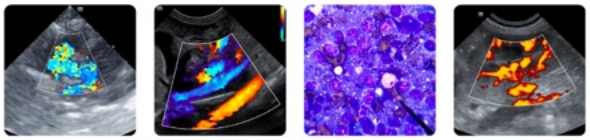

PATIENT

Spade Dominguez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

9.9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Van Vliet

HOSPITAL NAME

Veterinary Center of Hardyston

REFERRING VET

Dr. VanVliet

INVOICE

74925

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: Exam showed moderately pale gums, anemia on blood work, suspect firm mass in cranial abdomen when sedated. interested if it is surgical. Owner states patient has no behavior changes at home doing well.
HCT 20 29 - 48 % LOW Neutrophils 76 35 - 75 % HIGH Monocytes 6 1 - 4 % HIGH Absolute Lymphocytes 1023 1200 - 8000 /UL LOW Platelet Count 89 200 - 500 X1000/UL LOW Few small platelet clumps observed. This may falsely lower the platelet count and estimate. RBC 3.3 5.92 - 9.93 1000000/UL LOW HGB 6.4 9.3 - 15.9 G/DL LOW

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. The right infarcts revealed cortical infarcts and mineralization. The right kidney measured 2.6 cm. The left kidney 2.92 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.

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

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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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and pylorus were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A mixed, hypoechoic, undifferentiated mass was noted and appears to be deriving from the distal intestine or ileocecal junction. The mass is undifferentiated and measures 5.5 x 4.7 cm. Regional omental extension was noted and slight free fluid emerging into lymphomatosis, carcinomatosis type presentation with omental involvement. Variable small intestinal thickening was noted elsewhere.

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

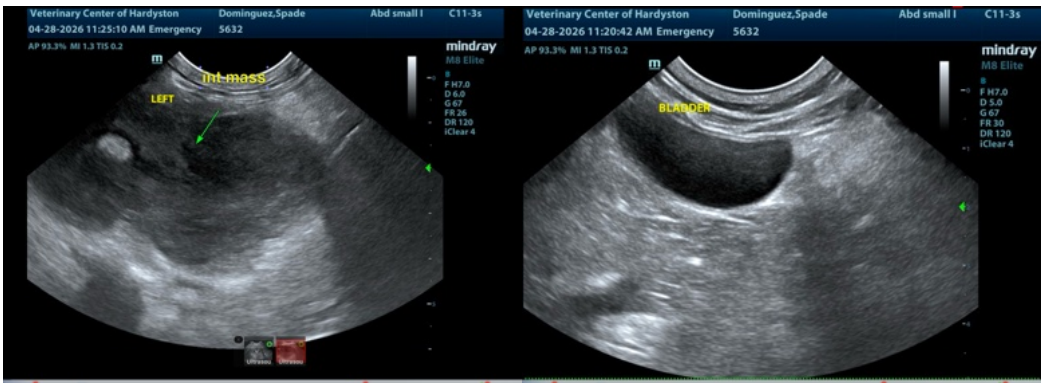
Distal small intestinal mass involving the regional omenum and potentially the pancreas.

Dystrophic kidneys.

Moderate degenerative changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass and chemotherapeutic intervention is recommended. Given the anemia, underlying bone marrow involvement may be an issue. Chest radiographs are warranted to assess for metastatic disease.



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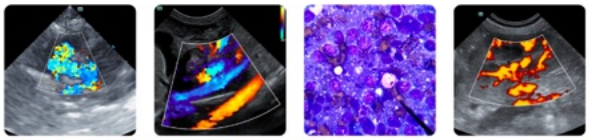

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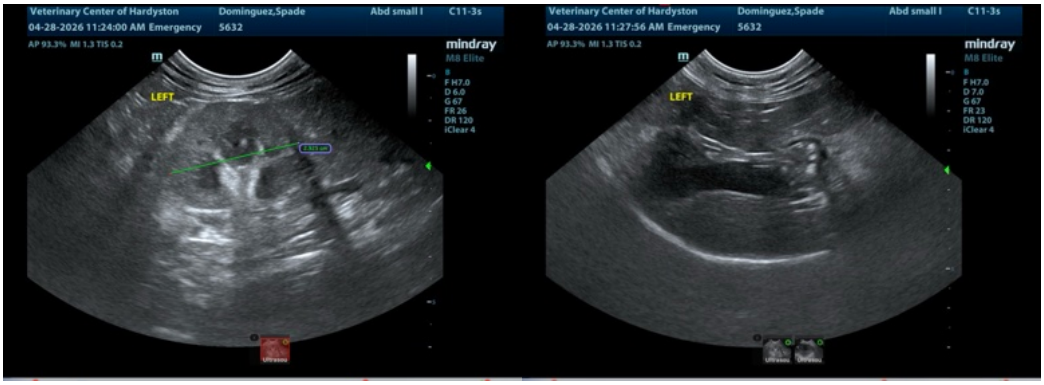

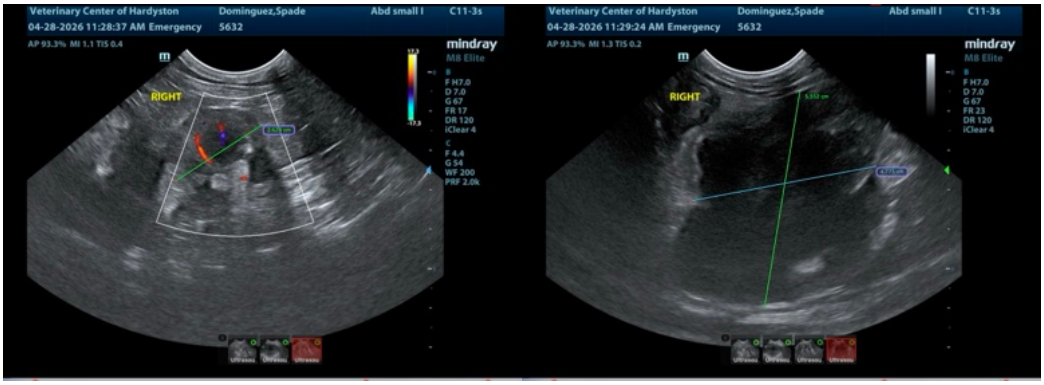

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com