



PATIENT

Sunny Schafer

SPECIES

Feline

BREED

Siamese Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

12 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

36819

DATE

4/26/26

PRESENTING CLINICAL SIGNS

History: P has had a HX of vomiting for the past 8 months intermittent. However O is concerned due to the fact around that time P had an ACL repair then the same back Left leg was amputated. P is an indoor only cat. Aycock vet his P's primary and they recommended to have a AUS done.

Abnormal PE/Chem/CBC/UA Results: Abd/GI: Soft, non-painful. No masses or fluid wave palpated
Assessment: Chronic intermittent vomiting: r/o IBD vs. food intolerance vs. pancreatitis vs. gastritis vs. other.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 left kidney measured 3.4 cm. The right kidney measured 3.6 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** revealed slight irregular contour.

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 **gastric** fundus presented focal thickening with loss of mural detail. Gastric wall thickness measured up to 0.94 cm. This appeared to be a sectorial region. An epigastric lymph node was mildly enlarged, measuring up to 1.8 cm. A portion of intestine appeared to be thickened as well without loss of mural detail. Intestinal wall thickness measured up to 0.46 cm in the jejunum. The submucosa layer was intact. Variable other areas of small intestinal thickening was noted. The colon was unremarkable.



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Pancreas

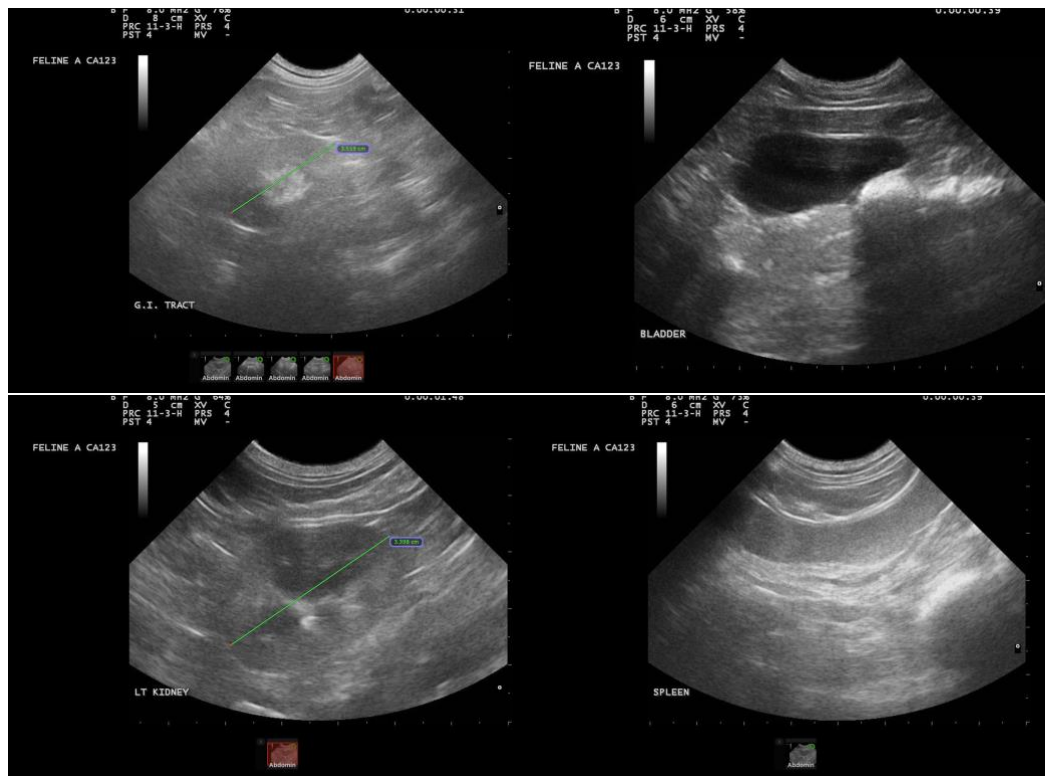
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Variable gastrointestinal thickening, strong concern for emerging round cell neoplasia with slight epigastric lymphadenopathy.
- Slight irregular splenic contour
- Age-related renal and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness gastric and intestinal biopsies with lymph node biopsy are all indicated for further definition. No evidence of free fluid or overt masses. Prognosis is guarded.





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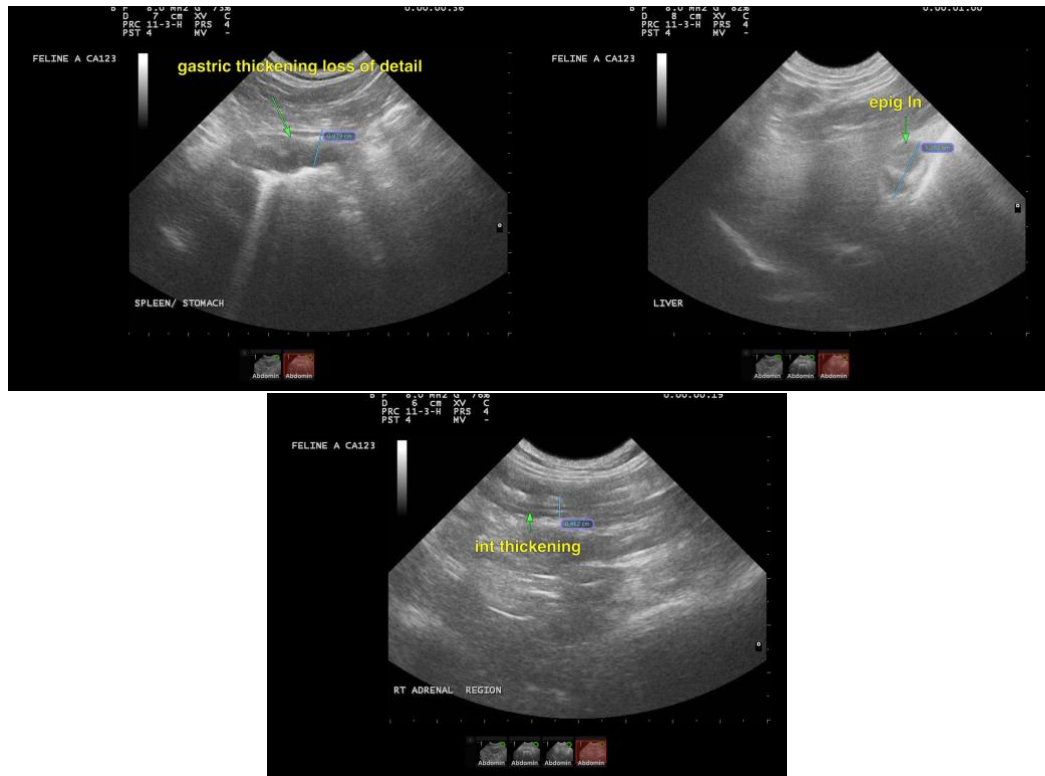
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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