



**PATIENT**

Bill Blake

**PRESENTING CLINICAL SIGNS**

Abdominal mass, organomegaly vs. others, poss. heart murmur

**SPECIES**

Feline

Mid abd mass- differentials for organ of origin include the abdominal lymph nodes, mesentery or less likely GI tract. A splenic mass is NOT highly suspected. Neoplasia such as lymphoma is prioritized.

**BREED**

DSH

Mild peritoneal effusion likely secondary to prev. borderline cardiomegaly- Differentials include hypertrophic or other cardiomyopathy

Abnormal PE/Chem/CBC/UA Results: Diag WNL, CBC HCT 23.5, HGB 8.2, WBCS 19.61, Neu 17.45, Mon 0.68, EOS 0.10, FPL Normal, T4 1.1

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

**AGE**

10 Years 4 Months

**WEIGHT**

13.8 lbs

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lb)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	13.8	180	0.4	1.6	0.45	54	87
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.6	-1.6	1.5		1.3	1.1	NM

Adapted from June Boon, Veterinary Echocardiography, 1998  
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

E-wave velocity = 0.9

**HOSPITAL NAME**

Animal Paradise Hospital

**Cardiac Presentation**

**REFERRING VET**

Dr. Elshafie

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics.. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No

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visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

**Urinary System**

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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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

**BREED**

DSH

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Hypoechoic nodular changes were noted, suggestive for metastatic disease. The left kidney measured 4.27 cm. The right kidney measured 4.79 cm.

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**Adrenal Glands**

**WEIGHT**

13.8 lbs

The **left adrenal gland** was 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. Left measured 0.30 cm.

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The region of the **right adrenal gland** was unremarkable.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**Liver**

The **liver** presented subtle hypoechoic nodular changes. Diffuse hyperechogenicity of the hepatic parenchyma noted. The gallbladder and common bile duct were unremarkable.

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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed an overt intestinal mass was noted measuring 5.0+ cm.

**Pancreas**

**REFERRING VET**

Dr. Elshafie

Extension of the neoplastic process into the region of the **pancreas** was noted.

**Free Abdomen**

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The abdomen presented multiple infiltrative lesions involving intestine, omentum and lymph nodes. Areas of free fluid noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Round cell neoplastic pattern involving the intestine, omentum, pancreas, kidneys, likely liver.
- Volume contracted spleen.
- Normal echocardiogram.



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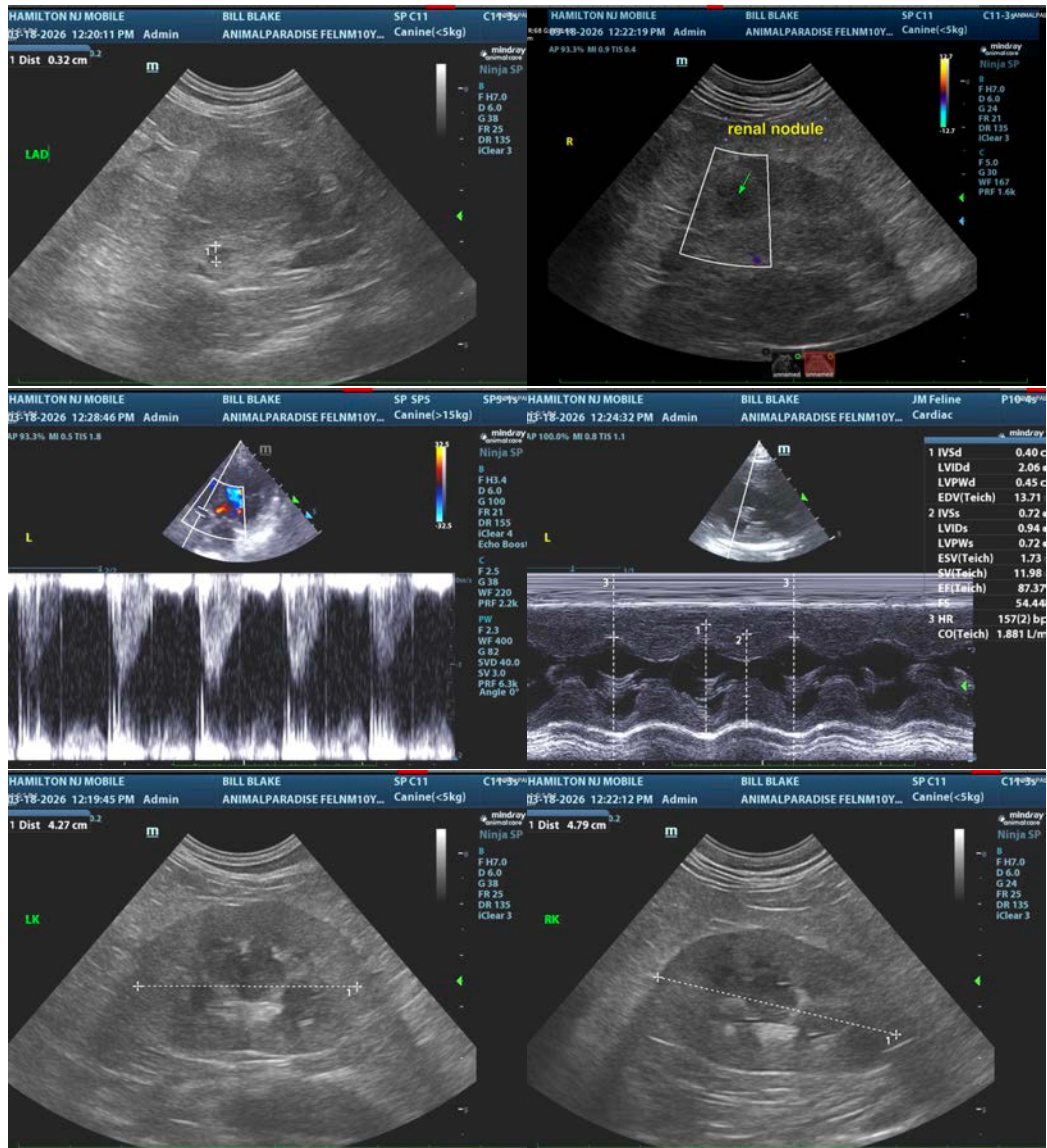
Animal Paradise  
 Hospital

**REFERRING VET**

Dr. Elshafie

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the abdominal pathology with immediate chemotherapeutic intervention recommended. However, given the extent of the pathology, prognosis is poor.



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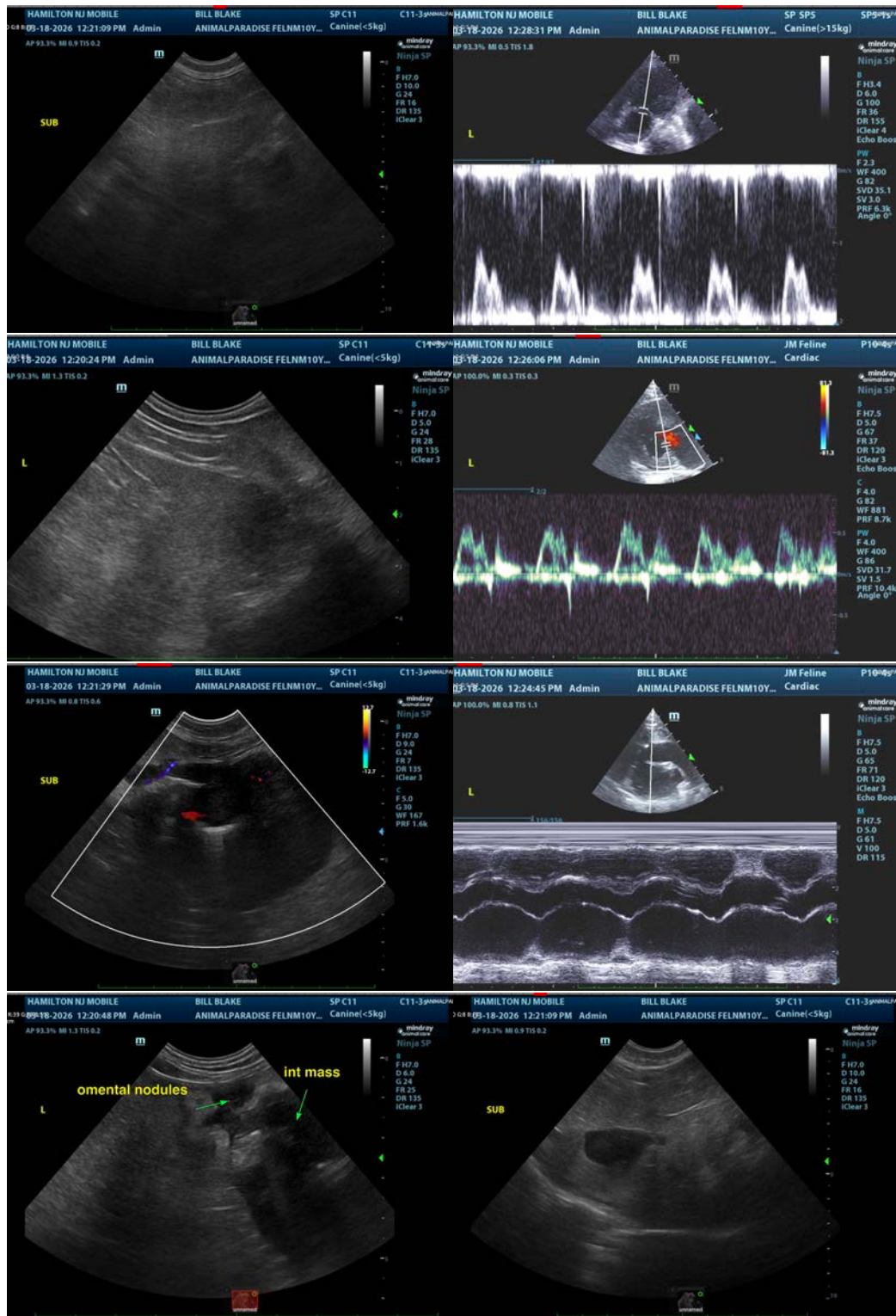
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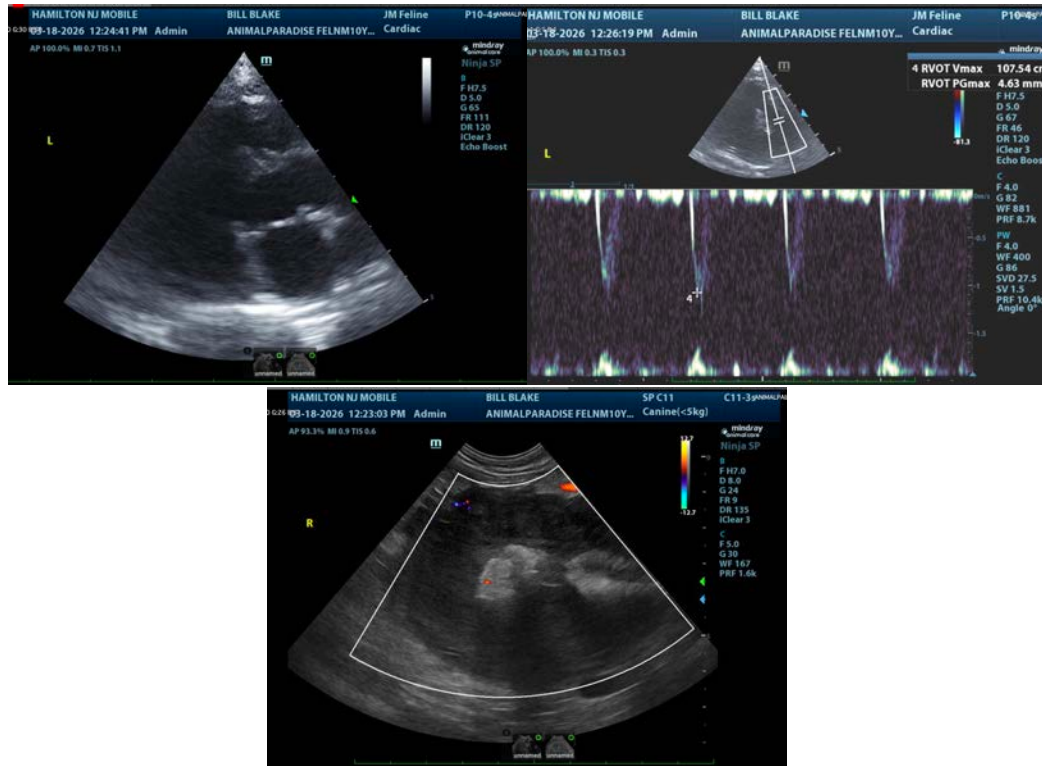
Dr. Elshafie

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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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