



PATIENT

Missy Perez

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

10 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho
LLC

REFERRING VET

Dr. Michael Schacher

INVOICE

15577

DATE

04/29/26

PRESENTING CLINICAL SIGNS

Concerns for mural mass from rDVM - referred to ultrasound

Abnormal PE/Chem/CBC/UA Results: painful at level of mural mass, otherwise unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

The image set indicates 'Peaches' Perez.

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pinpoint mineralizations were noted. The left kidney measured 4.0 cm in length. The right kidney measured X cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** presented enlarged and folded upon itself caudally with scalloping contour measuring 1.4 cm width.

Liver

The **liver** presented swollen with irregular contour and increased portal markings with hypoechoic parenchyma compared to falciform fat. The hepatic veins were dilated as was the vena cava consistent with passive congestion.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. The stomach revealed retention of ingesta. The epigastric lymph node was mildly enlarged.

Pancreas



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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.

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Free Abdomen

Free fluid was present in the abdomen. A mid abdominal mass of lymph node origin was present and undifferentiated measuring up to 3.7 cm width x 6.0 cm length. Reactive mesentery was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Multicentric round cell neoplastic pattern involving the lymph nodes, intestine, possibly liver and likely the spleen.
- Gastric ingesta with enlarged epigastric lymph node.
- Age-related renal changes with slight pinpoint mineralizations.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the primary lymph node mass as well as the spleen and liver is recommended for further definition. Chest radiographs to assess for concurrent metastatic disease. However, this presentation particularly is an aggressive multicentric round cell neoplastic pattern.

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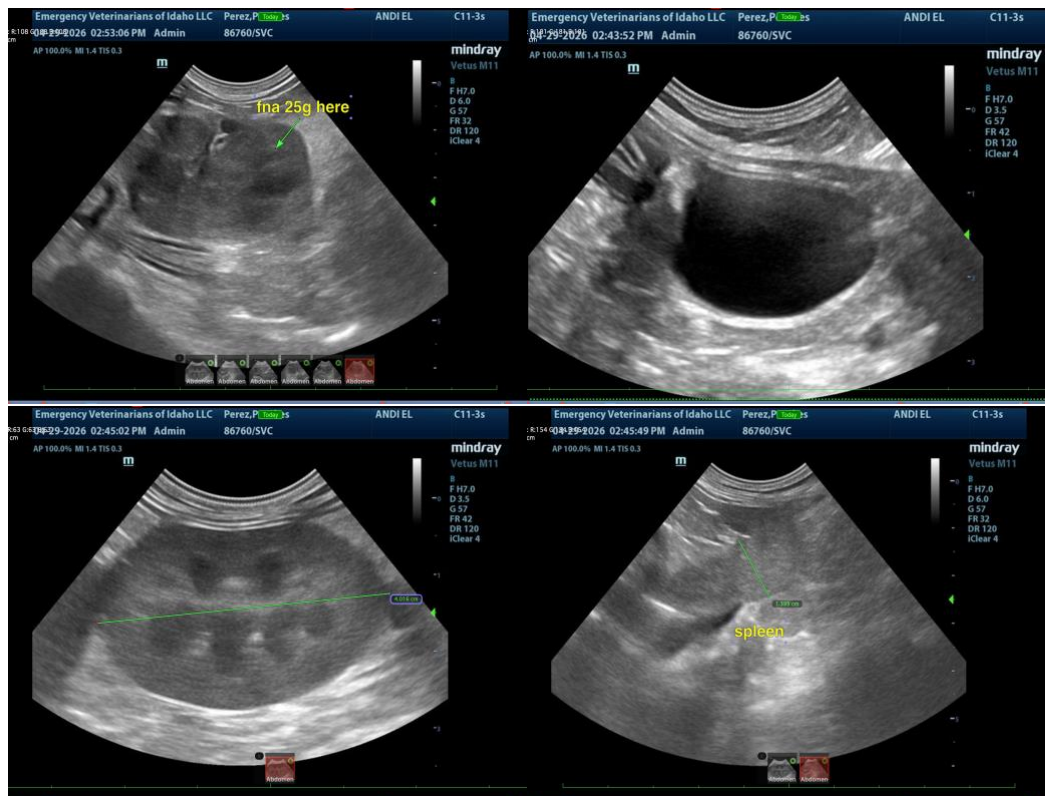
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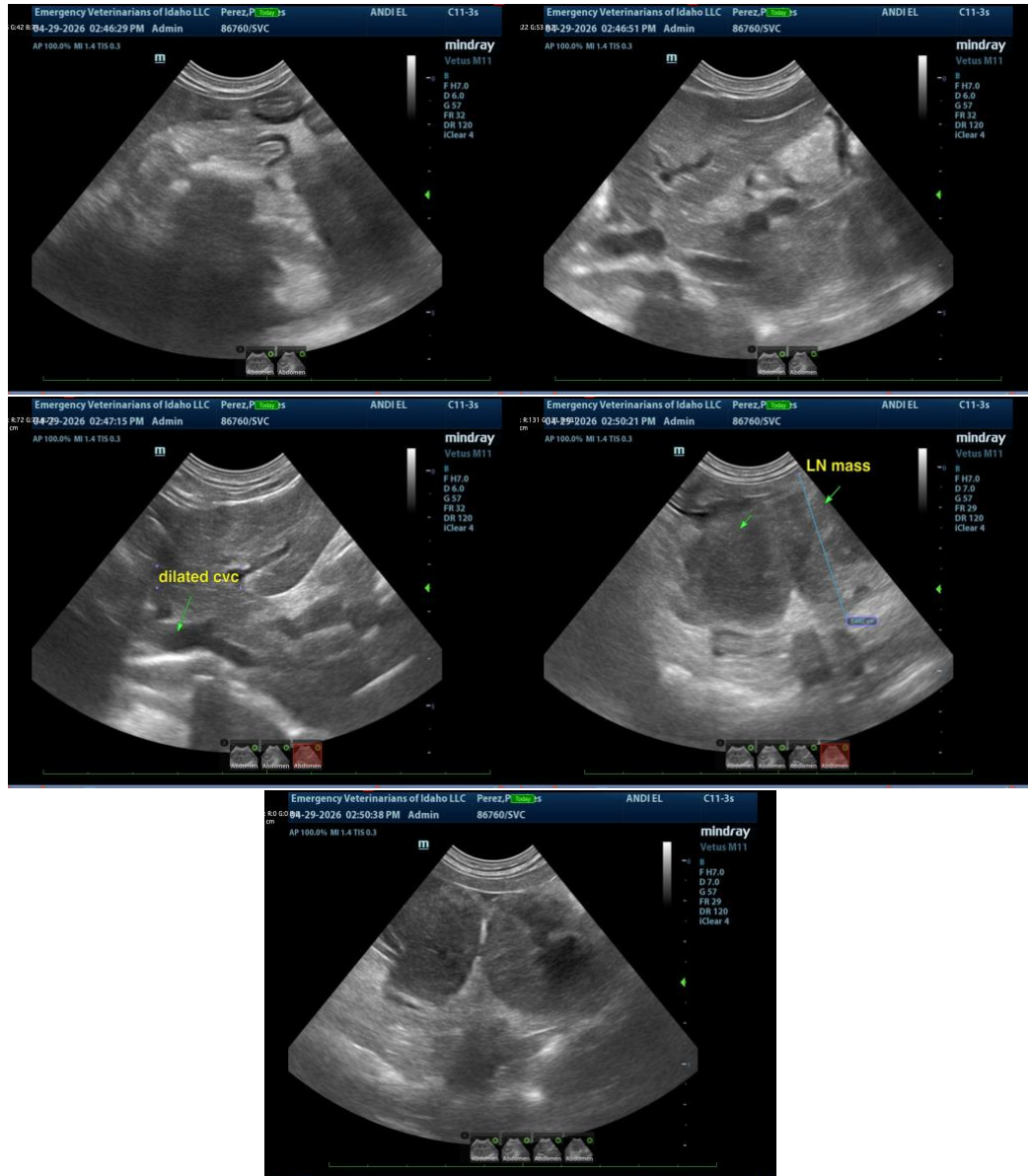
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



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