



PATIENT

Nahla Dunham

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

6 years

WEIGHT

3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Vetcetera AH

REFERRING VET

Dr. Trudeau

INVOICE

73458

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- concerns for weight loss, vomiting
- large abdominal mass palpated on exam
- was unable to locate the adrenals on the ultrasound due to the large mass
- CBC - mild anemia, otherwise NSF Chem - low ALB, low ALP, low ALT; increased TP and Glob (102) U/A - NSF

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 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 3.2 cm. The right kidney measured 3.9 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evidence of pathology.

Spleen

The **spleen** was enlarged with scalloping contour and subtle, micronodular changes. The spleen measured up to 1.4 cm.

Liver

The **liver** revealed slightly increased portal markings and minor swelling. The gallbladder and common bile duct were unremarkable other than minor gallbladder polyp. Comet tail lung pattern was noted.

Gastrointestinal

A mixed, hypoechoic, 1.8 cm mass was noted deriving from the **pyloric** outflow. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. The mesenteric lymph node was enlarged,



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heterogenous and nodular measuring 2.2 x 1.2 cm. The epigastric lymph node mass was noted and measured 2.4 cm.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

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The iliac lymph nodes were prominent, yet maintained length to width ratio at 1.6 x 0.3 cm.

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ULTRASONOGRAPHIC FINDINGS

Concentric gastric mass and lymph node masses.

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Splenic enlargement.

Mesenteric lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen, lymph nodes and gastric mass would be ideal in this patient. Screening FNA of the liver is warranted for completeness. There is a strong concern for round cell neoplasia. Chest radiographs are warranted to assess for comorbidity. Given the low albumin and multi-centric process, round cell neoplasia is likely.

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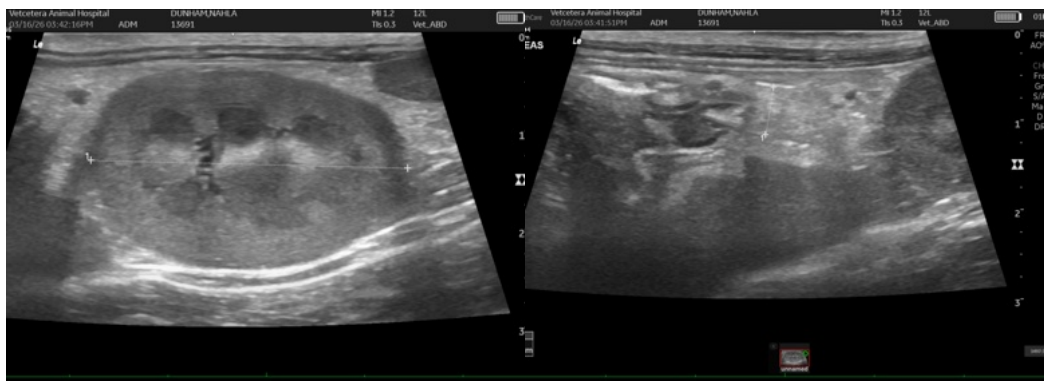
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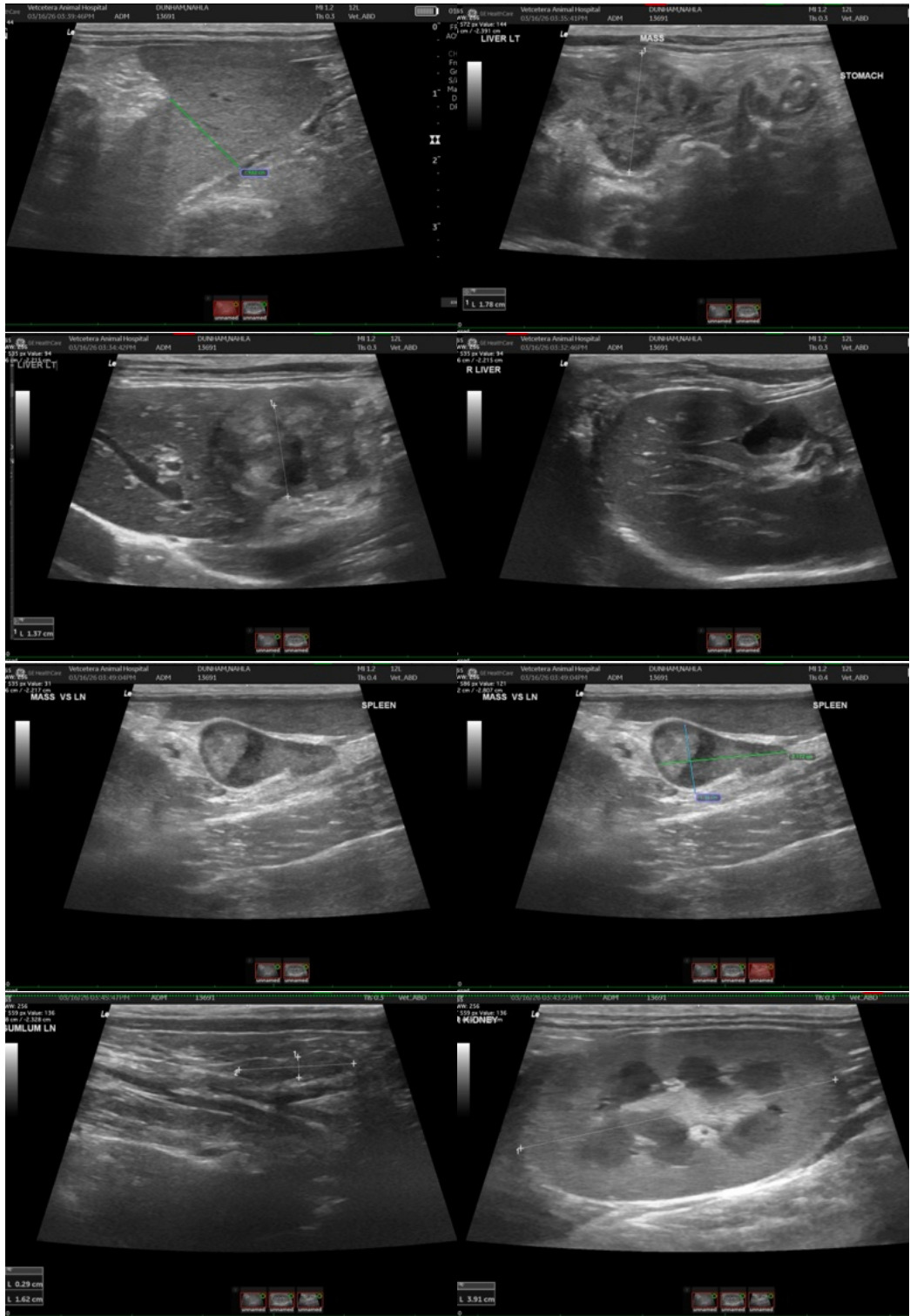
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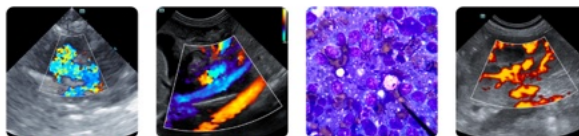
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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