



PATIENT

Skittles Vogel

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years 11 Months

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Panorama Hills Animal
Hospital

REFERRING VET

Dr. Manpreet Dhaliwal

INVOICE

14448

DATE

03/19/26

PRESENTING CLINICAL SIGNS

- Presenting for multiple episodes of vomiting blood since last night. No hx of foreign body or toxin exposure/ingestion. No coughing reported and other new supplements. Indoors - so no history of being unsupervised.
- Specific hx: Presented for vomiting blood this morning, 3-4 times (coagulated blood in the vomit 3 rd time), Owner mentioned that she did not get into anything. No diet changes, but they are using different brands (Friskies, dollar store brand, Veruva) because owner thinks that she does vomit less that way. This never happened before. Did not eat anything today, not even her wet food.
- She does vomit 1-2 times before which is mostly clear fluid.
- Indoor cat sits on the porch under the supervision of the owners.
- DUDE, energy was normal until this morning.
- No medications, not been to the vet in a long time.
- Owners required financial assistance through CHS - CHS requested discount if at all possible.

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 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.1 cm in length. The right kidney measured approximately 3.0 cm in length. A cortical infarct was present in the caudal pole of the left kidney and appears stable with no evidence of active inflammation. Trace pyelectasia was noted. Cortical infarcts were noted in the right kidney as well.

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 0.40 cm width. The right adrenal gland measured 0.50 cm width.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.05 cm width and was folded upon itself caudally.

Liver



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The **liver** presented with subtle heterogenous hypoechoic nodular changes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

A **gastric** fundus mass was present measuring 3.5 cm x 2.3 cm with regional inflammation and complete loss of mural detail. The pylorus itself appeared unremarkable. Trace amounts of free fluid were present. The gastric mass entered into the gastroesophageal inlet and does not appear resectable.

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The moderate pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted. The pancreas revealed an enlarged hypoechoic rounded lymph node measuring 1.5 cm.

ULTRASONOGRAPHIC FINDINGS

- Gastric fundus mass with regional lymphadenopathy.
- Free fluid.
- Pancreatic remodeling with pancreatic nodule.
- Renal infarcts.
- Scalloped spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the gastric mass +/- accessible lymph nodes is recommended as well as spleen as early splenic and early hepatic involvement is possible. Ideally, gastric mass FNA, spleen and liver would be performed for staging purposes. Minor potential for non-neoplastic granulomatous disease, multicentric lymphoma suspected, involving stomach, lymph nodes, potentially spleen and liver.



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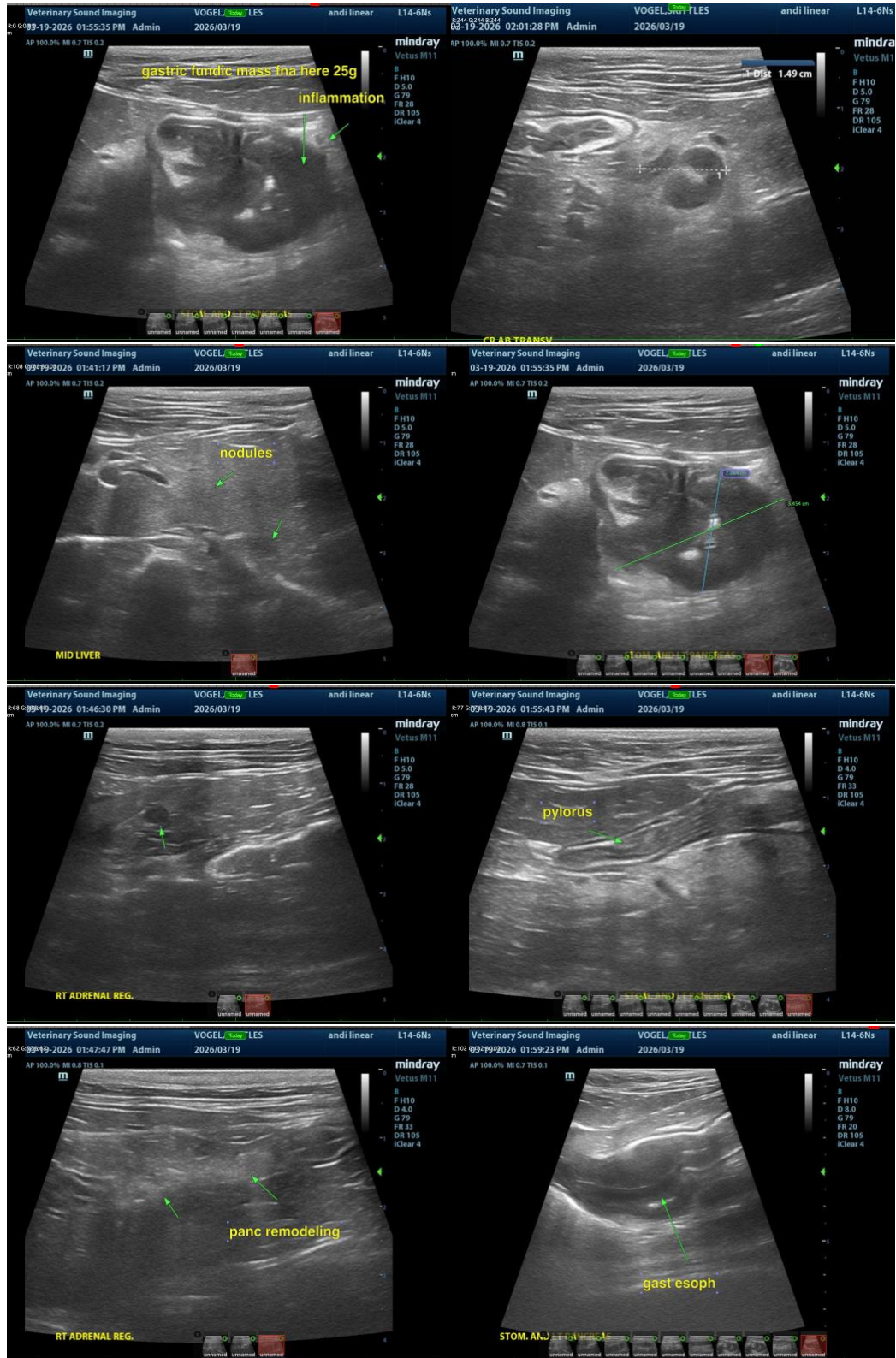
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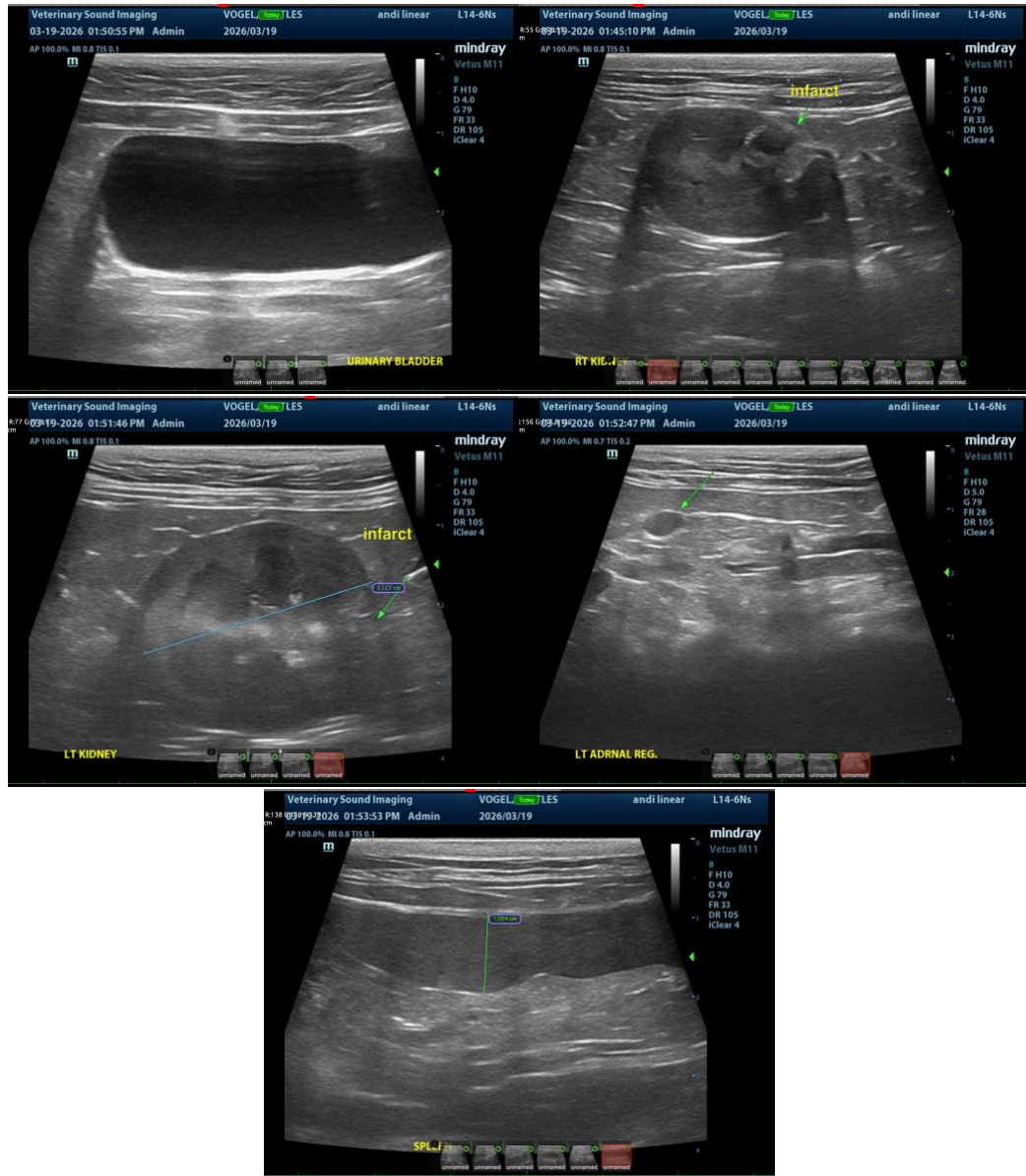
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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