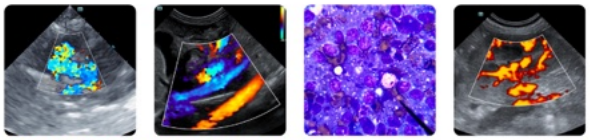

PATIENT

Piggy Matz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 ½ years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cassie Quillen

HOSPITAL NAME

Zumbrota VC

REFERRING VET

Dr. Cassie Quillen

INVOICE

75001

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Presented to rDVM for history of inappetence, vomiting, and weight loss. Semisoft stools with defecation outside the litter box. Hyperthyroid disease was diagnosed and methimazole tablets were started. No improvement in symptoms.
Abnormal PE/Chem/CBC/UA Results: rDVM - 3/14/26: PE - no significant abnormalities noted CBC: mild anemia (HCT 31.64%) Chem: mildly low albumin (2.0) TT4: 4.9 rDVM - 4/17/26: PE - significant weight loss, painful on abdominal palpation TT4: 3.4 4/29/26: PE - mm pale, 5% dehydrated, missing several teeth, painful/reactive on palpation of the mid/caudal abdomen, unable to fully assess, grade 3/6 systolic murmur

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 left kidney measured 3.24 cm. The right kidney measured 3.3 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. The left adrenal gland measured 0.38 cm. The right adrenal gland measured 0.33 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.1 cm.

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Liver

The **liver** was swollen and irregular in contour. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The hepatic lymph nodes were mildly enlarged measuring up to 0.5 cm.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable areas of small intestinal thickening were noted. A mixed, hypoechoic, peripherally inflamed 2.5 x 1.6 cm mass was noted in the distal small intestine or proximal colonic. The mass extends approximately 4+ x 2.5 cm wide.

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 or proximal colonic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The exact location of the mass could not be ascertained and appeared to be either distal small intestinal or proximal colonic. The spleen and liver appear infiltrative as well. Ultrasound-guided FNA of the spleen, liver and intestinal mass are all indicated with immediate chemotherapeutic intervention. Chest radiographs are warranted to assess for comorbidities.

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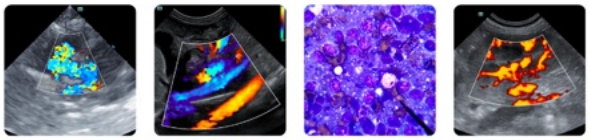

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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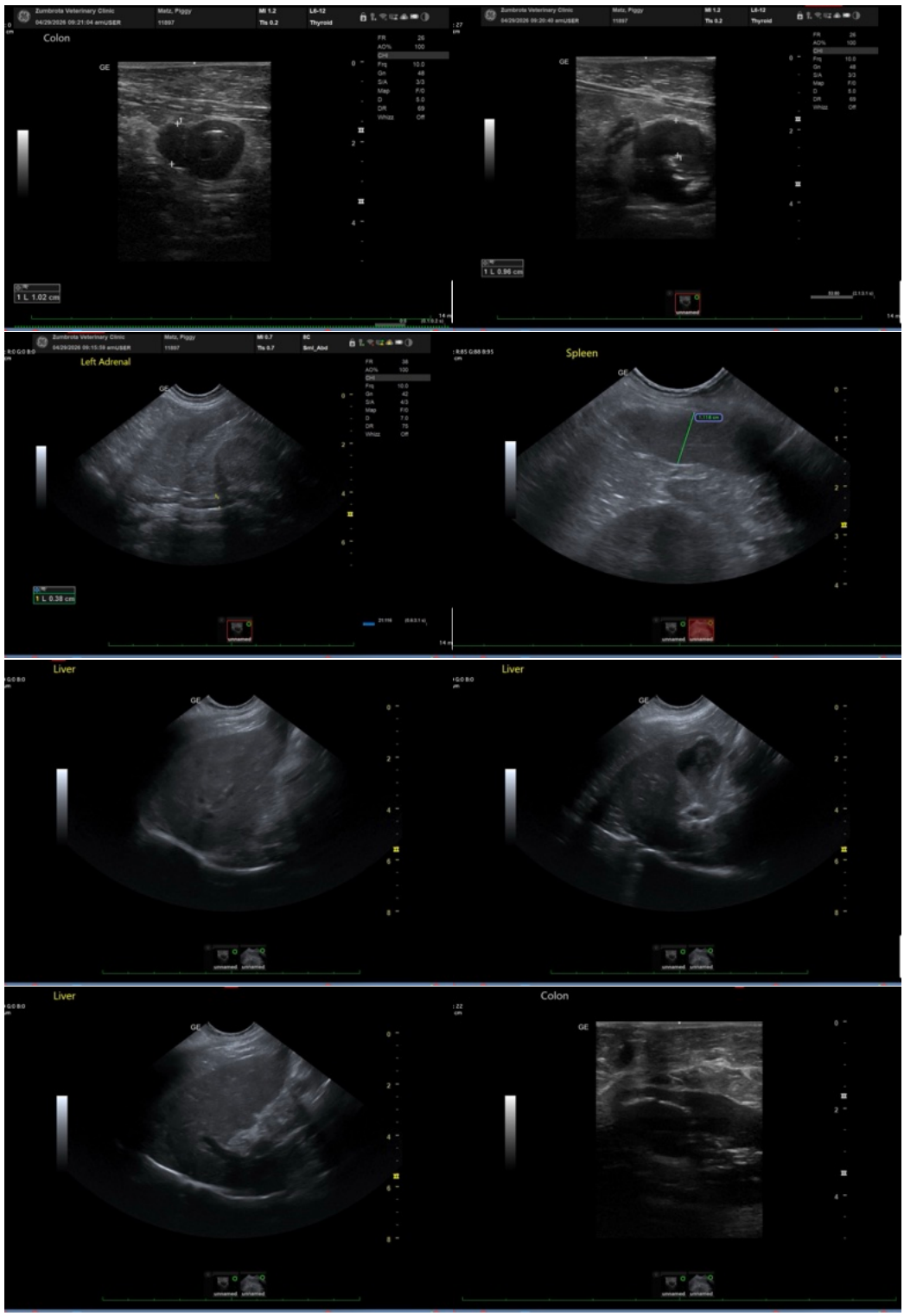
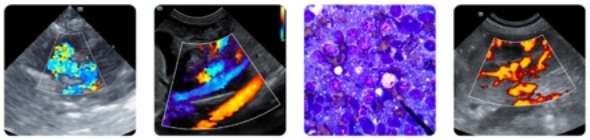


The information and recommendations provided are based on the images presented by the



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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