

PATIENT

Margot Marin

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years 2 Months

WEIGHT

5.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Summit Dog & Cat
Hospital

REFERRING VET

Dr. Amy Baker

INVOICE

14172

DATE

03/09/26

PRESENTING CLINICAL SIGNS

- BCS 1/9
- Wt. loss, appetite loss, vomiting
- Underweight, weak
- Slightly pale MM
- Current medications - Cerenia

Abnormal PE/Chem/CBC/UA Results: Amylase 1500 (H) T.P - 5.1 (L) Na/K Ratio (L) Lymph 19% (L) RBC 4.9 (L) HCT 27 (L) Hgb 7.9 (L)

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** revealed mild to moderate degenerative renal changes with cortical remodeling, particularly in the left kidney. Corticomodullary definition was maintained. The left kidney measured 3.04 cm in length. The right kidney measured 3.83 cm in length.

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 0.34 cm width. The right adrenal gland measured 0.45 cm width.

Spleen

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

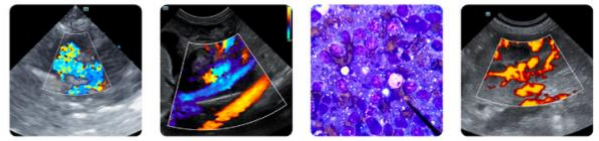
Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed concentric wall thickening with loss of mural detail measuring up to 0.70 cm. Lesions were concentric occupying the majority of the stomach to the pyloric outflow. The small intestine and colon were unremarkable. A slight amount of free fluid was noted.

Pancreas



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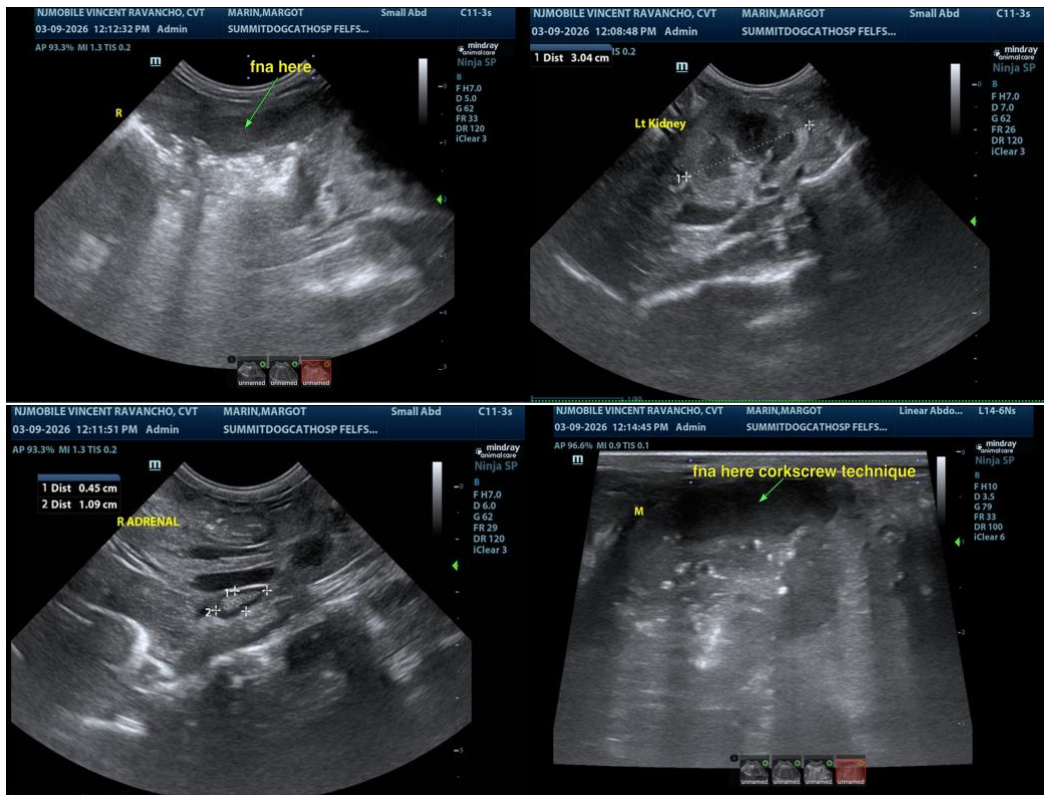
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

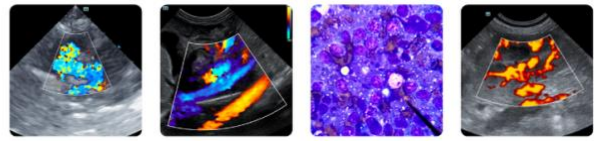
ULTRASONOGRAPHIC FINDINGS

- Infiltrative gastric pattern- strongly consistent with gastric lymphoma. Granulomatous disease is possible yet less likely.
- Age-related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI blood loss may be an issue or concurrent bone marrow disease. CBC path and bone marrow aspirate and chest radiographs are all indicated.





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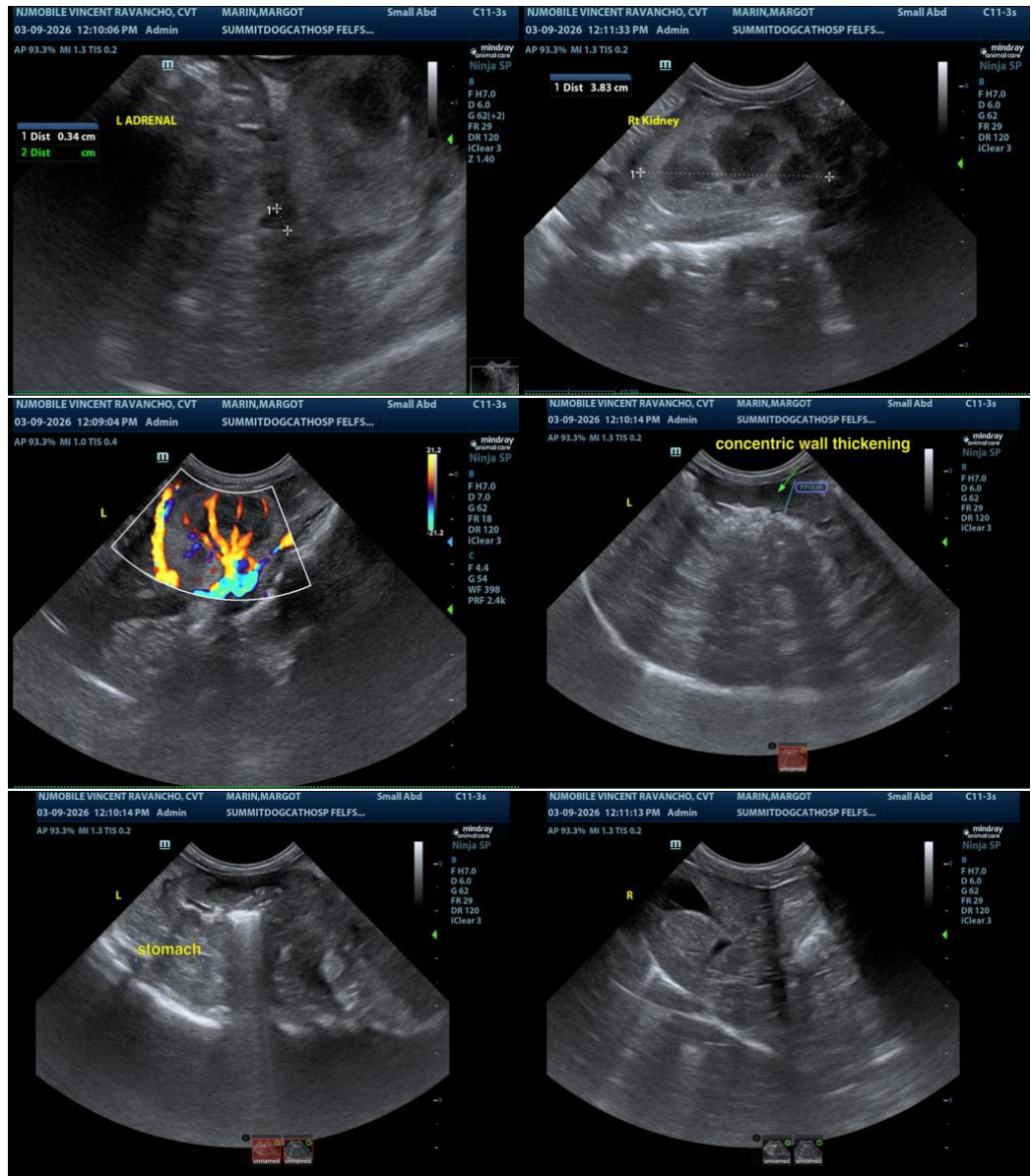
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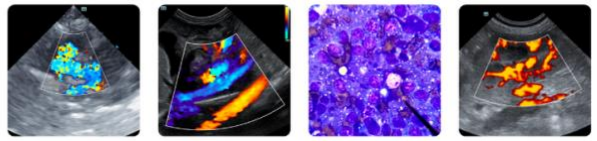
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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