



PATIENT

Annette Hosken

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

8.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Gudrun Gunther

INVOICE

13991

DATE

02/27/26

PRESENTING CLINICAL SIGNS

- Patient 1st seen 2/13 for evaluation. She had been vomiting and lethargic. She is owned by a cat rescue, and they had started her on GS-441524 about a week prior - she had seemed to improve and then worsened again.
- She had tachypnea during both initial exam and today, but I think due to pain since it is intermittent and TFAST showed normal L atrium
- Patient afebrile
- Patient initially treated with : Cerenia, Convenia, Ondansetron, Dexamethasone, SQ fluids, Mirataz, Buprenorphine
- She initially responded very well but has since relapsed is lethargic and hyporexic. She is currently on Prednisolone, Cerenia, Ondansetron, Clavamox, Buprenorphine

Abnormal PE/Chem/CBC/UA Results: 2/13/26 - AFAST/TFAST - TFAST WNL, AFAST - renal infarcts, prominent mesenteric lymph nodes, pancreatic enlargement with dilated pancreatic duct, suspected IBD pattern in GI tract; lots of inflammation in cranial abdomen surrounding pancreas 2/13/26 CBC - mild anemia (HCT 25%) leukocytosis - 21,36k neutrophilia 17 k CHEM - WNL Pancreas FNA 2/13/26 - chronic inflammation Today 2/27/26 CBC - similar mild anemia 26% CHEM - new elevation ALT - 193 mild hypokalemia/hyponatremia Liver FNA from today - pending Free abdominal fluid - dark red liquid

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 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. A slight stable infarct was noted in the cranial pole of the left kidney. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.66 cm in length. The right kidney measured 3.72 cm in length.

Adrenal Glands

Both **adrenal glands** were slightly enlarged, which may be secondary to stress. The left adrenal gland measured 0.43 cm width. The right adrenal gland measured 0.76 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



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The **liver** in this patient was significantly disrupted in architecture with surrounding free fluid. Isoechoic nodular changes were noted. The gallbladder appeared collapsed.

Gastrointestinal

The **stomach** was severely over distended with chyme-type echotexture. The small intestine and colon were unremarkable.

Pancreas

The right **pancreatic** limb revealed heterogenous nodular changes with the region measuring approximately 2.0 cm x 2.5 cm.

Free Abdomen

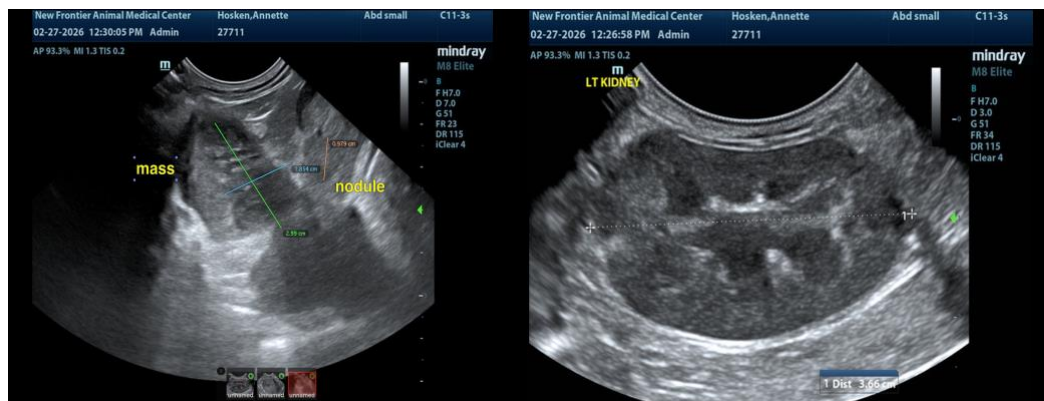
In the caudal abdomen, an undifferentiated hypoechoic mass was present measuring 1.6 cm x 2.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Slight renal infarct.
- Enlarged adrenal glands.
- Free fluid.
- Hepatic/pancreatic nodular changes.
- Collapsed gallbladder.
- Undifferentiated mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA performed upon various pathologies for a definitive diagnosis, however, prognosis is poor given the extent of the pathology. Strong concern for diffuse hepatic neoplasia. However, a separative process cannot be completely ruled out, though not suspected. Sampling is essential with sampling of the free fluid as well.





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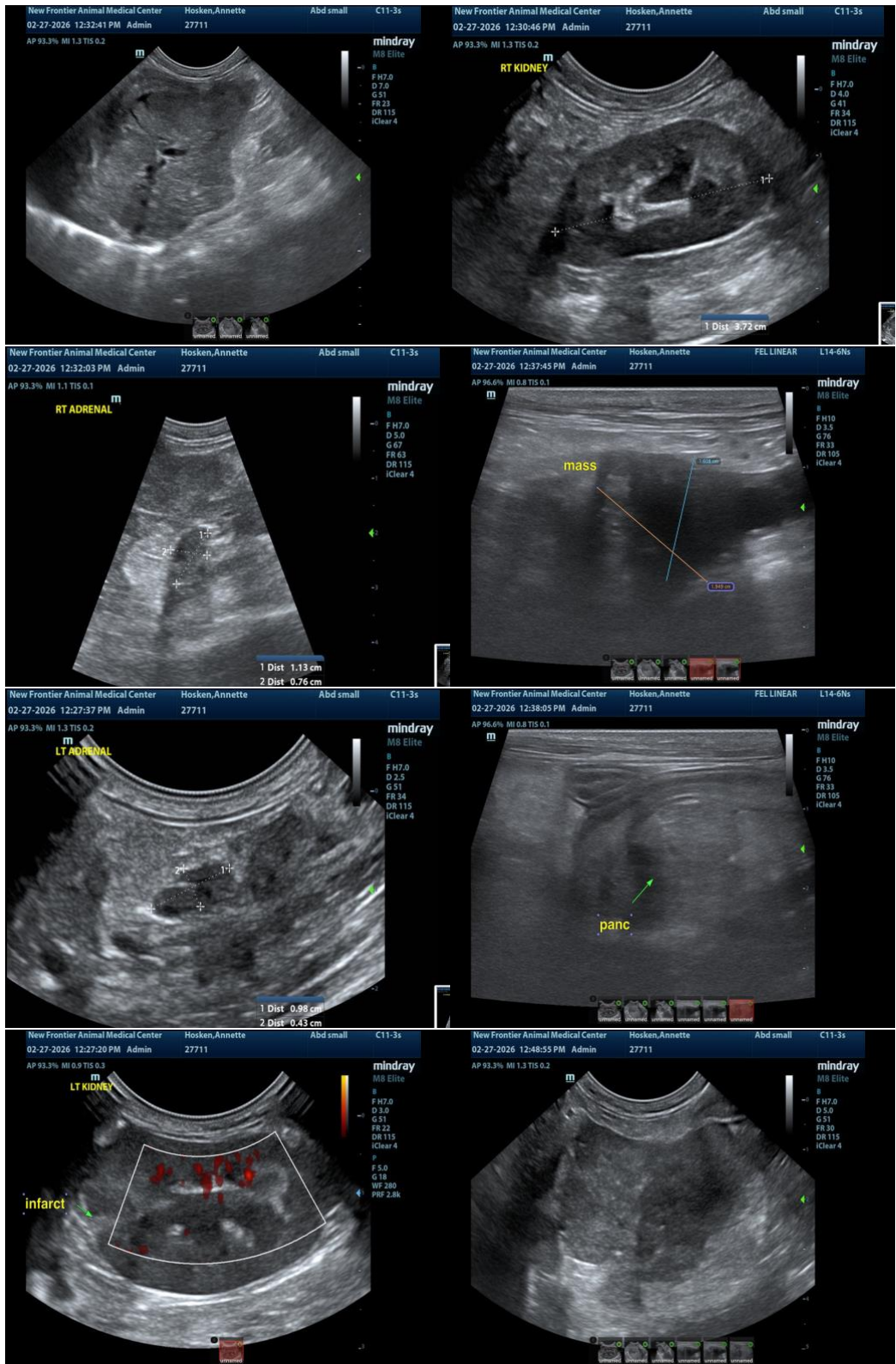
Dr. Gudrun Gunther

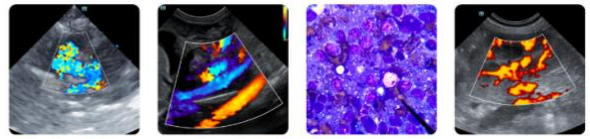
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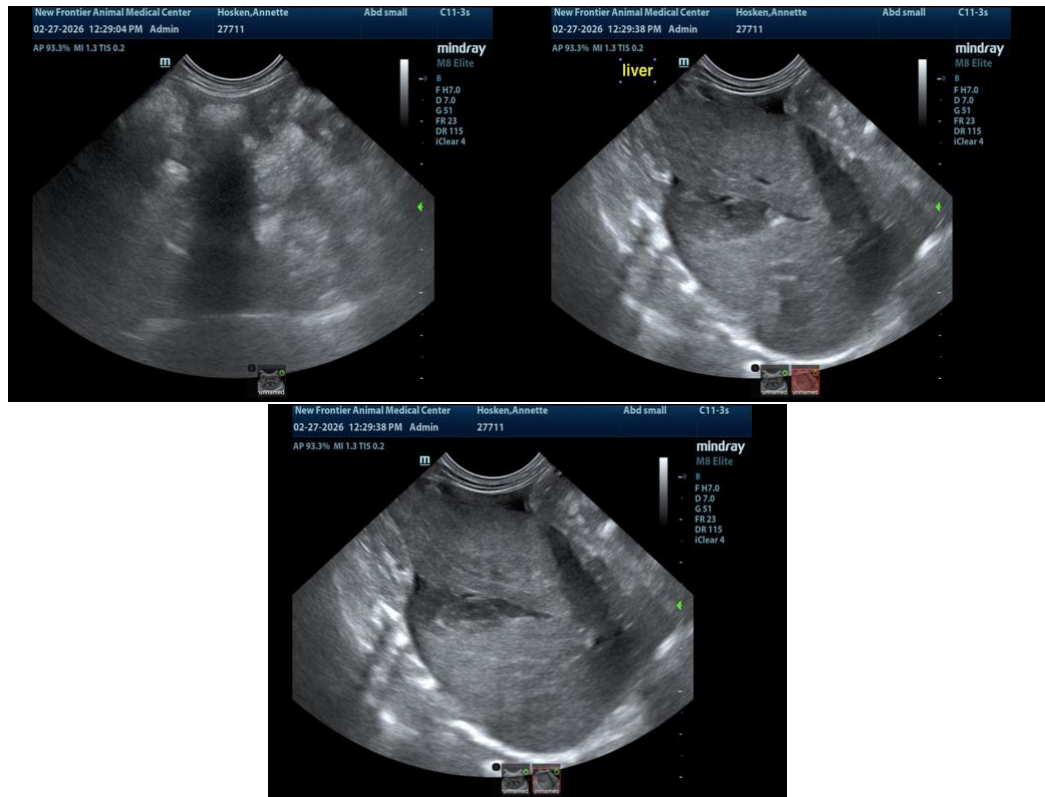
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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