



**PATIENT**

Kasha Gondek

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

11.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Giroux

**INVOICE**

96995

**DATE**

3/21/22

**PRESENTING CLINICAL SIGNS**

History: Presented to Urgent Care for acute onset vomiting (3/1/22). Vomiting resolved with Cerenia and Fortiflora. Vomiting recurs when not on Fortiflora. No weight loss.  
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/Lytes/UA: BG 235 RADS: SI wall appears thickened.

**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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.08 cm. The left kidney measured 4.07 cm.

**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 0.33 cm.

**Spleen**

The **spleen** revealed mixed hyperechoic and hypoechoic nodule noted. This is consistent with granuloma or possible round cell neoplasia. FNA of the spleen is indicated. The splenic nodule is largely non-vascular and measured 0.64 cm.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder wall is slightly echogenic.

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. Intestinal wall thickness measured 0.3 cm. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible.



<b>PATIENT</b>	No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.
Kasha Gondek	
<b>SPECIES</b>	
Feline	<b>Pancreas</b>
<b>BREED</b>	The base and limbs of the <b>pancreas</b> 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.
Domestic Shorthair	
<b>SEX</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Spayed Female	Splenic nodule, likely benign granulomatous lesion versus round cell neoplasia or less likely hemangiosarcoma.
<b>AGE</b>	Minor intestinal thickening.
13 years	Otherwise, geriatric abdomen.
<b>WEIGHT</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
11.4 lbs	FNA is warranted to ensure more significant disease is not present, yet not suspected.

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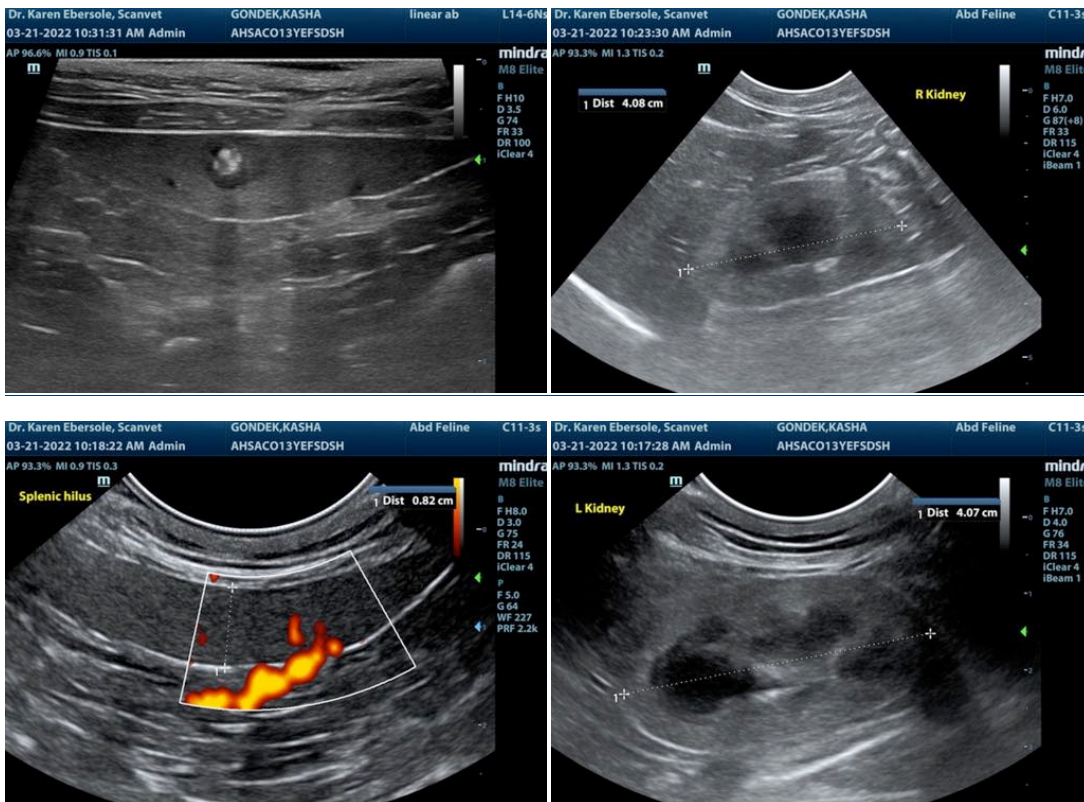
Dr. Giroux

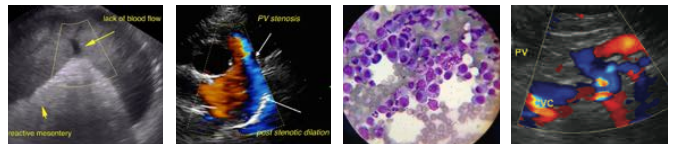
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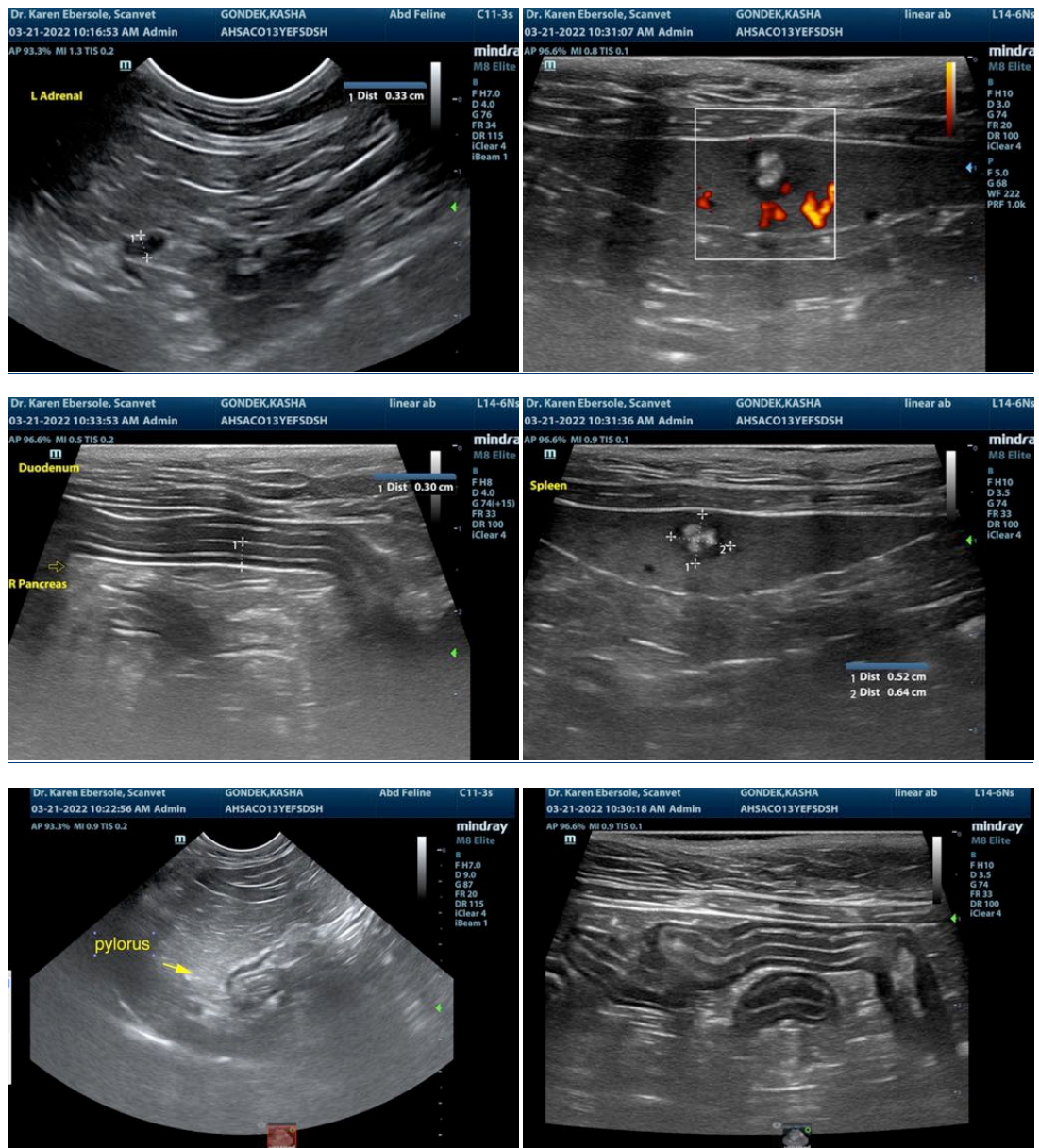
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com