



PATIENT

Bubba Potter

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

12 years

WEIGHT

4.77 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Vetcetera AH

REFERRING VET

Dr. Trudeau

INVOICE

74258

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Rapid weight loss and daily vomiting. Otherwise, acts normal at home
- CBC - NSF Chem - mild increase ALT 185 U/L (20-100); Ca slight decrease 1.87mmol/L (2-2.95); K increased 6.6 mmol/L (3.7-5.8); otherwise NSF T4- WNL

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 kidney measured 3.8 cm. The left kidney measured 3.6 cm.

Adrenal Glands

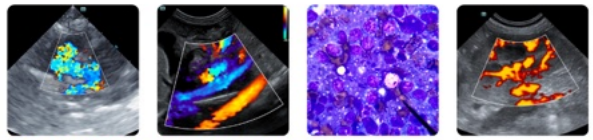
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.36 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. Occasional, hyperechoic lipid plaque was noted. 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.

Liver

The **liver** was slightly swollen. I cannot rule out a micrometastatic event. Some 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.



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Gastrointestinal

The **stomach** revealed a 2.5 x 1.7 cm hypoechoic mass. The mass appeared to be occupying the fundus. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content. The regional lymph nodes were slightly enlarged and measured up to 0.7 cm.

Pancreas

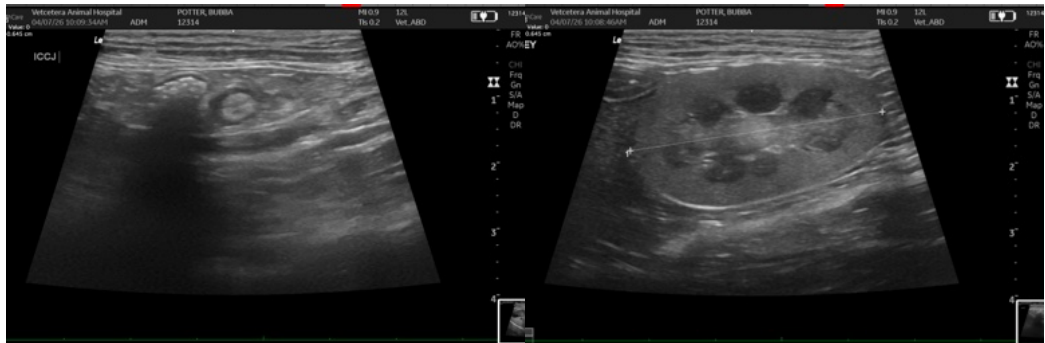
The **pancreas** was hypoechoic and irregular with undulating contour measuring 0.44 cm.

ULTRASONOGRAPHIC FINDINGS

Gastric mass, likely round cell neoplasia/lymphoma. Potential early splenic and hepatic involvement.
Regional lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided 25-gauge FNA of the gastric mass, spleen and liver is recommended for staging purposes. Dry form FIP or granulomatous disease is possible, yet less likely.





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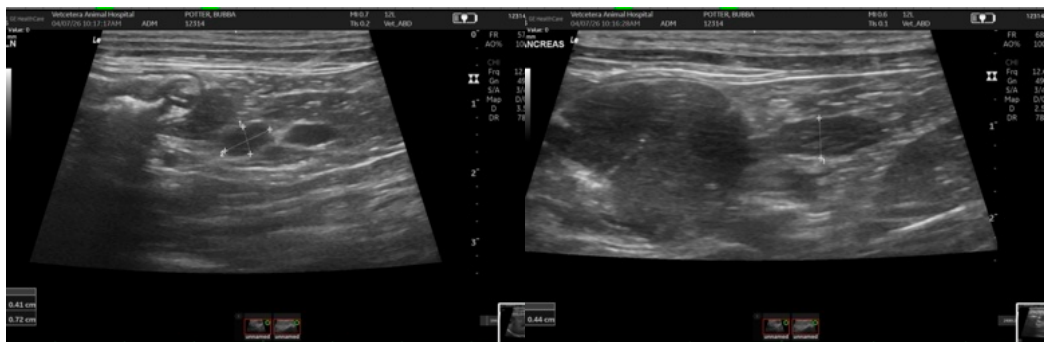
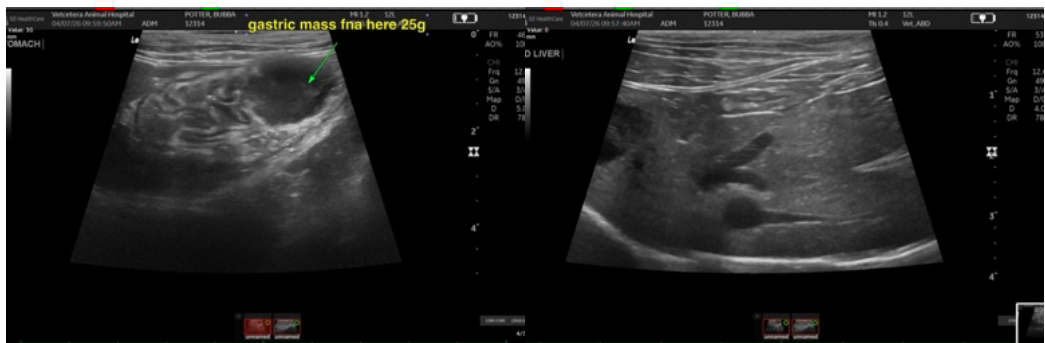
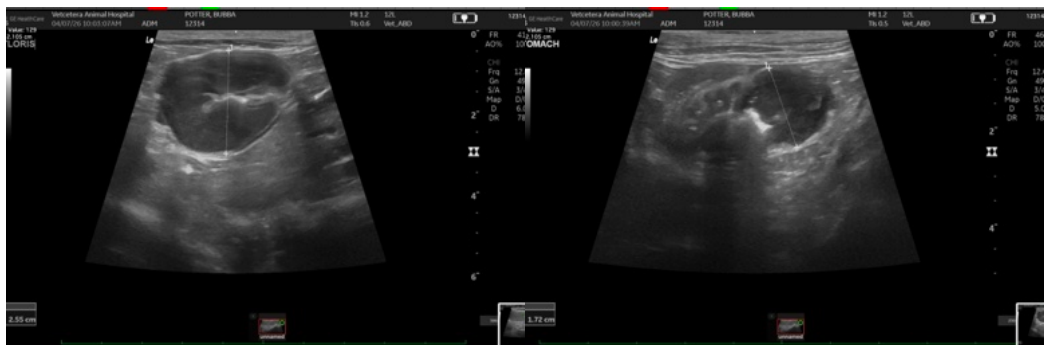
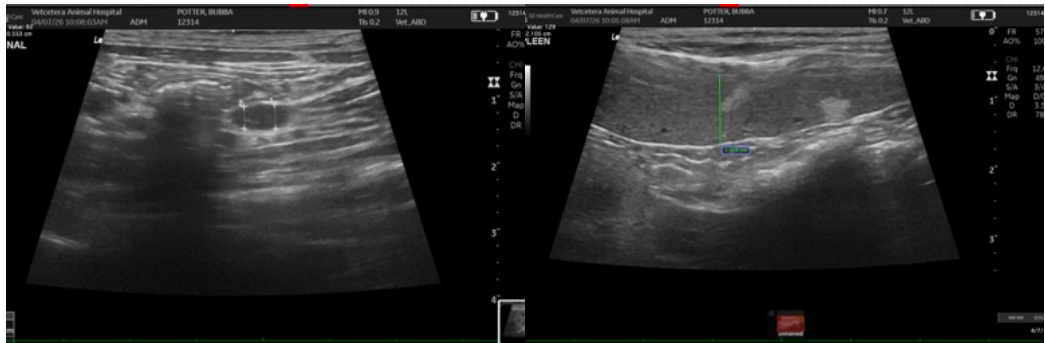
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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