes particularly ALKP to elevate if the liver were infiltrated.



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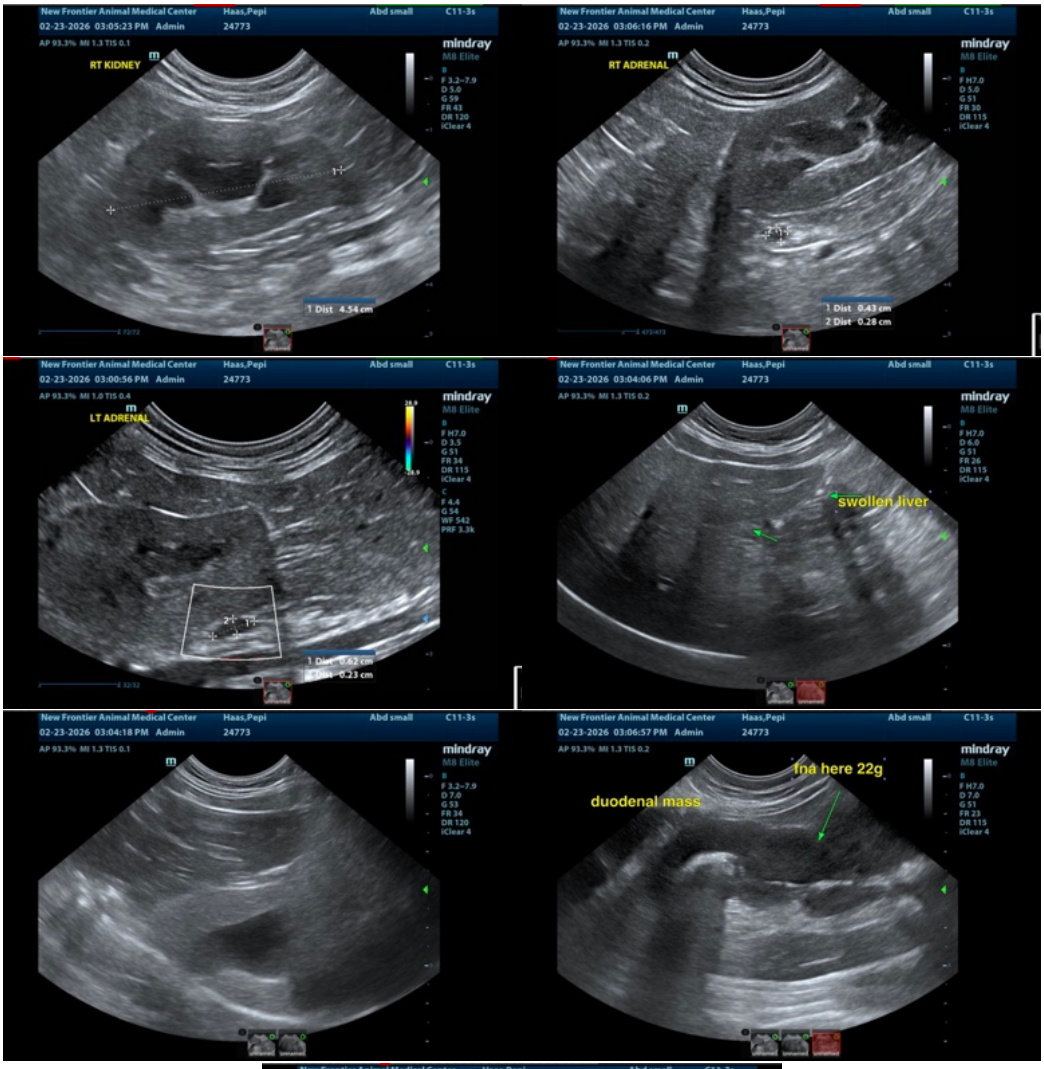
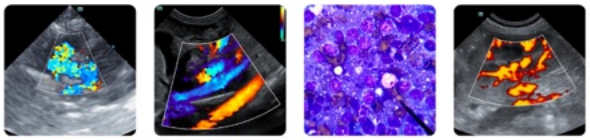


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com