



PATIENT

Blacky Vargas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

8.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christine Barnhorst

HOSPITAL NAME

Walker Valley VH

REFERRING VET

Dr. Barnhorst

INVOICE

74538

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Chronic vomiting cat since a kitten
GI workup including ultrasound in 2023- NSF per O

- O has noticed in the past 1-1 1/2 months more vomiting and weight loss and decreased appetite.
Abnormal PE/Chem/CBC/UA Results: Large abdominal mass in abdomen resorptive lesions in teeth
Senior profile - Neutrophils 11.5K, monocytes 1.2K, T4 = 1.8, Chem - WNL, UA SG = 1.055, prot = 3, PH = 7, 6 RBC/HPF

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. Slight pinpoint mineralization was noted. The right kidney measured 4.5 cm. The left kidney measured 4.1 cm.

The iliac trifurcation was unremarkable.

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.

Spleen

The **spleen** was mildly enlarged and measured 1.3 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The portal vein, vena cava and common bile duct were all normal. The gallbladder presented acceptably thin walls with primarily anechoic content.



PATIENT

Blacky Vargas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

8.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christine Barnhorst

HOSPITAL NAME

Walker Valley VH

REFERRING VET

Dr. Barnhorst

INVOICE

74538

DATE

4/16/26

Gastrointestinal

The **stomach** in this patient was over distended. The gastric fundus was chyme filled. This is consistent with post prandial presentation. The gastric fundus also presented with variable thickening. If the patient was n.p.o. at the time of the sonogram then delayed outflow is likely an issue. This obscured some visibility of the pancreas and cranial abdomen. The pylorus in this patient revealed a focal, thickening in SDEP 13 position. The thickening created a stricturing pattern that measured 1.5 x 1.3 cm. This is causing delayed outflow pattern. Other portions of intestinal thickening was noted in the distal small intestine with loss of mural detail. A regional lymph node was enlarged and just caudal to the pylorus measuring 1.3 cm. Multiple mesenteric lymph nodes were enlarged, rounded and hypoechoic measuring up to 3.0 x 2.0 cm. The lymph node cluster revealed a midabdominal mass that measured 4.4 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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.

Free Abdomen

Slight free fluid was noted between the liver lobes and was adjacent to the pylorus.

ULTRASONOGRAPHIC FINDINGS

Multi-centric GI lymph node based lymphoma pattern with delayed outflow.

Free fluid.

Splenic enlargement.

Age related pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**Note all the images were tripled and greatly increased the file size.

There is a strong concern for emerging round cell neoplasia/lymphoma. Ultrasound-guided FNA with immediate chemotherapeutic intervention is recommended.



PATIENT

Blacky Vargas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

8.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christine Barnhorst

HOSPITAL NAME

Walker Valley VH

REFERRING VET

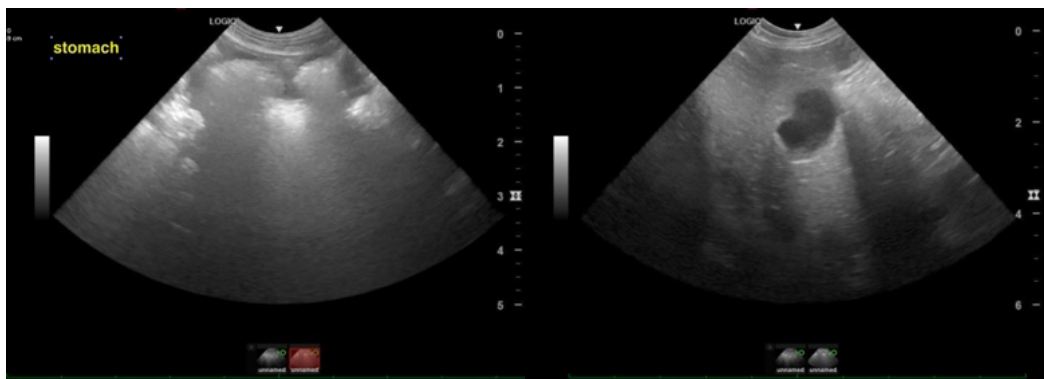
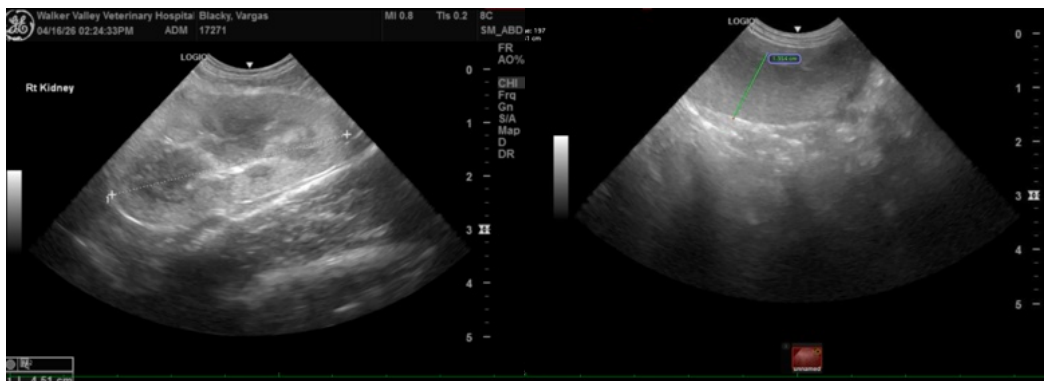
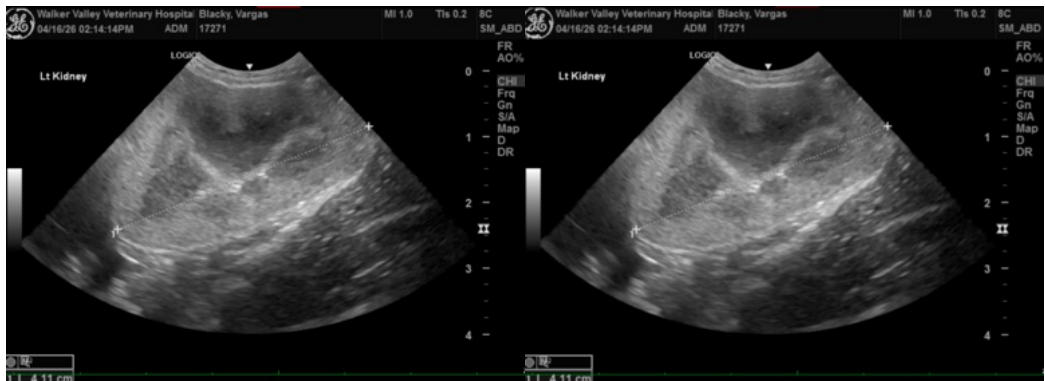
Dr. Barnhorst

INVOICE

74538

DATE

4/16/26





PATIENT

Blacky Vargas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

8.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christine Barnhorst

HOSPITAL NAME

Walker Valley VH

REFERRING VET

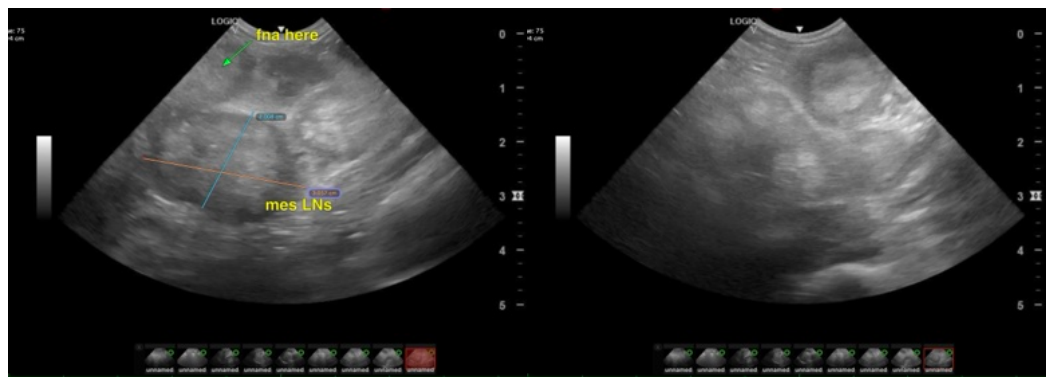
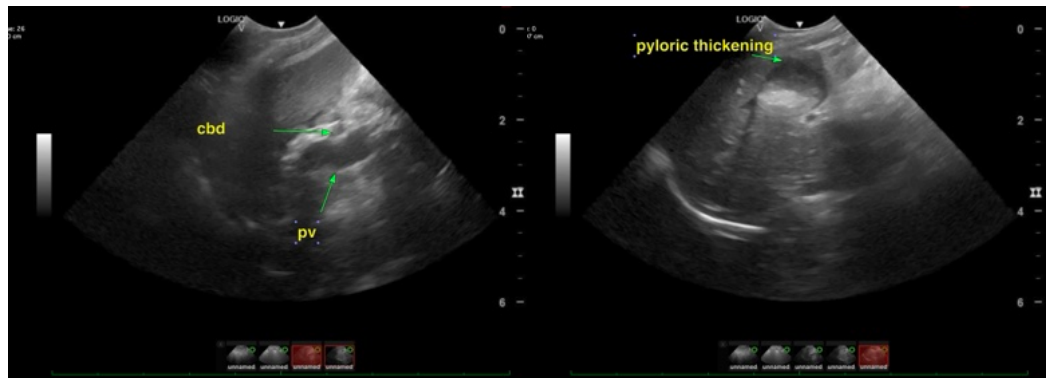
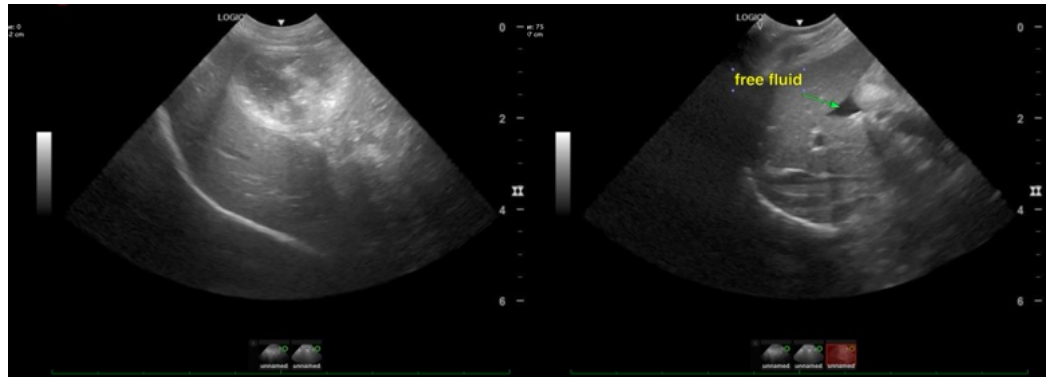
Dr. Barnhorst

INVOICE

74538

DATE

4/16/26





PATIENT

Blacky Vargas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

8.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christine Barnhorst

HOSPITAL NAME

Walker Valley VH

REFERRING VET

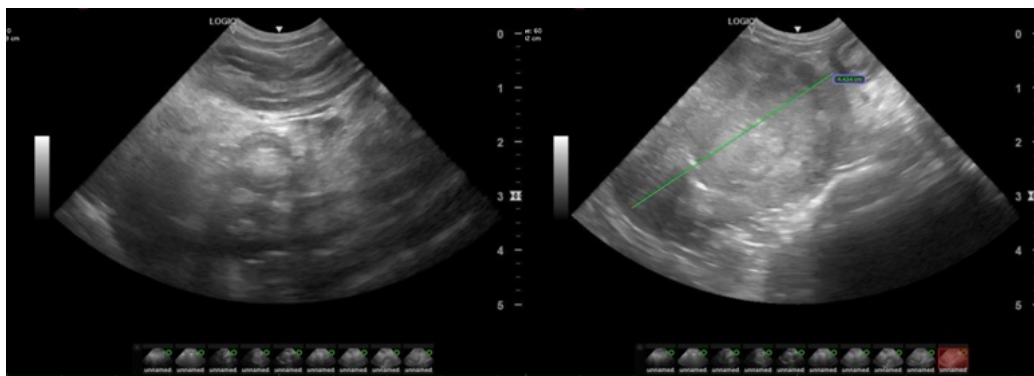
Dr. Barnhorst

INVOICE

74538

DATE

4/16/26



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 of SonoPath.com

info@SonoPath.com