

PATIENT

Sylvia Koss

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

10.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Nazareth Veterinary
Center

REFERRING VET

Dr. Korona

INVOICE

14212

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Recent hx intermittent ADR/lethargy
- painful kidneys on palpation.
- concern for renomegaly

Abnormal PE/Chem/CBC/UA Results: Globulin 5.0, PLT 51

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 slight increased cortical echogenicity, remodeling and irregular contour with subtle hyperechoic medullary rim sign. Slight pyelectasia was present. The left kidney measured 4.62 cm in length. The right kidney measured 5.1 cm in length.

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 0.53 cm width. The right adrenal gland measured 0.35 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.

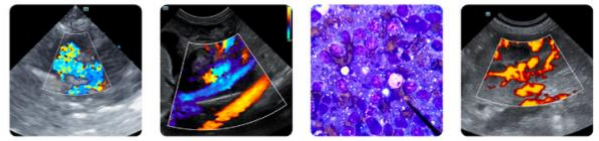
Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable.

Pancreas



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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.

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Free Abdomen

The mid-abdomen in this patient revealed an undifferentiated mixed hypoechoic and peripherally inflamed mass in the mesenteric root which appeared to be a grouping of distorted undifferentiated lymph nodes measuring up to 3.6 cm with regional hyperechoic inflammation. Some portion of cavitation was noted. The mass encompasses the mesenteric artery does not appear resectable. There is a possibility this is a non-neoplastic granulomatous lesion.

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ULTRASONOGRAPHIC FINDINGS

- Undifferentiated mesenteric mass- likely of lymph node origin. Granulomatous disease versus neoplasia, FIP is a potential.
- Age-related abdominal changes.
- Medullary rim kidneys with irregular remodeling- potential granulomatous disease versus degenerative renal disease.

AGE

9 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the mass with drainage and culture of the cystic portions is indicated. Ultrasound guided FNA of either renal cortex is also indicated. Otherwise, exploratory surgery with removal of necrotic tissue and debridement could be considered with appropriate biopsies.

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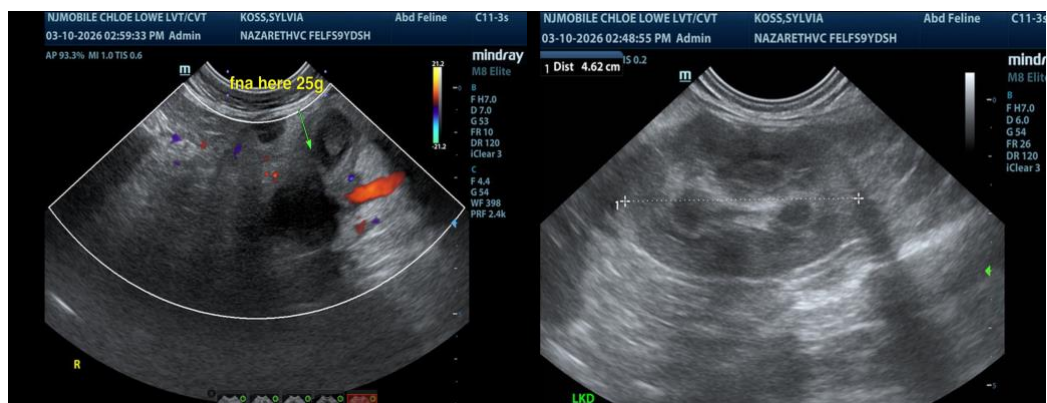
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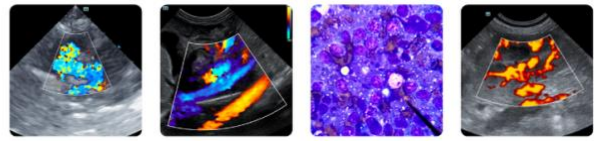
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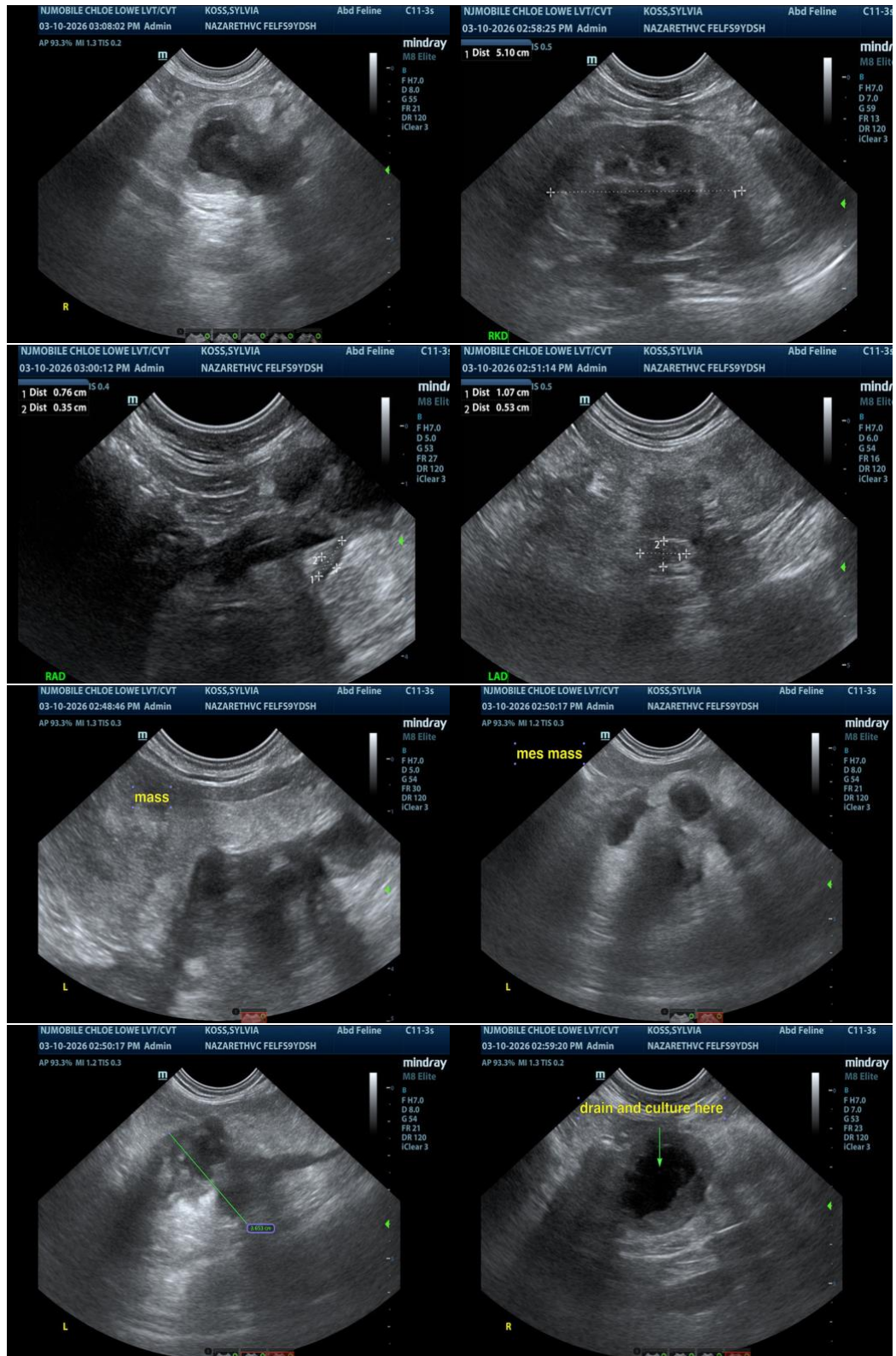
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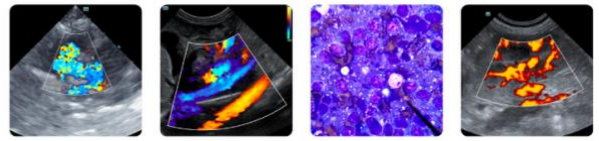
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com

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