



PATIENT

Charlie De La Rosa

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Morningside Animal
Hospital

REFERRING VET

Dr. Wasserman

INVOICE

14583

DATE

03/24/26

PRESENTING CLINICAL SIGNS

Presents for assessment for vomiting. Suspected abdominal mass. Sedated with 0.1ml of equal volume of the following Dexdomitor 0.5mg/ml, butorphanol 0.5mg/ml, ketamine 100mg/ml IM Patient recently diagnosed hyperthyroid. Normal TT4 (3.9) , Free t4 greater than 100 (2/2026). Started 2/2026 on Methimazole transdermal 1.25mg/click BID, at the same time, vomiting started.

Abnormal PE/Chem/CBC/UA Results: FNA of Lesion in the abdomen Pending Recheck Labs Pending

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 were noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.91 cm in length. The right kidney revealed embedded calculus measuring approximately 2.0 cm. The right kidney measured 3.86 cm in length. Corticomedullary mineralization was present in the left kidney.

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 0.38 cm width. The right adrenal gland measured 0.28 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.

Liver

The **liver** was riddled with multiple hypoechoic disruptive metastatic type masses with deviation and envelopment of the gallbladder.

Gastrointestinal

A **small intestinal** mass was noted in this patient with regional free fluid and spread into the regional omentum with lymphadenopathy. The mass measured approximately 7.0 cm. The stomach and colon were unremarkable.



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Pancreas

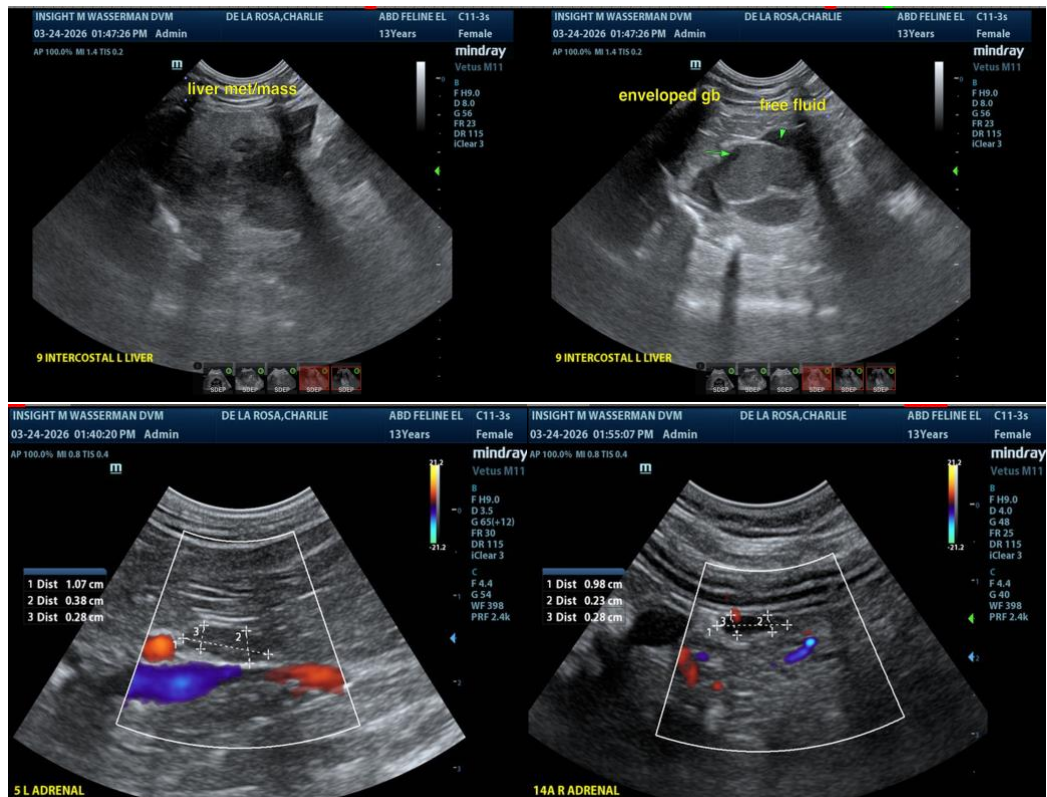
The **pancreas** was enveloped in the intestinal pathology.

ULTRASONOGRAPHIC FINDINGS

- Intestinal neoplasia spreading into the abdomen with regional lymphadenopathy.
- Metastatic pattern to the liver- round cell neoplasia is likely.
- Interstitial nephrosis pattern.
- Scalloping spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor.





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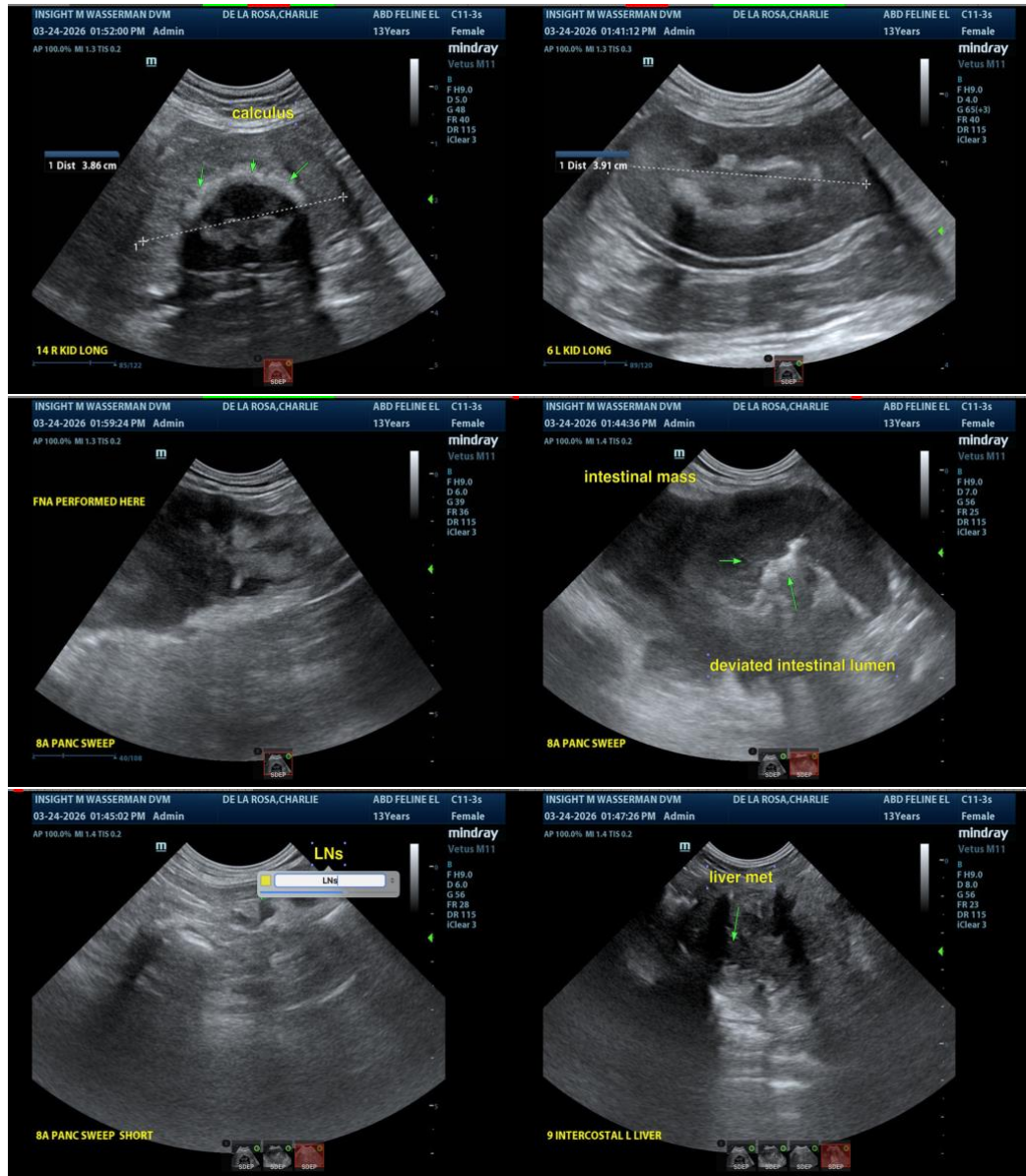
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



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