



PATIENT

Cora Eastman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beachy

HOSPITAL NAME

Linn VH

REFERRING VET

Dr. Beachy

INVOICE

74151

DATE

4/3/26

PRESENTING CLINICAL SIGNS

- Pt vomits after eating - past 8-10 months
- Lethargy after vomiting
- Pending bloodwork results Radiographs - possible enlarged spleen noted today Normal PE

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.9 cm. The right kidney measured 4.2 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** 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 1.2 cm in width.

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 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.



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Gastrointestinal

The **pylorus** revealed a fluid filled lumen. There was no evidence of foreign bodies or gross mural changes. This is a common finding with non-specific gastric irritation. Minor intestinal thickening was noted with reactive mesentery.

Pancreas

The **pancreas** was prominent and hypoechoic. Subjectively the pancreas was swollen.

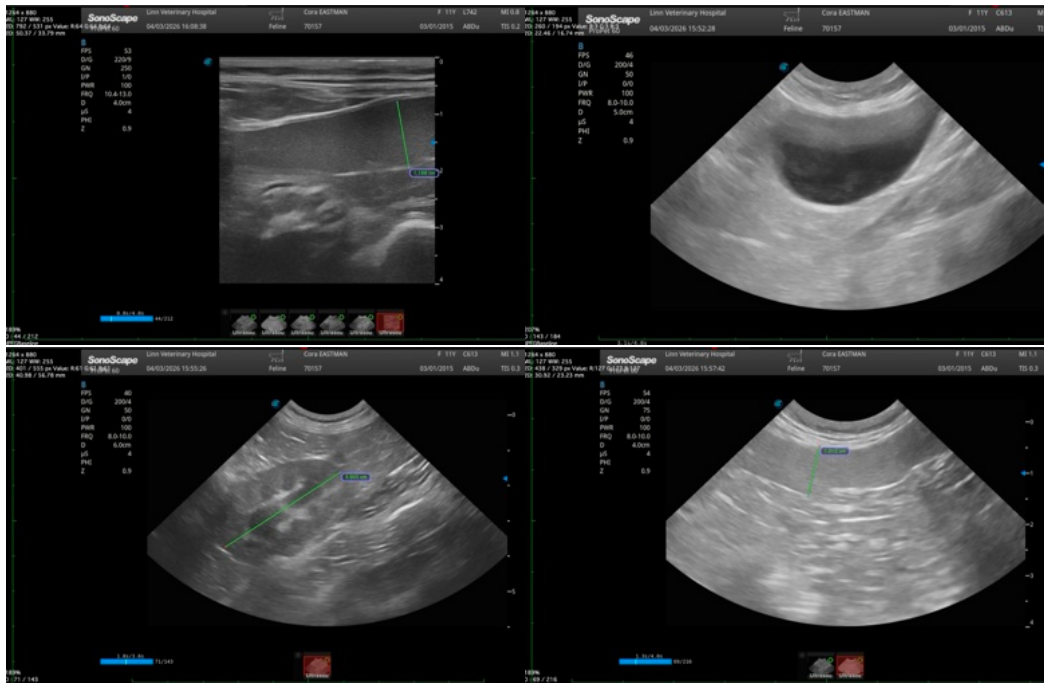
ULTRASONOGRAPHIC FINDINGS

Non-specific gastroenteritis with possible low-grade pancreatitis.

Prominent spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss is present, then 25-gauge FNA, cytology and culture of the spleen would be ideal. There was no overt evidence of neoplasia; however, I cannot rule out emerging round cell neoplasia initiating in the spleen.





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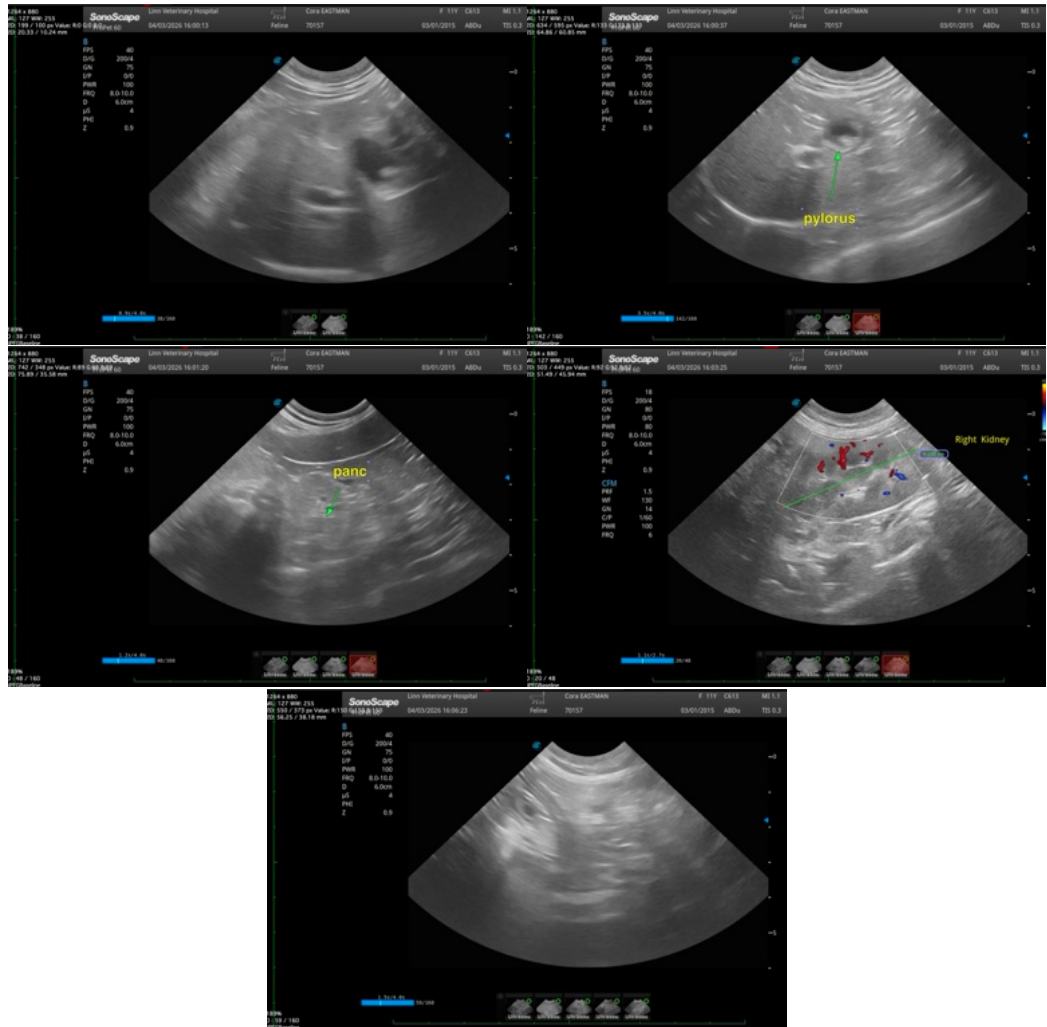
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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