



PATIENT

Mildred Broderick

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

6 years

WEIGHT

7.06 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jenni Tudini
MRCVS, SDEP Cert

HOSPITAL NAME

Fetch the Vet Mobile
Veterinary Practice

REFERRING VET

Dr. Dudek

INVOICE

71181

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- Patient has been experiencing cluster vomiting since 11/25 with progressive weight loss and now significant weight loss (1.6lb in just 2 weeks since last seen). There has been an increase in lethargy and lack of desire to eat. Most recently patient has developed pica (cat litter). Demeanour otherwise is normal. No Pu/pd. Rarely there was some mild blood tinge to vomit after repeated episodes of vomiting, no blood noted in stool.
- Patient has lost 1.6lb since last seen just 2 weeks ago and is severely underweight at this time. BCS 2-3/9. mm pale, patient tachycardic but no arrhythmia present. Femoral pulse quality is good and synchronous. Abdominal palpation unremarkable initially with no defined mass palpable. Only after scan with patient lifted to an alternative position resting on just hindlimbs (like a prairie dog) could a mass very cranial under the ribcage be palpated and brought more caudal. Firm dense spherical mass palpable. All LN's palpate WNL CBC: Borderline regenerative anemia and mild hypoalbuminemia Chem: No pertinent finding U/a: Proteinuria 2+ but SG 1.061, all other parameters WNL, UPC ratio WNL T4: WNL Ultrasound guided FNA performed on mass: results pending

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 right kidney measured 3.8 cm. The left kidney measured 3.5 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 0.35 cm. The left adrenal gland measured 0.35 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.



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Liver

The **liver** was largely normal and uniform, yet slight areas of free fluid noted between the lobes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an empty stomach. An undifferentiated 5.2 x 4.2 cm mass was noted in the midabdomen. The mass was moderately vascular and appeared to derive from the gastric and duodenal wall. However, the mass is undifferentiated. Regional lymphadenopathy was noted.

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.

Free Abdomen

Slight regional free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Undifferentiated upper gastrointestinal mass, non-resectable.

Slight areas of free fluid were noted.

Regional lymphadenopathy.

Possible hepatic involvement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the upper GI mass and liver is indicated. Round cell neoplasia is suspected. There is a minor potential for FIP or less likely granulomatous disease. Immediate chemotherapeutic intervention is recommended. Chest radiographs are warranted to assess for comorbidities.



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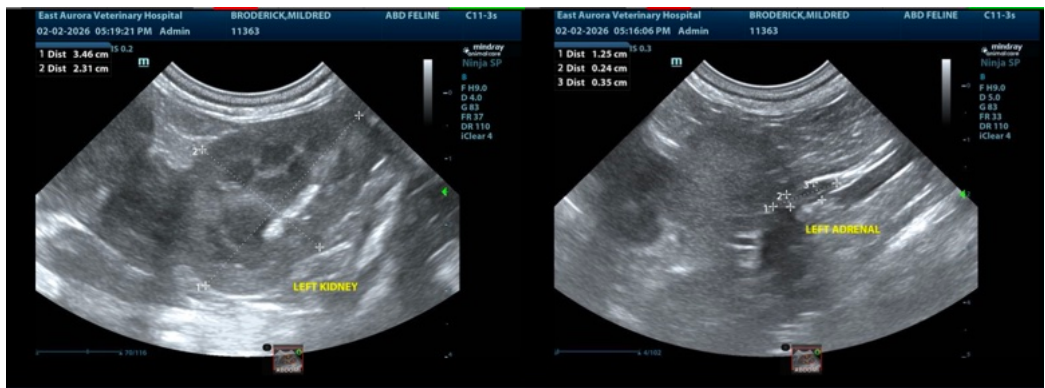
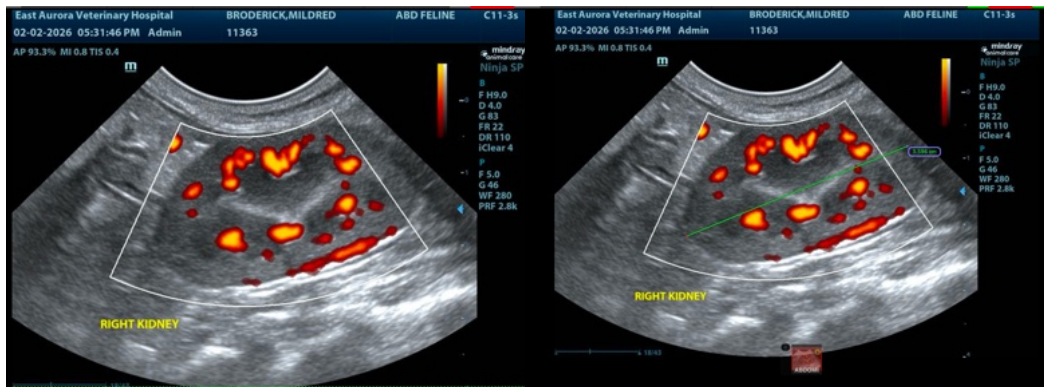
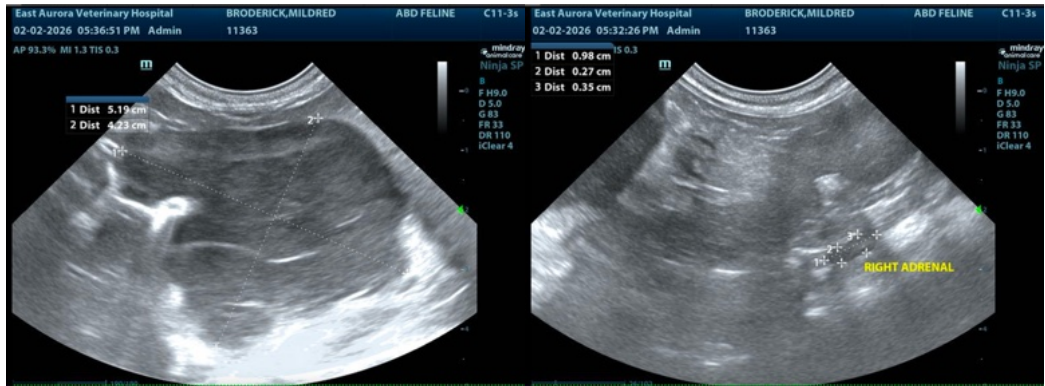
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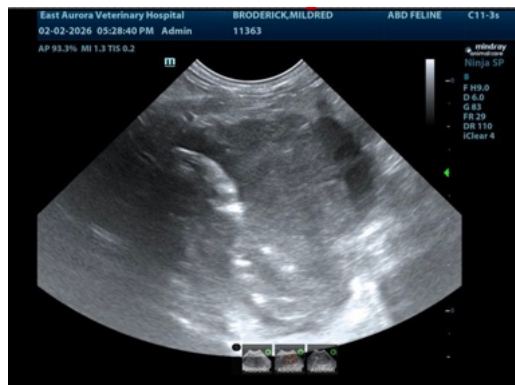
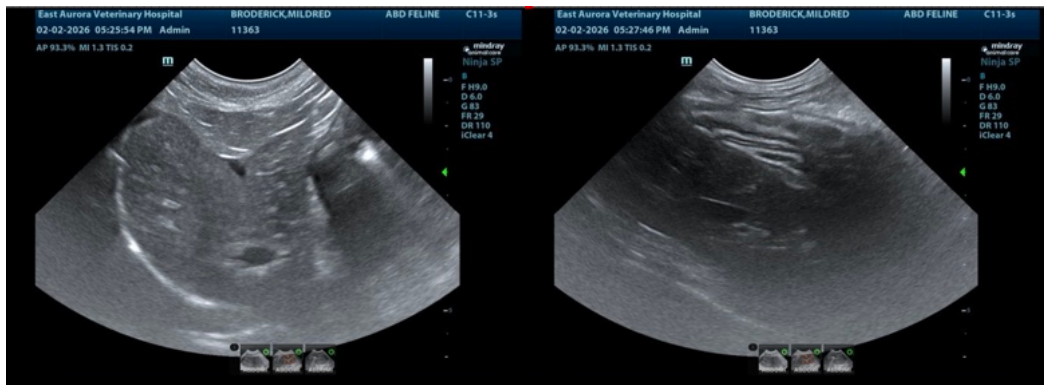
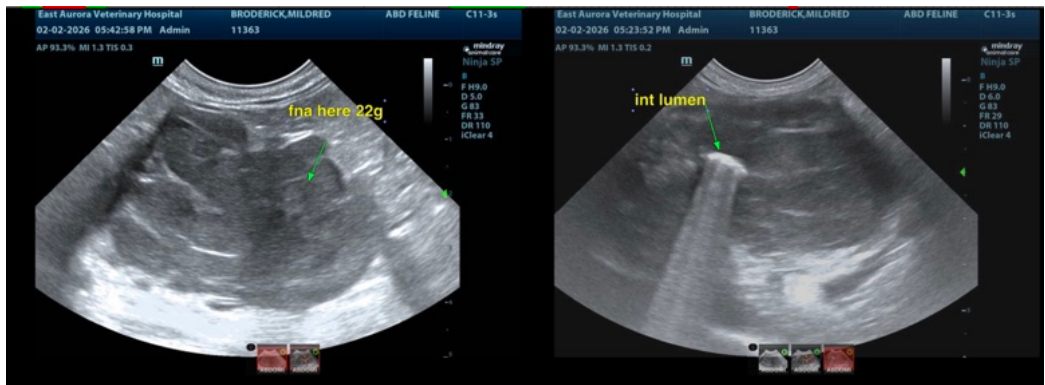
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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