



PATIENT PRESENTING CLINICAL SIGNS

Lucky Cepaitis

History: Referred from another practice. History of intermittent vomiting and mass palpated in abdomen. No recent weight loss. Eating still. Last vomiting episode 3 days ago
Abnormal PE/Chem/CBC/UA Results: Bloodwork performed at the other practice 2/21/23 was within normal limits

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

8.5 lbs

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. Slight pinpoint mineralization was noted. The right kidney measured 3.22 cm. The left kidney measured 3.03 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 right adrenal gland measured 0.2 cm. The left adrenal gland measured 0.25 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Nelson

HOSPITAL NAME

Valley VS

REFERRING VET

Dr. Nelson

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

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DATE

3/6/23



PATIENT

Gastrointestinal

Lucky Cepaitis

A **gastric** mass was noted in this patient and measured 6.2 cm. Complete, undifferentiated mural changes were noted. Variable small intestinal thickening was noted elsewhere without neoplastic criteria. Regional inflammation was noted. Significant blood flow was noted to the gastric pathology.

SPECIES

Feline

Pancreas

BREED

Domestic Shorthair

The base and limbs of the **pancreas** 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.

SEX

Spayed female

Free Abdomen

Minor free fluid was noted around the gastric pathology.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

Gastric mass, strongly consistent with lymphoma. Fibroplasia and granulomatous disease is unlikely, yet technically possible. Regional inflammation and secondary pancreatic inflammation also appeared present.

WEIGHT

8.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA is recommended in this patient.

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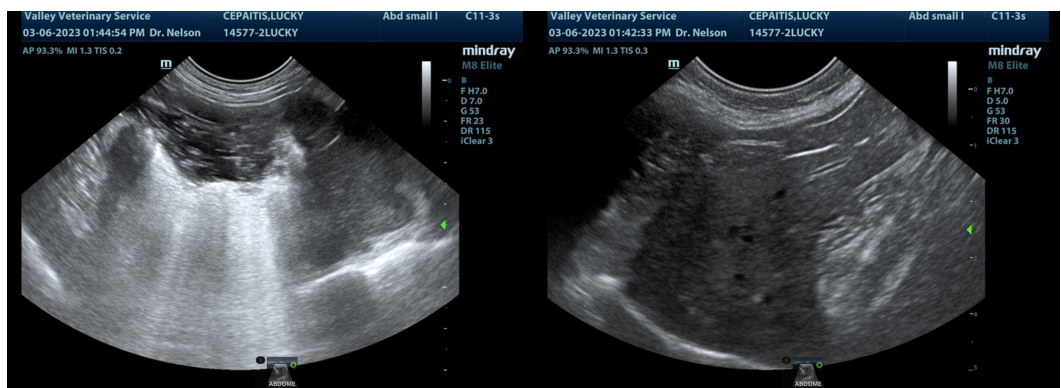
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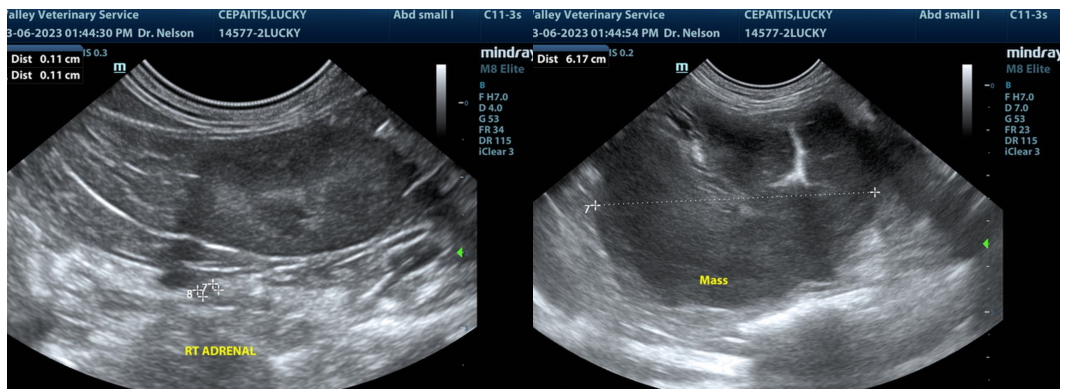
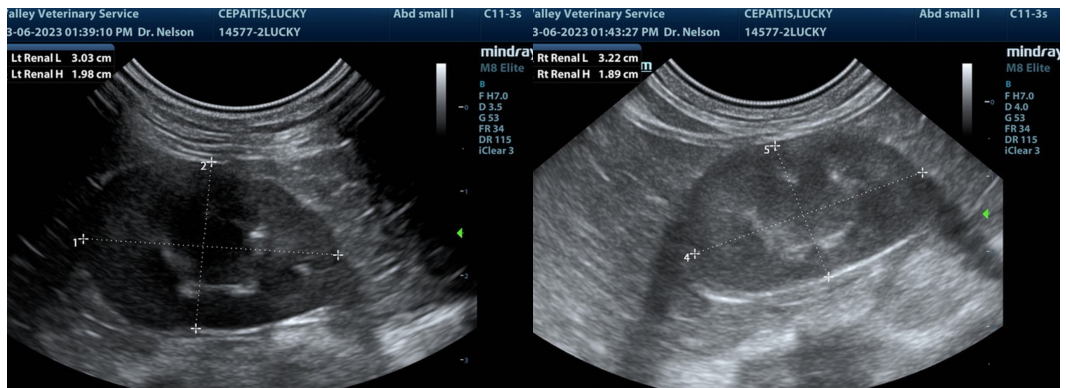
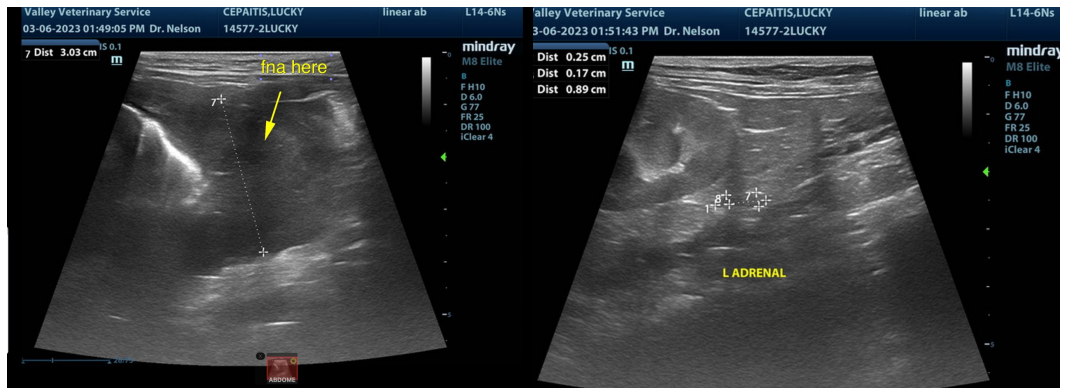
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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