



PATIENT

Willow Perry

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.43 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green
Veterinary Hospital

REFERRING VET

Dr. Oberer-Gerber

INVOICE

14235

DATE

03/11/26

PRESENTING CLINICAL SIGNS

- Came in 3/10 to establish care for AUS + PT/PTT for potential sampling. ABD mass noted on PE and on AXR by rDVM. P has not pooped in a few days. Yesterday pt improved some with her appetite but it is not 100% yet
- last meal was around 7:20pm last night. No C/S/D. V on Friday or Saturday
- P is lethargic but Owner feels that she is slightly improved.
- medications: Buprenorphine (0.5mg/ml) - Owner gave at 2-3:00pm yesterday. Cerenia 16mg (Maropitant) - did not give to pt at all since pt was eating. Mirtazapine - 2 days ago was last dose

Abnormal PE/Chem/CBC/UA Results: BAR/Purring for PE today. Firm mass, slightly smaller than a baseball, caudal/mid ABD with tenderness on palpation. Regular rhythm: no murmur detected. Lungs auscultate clear bilaterally, trachea clear. Muscle wasting along the epaxials and on the cranium. BCS 4/9. Multiple cheek teeth missing; those that remain have gingival recession and tartar, gingivitis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.68 cm in length. The right kidney measured 4.01 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

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** revealed a hyperechoic nodule in the mid cranial liver measuring 1.8 cm. Slight free fluid was noted between the liver lobes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

An **intestinal** mass was present measuring approximately 5.0 cm with variable areas of omental involvement. This does not appear resectable. Given the free fluid and omental involvement, this is



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extension in the undifferentiated neoplasia consistent with lymphomatosis or similar given the pleural effusion spread into the abdomen. The stomach and colon were unremarkable.

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

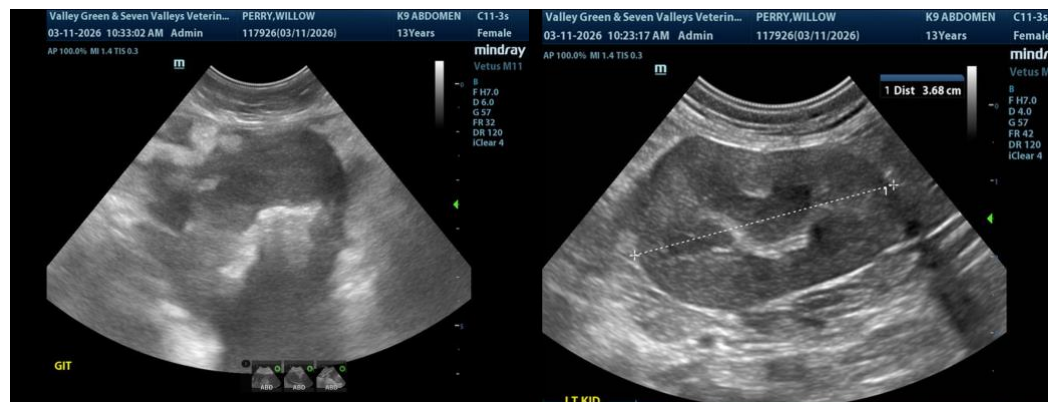
A mild amount of free fluid was noted in the abdomen. Pleural effusion was noted throughout the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Expansive irregular infiltrative intestinal mass entering into the omentum and surrounding tissues.
- Pleural effusion.
- Concurrent hepatic nodule- likely unrelated.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the undifferentiated portion of the intestinal mass and thoracic pleural effusion cytospin is indicated for further definition. Prognosis is poor.





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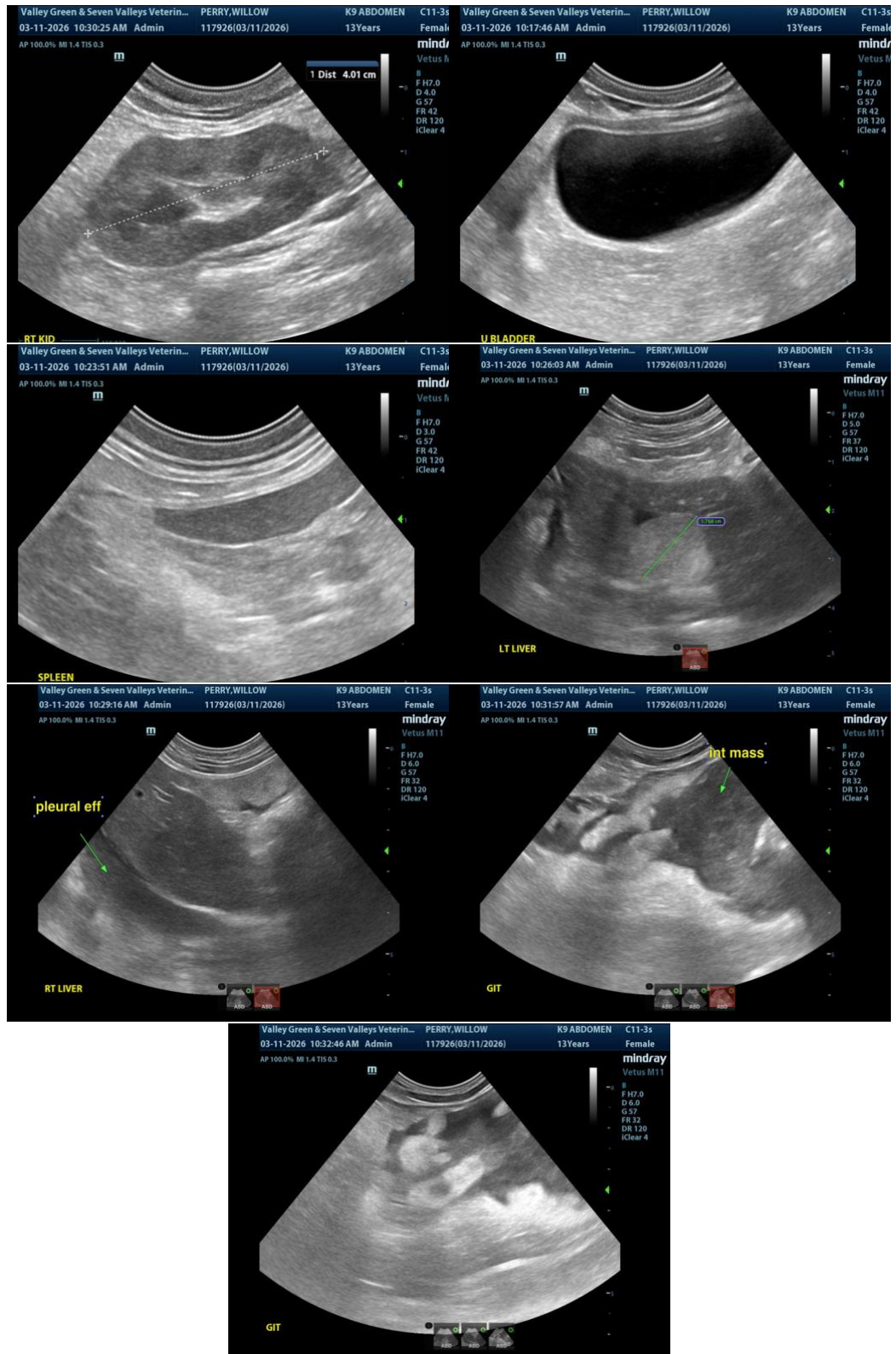
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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